Behavioural Psychology as a Social Project: From Social Engineering to the Cultivation of Competence

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Abstract

The starting point of this project is an interest in the social influence of psychology during the twentieth century. It differs from other analyses in that it focuses on behavioural psychology, examining its contribution to new ways of thinking about people and new ways of intervening in their lives in the name of social as well as individual improvement. Despite the demise of behaviourism and the controversy surrounding behaviour modification techniques, the last twenty years has seen a widespread increase in their use in non-clinical settings for non-clinical problems, most controversially in residential institutions. However, over the last two decades their use has extended into the "well community" as solutions to a range of individual and family problems and it is these that form the focus of the thesis. Drawing conceptually and methodologically on Foucauldian analyses of the human sciences and "government", the study aims to account for these expansions by examining the formation and conditions of existence of behavioural discourses on social improvement, by documenting the recent and current uses of behavioural approaches in the field of child and family welfare, and considering the implications of these for the government of the social. Analysing textual and interview sources, I show how changing internal and external conditions of behavioural discourse and practice have made possible these expansions. In particular I trace the contribution of behavioural discourses on locus of control to current emphases on empowerment. In conclusion, I argue that behavioural approaches have a number of characteristics that enable them to fit reciprocally with changing economic, organisational and ethical conditions and that recent deployments of behavioural approaches point not so much to the decline of the social as a domain to be governed, but to transformations in the way that is it is configured, which continue to connect the improvement of society with the improvement of the individual.

Contents

Introduction

The starting point of this project is an interest in the social influence of psychology during the twentieth century. However, my area of interest differs from other analyses in that I focus on behavioural psychology. In particular, I aim to explore and analyse behavioural psychology's concern and involvement with attempts to change society for the better. Whilst it is best known for its focus on techniques which are intended to change the behaviour of individuals, since its inception in the early years of the century it has shown a consistent interest in producing new ways of intervening in people's lives which are intended not only to change individual behaviour but in doing so aim to have an impact at a broader, societal level.

By behavioural psychology I refer to those discourses, strategies and techniques which formulate the person primarily in terms of her or his behaviour rather than in terms of mentalistic constructs like "personality" and so forth. Probably the best known manifestations of behavioural psychology take the form of techniques which are designed to change individuals by changing their behaviour. These are based on the principles of behaviourism and learning theory which hold that behaviour is the essential focus of a scientific psychology and that it is only through the systematic observation, measurement and manipulation of their behaviour according to certain laws of learning, that people can become true objects of knowledge. Whilst not wishing to over-draw behaviour modification, it might be useful here to provide a brief description of some of the key features of the behavioural approach and of terminology that is referred to in the present study. The behavioural approach maintains that the performance of behaviour is dependent upon antecedent and consequent conditions (reinforcement) that either strengthen or weaken that "response", that is, make it more or less likely to be repeated. Effective behaviour change therefore involves changing the conditions in order to change the behaviour. This depends upon using certain empirical strategies and techniques to identify these conditions; it is argued that the basis of these lies in systematic analysis of the specified behaviour and of the antecedent and consequent conditions that support it. This systematic analysis involves the observation and measurement of the "response" in question over a period of time (for example, in terms of its timing and

frequency of occurrence). The term "stimulus" refers to the antecedent condition and the term "reinforcement" is used both to describe and explain the role of those consequences of a "response" which serve to strengthen or weaken it. Thus reinforcement may be positive, negative or indeed aversive. Strategies and techniques of behaviour change are closely connected, a point which will recur as a consistent theme in the study; thus strategies designed to change behaviour by eliminating "unwanted" or " undesirable" responses frequently depend upon aversive techniques to make the behaviour as unattractive as possible to the "learner". Strategies which aim to change behaviour by increasing rather than decreasing the learner's "behavioural repertoire" use positive reinforcement techniques to instill and strengthen responses by making them more attractive to the learner, usually by providing a "reward" for their performance. A particular strategy, which I discuss at several points in the study, is the so-called "constructional approach" which is intended to build on existing behavioural "strengths" by the exclusive use of positive reinforcement.

The most well-known applications and developments of these principles and techniques with humans (rather than rats and pigeons) took place in clinical settings in the form of behaviour therapy and behaviour modification therapy. This originated in the work of Wolpe in the 1950s and in public imagination in the U.K. became most associated, controversially, with H. J. Eysenck during the next two decades. In spite of the controversy surrounding the ethics of aversive techniques and doubts as to the efficacy of behaviour modification generally, the last twenty years has seen a widespread increase in their clinical use. In addition and, I argue of equal social significance, during this period behaviour modification spread beyond the walls of the clinic to non-clinical settings and non-clinical problems. This expansion took place most controversially in residential institutions for the care or custody of young people, where more doubts were raised amongst the media and the concerned public about the rehabilitative objectives and benefits of behavioural techniques.

Less publicised but more widespread has been the expansion of behavioural approaches into the "well" community during the last fifteen or so years, where they are used by a variety of health, welfare and social work practitioners as solutions to a range of individual and family problems. The lack of attention, from most quarters, which these extensions into the community have received suggested to me that this field was suffering from analytic neglect. It appeared to me that given the erstwhile reputation of behaviour modification, the use of behavioural approaches in this aspect of the social domain required scrutiny and analysis. They also needed charting. To this end my research draws on behavioural and professional texts and interviews with practitioners in the field of child health and welfare to consider the conditions under which these new uses of behavioural approaches became possible and in order to the examine the settings, practices and practitioners of behavioural approaches as well as those whom they targeted.

A preliminary reading of the professional literature and personal reports from the field highlighted several puzzling features of these community applications of behavioural approaches which did not accord with their previous reputation. For example, the empowerment of parents and children was a frequently stated aim of professionals who use behavioural approaches, as was the desire to enlist and involve them as partners in a mutually negotiated and client-initiated programme of self-management where behavioural techniques were "given-away" to parents. Explicit emphasis was placed on building on strengths and optimising potential with a view to enabling parents, in particular, to "take control" of their situation, their lives and so on. These key features raise questions as to the kind of regulation or control that the deployment of behavioural approaches involves. Paradoxically, their regulatory potential appears to lie in increasing personal power, not as might be predicted from their controversial reputation and from zero-sum conceptions of power, in restricting it.

Rather than explaining this paradox in terms of social control and the needs of the state to psychologise deviance, I am interested in exploring its origins in a different way. To do this I have drawn on Foucauldian approaches, both methodologically

and conceptually. In particular, this study has been influenced by Foucauldian analyses of the emergence and role of the human sciences and their relation to power/knowledge axes and to "government". However, rather than applying a Foucauldian template to this field I have used these approaches more broadly both to develop and articulate my thinking and to provide a conceptual framework and methodological approach in which I have used archaeological and genealogical methods to examine the formation and conditions of existence of behavioural discourse and practice concerning social improvement since their inception over seventy years ago. Thus, for example, in considering the apparent contradiction in behavioural approaches being thought of as "empowering", given their disempowering reputation, I examine the changing internal and external conditions of behavioural discourses that have made it possible for the exercise of personal power to be conceived of as a technically achievable ethical priority and socially desirable goal.

The promotion of such goals in the arena of parent-child relations forms the specific focus of the second part of the thesis. Here, I depart from Foucauldian methodologies and use interview as well as textual data to trace, what I describe as, the "behaviouralisation" of these relations over the last twenty or so years. My aim in doing this was two-fold, to find out more, at ground level, about how behavioural approaches have permeated the activities of health and welfare professionals in the community and to consider the implications of this for changing patterns of social regulation. For example, by describing the kinds of power relations involved in recent and contemporary deployments of behavioural techniques in the field of child and family welfare, I aimed to demonstrate that, although these techniques are regulatory, it is by no means obvious that they are therefore only constraining. I argue that, paradoxically, the very means through which behavioural subjects are regulated may also provide the means through which they can exercise power. Thus, realigned relations of "partnership" between professionals and clients in which behavioural techniques, designed to build on strengths, are "given away" to the latter, involve more than behavioural training to manage one's own behaviour or that of one's children. Whilst these approaches

enable the subject to be managed and to manage others, they also provide techniques of *self*-regulation that create the conditions of existence for autonomy.

The thesis is broadly in two parts. In the first part I examine the ways in which behavioural psychology may be thought of as a social project, that is, as a set of ideas, strategies and practices which are designed to improve society by acting on the capacities and conduct of individuals citizens and family relations. It does this by tracing internal changes in the, mainly American, social discourses of behavioural psychology since the 1920s and by examining their involvement with practical attempts to achieve social change by changing the behaviour of individuals. In the second part of the thesis attention moves to the U.K. and considers the part played by behavoiural approaches in the practices of professionals in the field of child and family welfare.

Chapter 1, the literature review, examines differing accounts of the social influence of psychology in the twentieth century, with particular regard to the way in which its relations with social and political contexts have been conceptualised. The second half of the review goes on to consider accounts of the social impact of behavioural psychology, focusing on critiques of the regulatory aspects of behaviour modification, as the practical activity with which it has been most associated. It is argued that these critiques do not take into account recent transformations in behavioural approaches in which diversification and expansion into the "well community" are connected with changing ethical conceptions of the person and new types of regulation. In Chapter 2, I discuss the research objectives set out at the end of Chapter 1 and discuss my methodological approach, which draws on ethnographic, as well as Foucauldian approaches, to problematise the past and present existence of behavioural psychology's involvement with social improvement. I also describe my methods of data collection and analysis. The third chapter focuses on behaviourist ideas about the potential of behavioural psychology to identify and solve social problems. It traces these from the utopias of radical behaviourism, in which faith in environmentalism was manifested in proposals for the wholesale (behaviourist) reengineering of society, to later views in which the

power of behavioural psychology was seen to lie not in its ability to engineer the behaviour of others but to enable people to become more competent in solving their own problems. Chapter 4 takes up the theme of the "cultivation of self-competence" and traces the rise of the autonomous, self-managing subject in behavioural psychology. It examines the ways in which psychological conceptualisations of personal power and control implicated individual helplessness and a sense of powerlessness as a major social problem in the U.S.A. during the 1960s and 70s. In Chapter 5, the focus moves to the field of child and family welfare, which remains the focus for the rest of the thesis. It examines key features of the diversification of behavioural approaches in this field, in the U.S.A. from the 1960s onwards, concentrating on the key features of, what I term, the "behaviouralisation" of parent-child relationships: the deployment of behavioural approaches in the "natural environment" and the enlistment of parents, para-professionals and non-professionals as "new behaviourists".

Chapter 6,7,8,and 9 form the second part of the thesis, which shifting attention to the U.K., examines the recent and contemporary use of behavioural approaches and techniques in the field of child and family welfare. The emergence of a particular "species" of new behaviourist, the health visitor, is considered in Chapter 6. This is based on an analysis of texts and examines the emergence during the 1980s of health visitors, as new behaviourists, who identified and intervened in new ways on the behaviour of pre-school children and their parents. Chapters 7 and 8 draw on interview material to chart the extension of behavioural approaches in the child welfare field, focusing particularly on professional interventions with children and families, to discuss the techniques, contexts, sites and purposes of behavioural interventions. This examination is based on interviews with two sets of practitioners in the field: child psychiatrists and community clinical psychologists in Chapter 7 and social workers in Chapter 8.

Chapter 9, drawing on the interview material and health and welfare texts, suggests that the current popularity of empowerment-as-professional practice, which invokes an ethical onus to take control of one's life, has paradoxical

liberatory and regulatory potentials. Whilst it has the capacity to enhance personal power, it also provides a subtle regulatory foundation for managing people which is based on emphasising consensus rather than contestation and on a two-pronged ethic of autonomy in which individual responsibility is intimately tied to the exercise of personal power. It is argued that behavioural approaches act in reciprocal relation to empowerment. By providing practitioners with organisationally and ethically acceptable means of empowering, they also enable them to fulfill their professional remit; at the same time behavioural approaches are thriving on the professional will to empower.

In conclusion, in Chapter 10, I consider the history of behavioural psychology's social project by identifying the continuities and transformations in behavioural discourses and practices concerning their role in social improvement. I argue that this history suggests that behavioural approaches have proved to be, and continue to be, versatile and flexible regulatory tools which have themselves helped to shape the conditions in which they are most useful. In particular, I suggest that they have a number of characteristics that fit reciprocally with changing external conditions and that recent deployments of behavioural approaches point not so much to the decline of the social as a domain to be governed, but rather to transformations in the way it is configured which, nevertheless, continue to connect individual improvement with the improvement of society.

The thesis is the culmination of several years work but my recent thoughts about its origins took me back to the late 1960s when I worked as a research assistant on a project concerning the learning abilities of "mentally handicapped" children. Specifically the research , which was part of a long term project, attempted to demonstrate that such children were not so much handicapped as suffering from difficulties in learning that could be overcome by providing appropriate stimulation, reinforcement and achievable "goals". At the time I remember being struck by the project leaders' enthusiasm, which appeared to be driven both by an intellectual curiosity and a belief in the humanistic tradition, that this thesis discusses, that psychology could and should contribute to human betterment. In this case, by

developing principles and techniques for more effective "training", mentally handicapped people, who were more appropriately to be described as having "learning difficulties", would be enabled to lead more independent lives. In the project leader's words this would enable them to develop their potential as citizens. My research assistant role, as an (as yet) untrained psychologist was to use "constructional" behavioural techniques to enable these children to extend their learning abilities by providing the right conditions for them to learn how to learn. Thiry years later, with a flash of (unbehavioural) insight I realised that *I* had been a "new behaviourist"!

In conclusion I should like to thank all those who, more recently, have made this study possible. My gratitude goes to my two heads of department at Brunel University College, Beryl Wakeman-Reynolds in the Department of Health Studies and Steve Trevillion in the Department of Social Work for allowing me a term away from work to begin the process of writing-up. Thanks also to those friends who read earlier chapter drafts and gave their useful comments and to my interviewees who generously gave me their time. I am especially indebted to my supervisor, Nikolas Rose, for his critical insights, wise advice and in particular his encouragement and faith in the value of the project. Final thanks and appreciation must go to my family, John, Meriel and Bella, without whose patience and support this work would never have been completed. Whilst all of these people have helped me in many ways, it goes without saying that any mistakes are entirely my own.

Chapter 1

Behaviourism as a Social Problem

Introduction

The emergence of the discipline of psychology in Europe and North America towards the end of the nineteenth century and its subsequent growth in the twentieth century have been extensively charted both from inside and outside the discipline. The expansion of psychology in university departments and as schools of thought and the struggles for academic and personal ascendancy that accompanied it, form part of this history. A more remarkable feature of this history has been the twentieth century expansion of psychological discourse and practice beyond the academy and their permeation into many areas of life. Amongst others, the home, the factory, the school, the organisation and their human constituents have all come under the scrutiny of psychology in its many different guises and the identification and solution of personal and social problems have became the stock-in-trade of much psychological effort.

The question as to how the nature and origins of psychology's influence in these fields may be understood forms the general focus of this chapter. More specifically my interest lies in behavioural psychology and its relationship with the social domain. By this I refer to the ways in which behavioural psychology both as discourse and practice has, since its inception in the early years of this century, been involved in attempts to act upon social arrangements in order to improve them. Whilst these attempts have technically been implemented at the micro-level of social relations, behavioural discourses have shown a consistent, if varying interest in changing *society* for the better. My aim therefore in the later part of this chapter is to examine different accounts of this interest and to consider the ways in which they have conceptualised the social impact of behavioural psychology. As I aim to demonstrate, certain critical approaches to the existence and history of behavioural psychology have oversimplified its relations with the social and political contexts in which it is articulated. By employing models of power that entail reification and the assumption that the intentions and effects of power are necessarily repressive,

they have represented behavioural psychology as ideology and its practices as instruments of social control in an overarching scheme of domination on the part of political authorities. As such it has been seen as a social problem in itself. In contrast, I suggest that the approach of Foucault and others in the form of "histories of the present", which see knowledge and power as relational and productive have offered a more fruitful way of analysing the social and political role of the human sciences, including psychology. The object of these studies is the domain of "the conduct of conduct", that Foucault terms "government" (Foucault 1979). For these studies "government" is constituted by discourses and practices that render aspects of life calculable, knowable and amenable to intervention; that is able to be managed. The government of the social domain can therefore be thought of in terms of the ways in which features of social existence have been problematised and rendered manageable by the "knowledges" of the human sciences, including behavioural psychology. I suggest that behavioural psychology's problematisations of particular aspects of social existence, in the past and the present, need to be scrutinised in relation to wider strategies of governing the social.

The first three sections of the chapter consider the ways in which different critical accounts of psychology have construed its relationship to social and political contexts. In particular I focus on the different ways in which connections have been made between the discipline of psychology and the exercise of power. The last section continues this analysis in terms of behavioural psychology by focusing on critical accounts of its role as a social and political instrument. I end the chapter by arguing that these accounts by construing behavioural psychology as a unitary, homogeneous behaviourist discourse, have failed to take into account several significant aspects of its involvement with notions and practices of social improvement and that these forms of involvement necessitate a different approach to the history and the present of behavioural psychology, an approach that problematises them in new ways.

By critical, in this context, I refer to those approaches that in contrast to "orthodox" or uncritical accounts of the sciences and human sciences, adopt a

sceptical approach; rather than taking-for-granted the claims to truth of the discipline in question, they seek to scrutinise them. Danziger (1984) in discussing forms of critical historiography suggests that, at the minimum, a commitment to a critical historiography involves taking positions with respect to at least three coordinates. First, that critical historiography is incompatible with the unquestioning acceptance of traditional authorities and biases. Second, that uncovering historical relationships is not an unproblematical exercise but depends on the assumptions and commitments of the historian. Third, that no assumption is made that the historical development of the discipline must necessarily have been a progressive one However, Danziger suggests that for critical history to be carried out in a strong rather than a weak sense it should involve a conceptual analysis of the fundamental assumptions upon which the discipline and its uncritical histories are based. Smith (1988) too, suggests that there is a parallel between linear history and a positivist account of knowledge in that "both exclude any other frame of meaning which might be a vantage point from which to criticize what the psychologist or positivist accepts as knowledge" (Smith 1988:148). The most basic of these fundamental assumptions concerns the historical emergence of psychological objects. The "naive naturalism" both of psychology and of uncritical histories of it, according to Danziger has two dimensions to it: not only does it assume the prior and ahistorical existence of psychological objects - personality, behaviour, intelligence and so on - waiting for the arrival of scientific psychologists to systematically organise and decipher. That is, that it "presupposes a continuous subject" (Smith1988:148). In addition, its history becomes "the chronicle of how a succession of objects was found by a succession of discoverers" (Danziger 1984:100). Moreover, as Morawski (1982) suggests, such chronicles can begin to acquire the tone of ceremonial histories.

In contrast, where "naive naturalism" assumes that psychology finds its objects in the natural world albeit in a raw form, critical approaches problematise the "natural"; psychological subjects and objects are not assumed to be universal in time and space but seen as constructs and products of human activity. Psychology is thus conceived of as a social activity. Several important questions follow from this

premise. If psychological subjects and objects are the products of human construction, can there be a neutral, authoritative account of their existence? What forms have they taken and under what specific historical and social conditions have they emerged? How can historical conditions be identified as such? What kinds of constructive activities are involved, for example, theoretical, practical or institutional? What kinds of psychological knowledge are produced by these activities?

However, the answers to these questions are likely to be of limited critical use unless we ask a further set of questions which ask not only about the nature of the constituent features but, as importantly, how they might be related to each other. Thus we need to ask *how* particular historical conditions are associated with psychological object- and knowledge-constituting activities; about the *kinds* of relationships that exist between different but associated constructive actitivies. Moreover, though a critical approach more often than not has involved setting psychological knowledge-making into wider social, political and economic contexts we also need to consider both the different ways in which context and knowledge-making might be connected and those different dimensions of "context" that might have more significance than others.

Psychology in Context

Histories of psychology that come from within the same paradigm as their object and many introductory texts to the discipline typically describe the succession of psychological objects and their discoveries as a continuous sequence of natural events, largely without reference to the synchronic and diachronic contexts of their occurrence nor questions as to the origins of their existence (see for example Fancher 1979, Flugel 1964, Hothersall 1984, Kantor 1963, Klein 1970, Pichot 1989, Wilson and Franks 1982). Paradoxically, these histories may be described as being ahistorical as well as asocial. Although the passage of time is registered, they do not consider that psychological objects, knowledge and activities may be culturally and historically specific. The possibility that psychology is a socially created and historically specific activity, associated with Europe and North America

in the last hundred years, is generally not within their frame. Broadly speaking, what is missing from these narrative accounts is an analysis of the role of psychology and psychologists in society and of society's role in psychology.

There are a number of ways in the relationship between psychology and its social context may be conceptualised. At the minimum level there is an almost independent relationship between the (passive) social context and (active) psychology (see for example Fancher 1979, Flugel 1964, Hothersall 1984, Pichot 1989). Society is treated like a backdrop, setting the scene against which psychological events unfold. By contrast interactional models assign more active and interdependent roles to both (see for example Hearnshaw 1987, Krasner in Wilson and Franks 1982). However the direction and relative weight of influence may vary. Thus critiques of psychology in the late 1960s and early 70s tended to assign a much more active role to society. In these, external factors were seen to shape and influence the course of psychology's development. Psychology thus becomes a function, for example, of political and ideological forces which it was seen to both reflect and serve (for example Ingleby 1970).

Within a decade critical accounts were describing not merely an interactional relationship between psychology and social context but according them more, or less, reciprocal powers of influence. In these, psychology was identified as a social institution both reflecting and influencing the contexts in which it operated. For example, in the then emerging field of the "sociology of psychological knowledge", associated with Buss et al in North America towards the end of the 1970s, the goal, according to Buss, was "to begin understanding the role of politics, ideologies, values, economic systems, and in general society and its underlying structure and dynamics" in the life of psychological models, theories and approaches which were themselves socially influential (Buss 1975:991; see also Buss 1979, Danziger 1979,1987,Leary 1987, Morawski 1982). Preempting Danziger's recommendation that critical histories go beyond the surface appearance of the discipline which appears in orthodox histories, Buss advocated the value of "teasing-out the interrelationships between psychology and society"(1975:990). However, whereas

the sociology of psychological knowledge was primarily interested in psychological thought, Danziger's programme has paid particular attention to the practical activities of psychology, which he suggests underly and generate the surface appearance of the discipline.

During the 1970s radical critics within social psychology were also advocating a more bi-directional, contextualised version of the discipline. Noting a close connection between normative assumptions within the dominant culture and the construction of social science theory, Gergen (1973) argued that traditional social psychology was really a form of contemporary historical enquiry. The emerging critique not only focused on the historical and cultural contexts of social psychological theorising and practices but also on the ways and extent to which the products of psychology may become integrated into the wider culture and form the very phenomena under social psychological gaze. The experience of the self, it was argued, is both influenced by and constructive of the wider social setting. (See Shotter 1974; Gergen 1984,1985; Sampson 1985,1990).

The proposition that human subjectivity and action are not merely connected to, but interwoven with the social context in complex ways, has formed a significant feature of post-structuralist critiques of the human sciences. One focus of these accounts has been on the ways in which the human sciences, as new knowledges, constituted human beings as both objects and subjects. In particular, attention has been paid, most notably by Foucault and others, to the inter-relationship between the emergence of the human sciences in the nineteenth century and of new forms of political authority during the same period (Foucault 1979; Castel 1976; Donzelot 1980). For example, it is argued that the individualising, differentiating and calculating activities characteristic of psychology in the early twentieth century were associated with the emergence of new forms of noncoercive regulation and government. Psychology both constituted and fulfilled the administrative requirements for managing populations and individuals. (See Rose 1985, 1990; Danziger 1987).

A distinguishing feature of critical histories of psychology has been their interest in psychology's connections with the formulation and exercise of power in modern democratic society. However, though they may share this interest, their conceptualisations of power and psychology's relationship to it are very different. In the next section I discuss some different versions of the psychology-power axis and consider how these are associated with varying interpretations of psychology's relationship with the social context.

The Politics of Psychology

During the 1970s critics took an increasing interest in the politics of psychology. According to Ingleby (1981) not only was this a decade in which thinking about the politics of psychology became an increasingly legitimate activity, it was also marked by a departure from previous approaches in which political critique and scientific enquiry were seen as mutually exclusive activities. There were several associated themes that preoccupied critiques of the period: the overlap between science and ideology; the role of both in rationalising social contradictions; the part played, in this case, by psychological theory and practices, in protecting dominant interests. Psychology was seen to be a vehicle for two equally powerful ideologies posing in scientific garb, positivism and individualism. What was needed, it was argued, was a critical examination of their ideological assumptions about human nature that formed the bedrock of psychology as the science of behaviour. Both were held to serve and reinforce the existing political system, namely capitalism. Psychologists had become, in Ingleby's words, "the maintenance men of the status quo" (1970:57).

There were particular features of positivism that drew critical attention. It was associated with mechanistic, dehumanising conceptualisations of human beings that had the effect of objectifying the human subject. According to Ingleby (1970) this "reification" had practical consequences. Reduced to the order of things, humans could be exploited and controlled in the name of scientific rationality for the benefit of the existing political system. Secondly, it introduced value-judgements under the

guise of objective, scientific descriptions which, though appearing neutral, served to judge and exclude, as well as differentiate between, for example, normal and abnormal. This kind of critique called into question psychology's claims to be concerned with the promotion of human welfare, for these features of positivist psychology were seen not only to contribute to strategies of social control, they also placed the psychologist in a unique position of power.

The thrust of Ingleby's critique was to challenge positivism as the underpinning of mainstream psychology, not to single out "bad" psychologists. According to him those attacks which sought to differentiate between good and bad psychologists or to uncover outrages were conducted within the framework of accepted positivist criteria. This "Private Eye Approach" as he described it, did little in his view, to challenge the normative assumptions both of psychology and the wider culture. He suggested that a more important and more difficult task was to show how norms themselves reflect and serve political aims. Rather than tracking down and exposing "acts of deviance" - lying scientists, rigged experiments, bad schools, the institutionalisation of violence in mental hospitals - he proposed that the real targets should be the "maintenance men of the status quo": good psychologists, schools, and parents who through their actions had a normalising effect (Ingleby 1970:57). What was needed was a paradigm shift away from positivism.

At the same time as critics were questioning the paradigmatic dominance of positivism within psychology and the social sciences, connections were being made with what was seen as being the equally powerful influence of individualism in psychological theorising. It was argued that the discipline's failure to consider the relationship between psychological theorising and the social context resulted in an unquestioning assumption and promotion of the self-contained individual as the universal subject, whereas historical and anthropological studies had begun to point out the cultural and historical variability of conceptions of the self (for example Heelas and Lock 1981). It was suggested that the self-contained individual epitomised in psychological theorising was no less than a reflection of an implicit cultural ideal particular to North America (Sampson 1977; Furby 1979).

The dangers of a decontextualising individualism were seen to lie in several areas. Sampson (1977), for example, argued that by ignoring the cultural and historical conditions that presented self-contained individualism as the ideal, psychology was failing to consider the implications that derived from it or to provide an adequate assessment of alternatives. In his view, interdependence, not self-sufficiency, held out the best hope for democratic processes of governance and national problem-solving. In common with other, somewhat disparate, psychological commentators at the time, Sampson saw collective problem-solving as the means to solving social problems. Moreover, he shared with them a belief that psychology could and should play a part in promoting human welfare.(See Chapter 3; Bandura 1974,1982; Miller 1969). For Sampson (1990) the atomising, individualising, and alienating functions that psychology served did not only play down the importance of necessary interdependence and cooperation, it threatened to destroy them. If psychology was to play its part in promoting human welfare, he later noted, prevailing conceptions of personhood would have to be deconstructed thus revealing their political underside.

The thesis that individualistic bias in theories of human behaviour, in the guise of psychological truths, served not merely to reflect but also to confirm and reinforce the north American cultural ideal, was explored by others who viewed psychological notions of the individual as not only descriptive but prescriptive and evaluative. In her critique of existing "locus-of-control" research, Furby (1979) argued that work in this field was biased by the assumption that "internality" was more desirable than "externality" and that the origin of this bias was cultural. The increased efficacy and well-being that was equated with a strong "internal locus of control" by this research was, she suggested, a reflection of the ways in which American society was permeated by internal control ideology. This ideology depended on the cultural belief that the outcome of events within a person's environment are contigent on that individual's behaviour. Self-perceptions of powerlessness were thus likely to be defined as faulty or seen as manifestations of individual maladaption, rather than a realistic appraisal. However, as I aim to

demonstrate in Chapter 4, "locus-of-control" has proved to be a more subtle explanatory construct than this kind of analysis allows for.

By concentrating on the individual as the unit of analysis, without reference to the possible relationships between social context, subjectivity and behaviour, psychology was seen to reinforce and legimate (meritocratic) cultural explanations of the unequal distribution of power in society. By locating power and responsibility within the individual as personal attributes, structural inequalities could be ignored. Those who were in positions of disadvantage could thus be held responsible for their own plight (Ryan 1976). Blaming the victim according to Ryan was more than a theoretical exercise: it also underpinned social policies that focused on the rehabilitation or correction of the individual rather than changing the context in which they lived. Once again the charge was that psychology, by ignoring the social context in which both the discipline and its objects operated, was wittingly or unwittingly maintaining the political status quo.

Cultural critics shared some of these misgivings but were more concerned with threats to western culture than with social inequalities (see Lasch 1980, Sennett 1977). In these critiques social context and personality were seen to be mediated by the theories and activities of the psychological professions who were held responsible for filling a cultural void with endless strategies of self-absorption. The widespread emergence of this new form of individualism, a narcissistic preoccupation with the self, in their view undermined western culture in general and American society in particular. But rather than seeing a danger in the ideological substrata of psychology, the "therapeutic outlook", according to Lasch, threatened to displace ideology, both political as well as religious, as the organising framework for American culture. Like Sennett, Lasch saw politics degenerating into a struggle not for social change but for self-realisation. Collective consciousness was giving way to personal reflexivity.

For other American writers the therapeutic outlook had already began to pose a different kind of threat, not as sign of cultural decline but as a form of social

control. The permeation of medical, psychological, psychiatric and psychotherapeutic ideas and practices into social institutions and the increasing acceptance of the "rehabilitative ideal" was a signal to some that America had become a "therapeutic state" where, in the name of therapy, society sought to impose controls over people and their behaviour (Kittrie 1971). Of particular concern to Kittrie were the manifestations of the therapeutic state in the criminal justice system. However, the threats posed by the "two-edged sword" of the therapeutic state were not straightforward: at the same time as being apparently more humanitarian, based on scientific not moral judgements, the fear was that "the therapeutic state possesses tools of human control that by far exceed in their threat to individual liberty the sanctions possessed by the criminal model" (Kittrie 1971:xvii). The transition from a penal to a therapeutic model, according to Kittrie, could be seen in the designation of undesirable conduct as illness, in the use of a range of therapeutic strategies for the surveillance, modification and rehabilitation of the deviant and in particular, in the compulsory enforcement of these against the individual's will. Moreover the rehabilitative ideal threatened the rights of future individuals to be different with the possibility of future generations being controlled through the use eugenics, environmental manipulation and so on.

The social control of current generations through therapy was the major concern of those "radical therapists" who saw psychology and psychiatry as "simply another expression of an oppressive society" and the excluding practices of orthodox therapy as supporting and promoting the values of capitalism, sexism, racism and imperialism (Radical Therapists Collective 1974). Under the banner of "therapy means change not adjustment" they asserted that "current therapy's emphasis on the individual cools them out by turning their focus from society that fucks them over to their own 'hang-ups'" (Radical Therapists Collective 1974:8). For them psychology was an ideology with coercion to back it up.

During this period psychology was increasingly challenged on other ideological grounds, from feminist perspectives. These argued that the (taken-for-granted) male orientation of psychology in its various forms, meant that women were under-

represented and misrepresented, both institutionally and as objects and subjects of psychological discourses. A consistent theme in feminist critiques of the period was that mainstream psychology ignored and undervalued women. The predominantly male subjects and masculine subject matter of psychology meant that women's abilities and contributions to the social world were stereotyped (for example Maccoby and Jacklin 1974) and their experiences and subjectivities were virtually unseen, unheard and unrecognised (for example Rowbotham 1973, Spender 1980, Gilligan 1982). Other later critiques, influenced by post-structuralist approaches to discourse analysis, challenged psychological conceptualisations of the "subject" and subjectivity by analysing psychological, psychoanalytic and social discourses on gender. In these critiques which emphasised the complexities of gendered subjectivities, subjectivity was seen as the product of these discourses, embedded in historical and social relations of power (for example, Henriques et al 1984, Steedman et al 1985, Walkerdine and Lucey 1989).

As we have seen in this section, critical accounts of the 1970s credited psychology, in various forms, with considerable power and influence to affect people's lives both materially and in terms of their ways of thinking about the world and themselves. There are certain common features of these accounts. Whereas progressivist approaches tended to assume that psychology could positively contribute to the promotion of human welfare especially on the basis of its neutral, apolitical and amoral position as a science, critics shared the view that far from being benignly beneficial, psychology, wittingly or otherwise, posed a social threat. Paradoxically, in depoliticising reality psychology was seen to become a political instrument. Directly or indirectly the theory and practices associated with psychology rather than contributing to human welfare were seen to be antipathetic to it. The tendencies to dehumanise or individualise both served to organise human material in negative ways. Whilst psychological theories and their ideological allegiances were singled out, the deployment of psychological strategies and techniques by psychological professionals in various institutional settings and beyond, were becoming the object of increasing critical concern. Moreover, as new kinds of social regulation, this deployment assigned to these professionals a role as agents of social

control in the service of dominant interest groups and the preservation of the status quo.

Psychology and Power

The argument that psychology has played a constitutive role in social regulation in the twentieth century has taken a very different form in those accounts associated with the work of Foucault. In these, psychological knowledge and practices are seen as being inextricably entwined with relations of power. However, in problematising the existence of psychology, the nature of power and the relationship between the two, the association between them becomes viewed as complex and contigent, not reduced to an overarching scheme of domination. Broadly, rather than thinking of psychology as an agency of social control or ideological domination serving dominant interests it is held to be reciprocally connected with practices of government.

This approach involves both a reconceptualisation of psychology's relationship to power and of power itself. Rather than reifying power, Foucault saw it as relational and as such permeating the social realm and exercised through conditions of possibility which it both constitutes and to which it is subject. There are three associated aspects of Foucault's reconceptualisation of power that are significant to this discussion. They centre on the relationship between power and knowledge: "government" as a new form of political authority; power as productive; technologies of the self as techniques of self-management.

In his later work Foucault (1979,1981,1982) traced various transformations in forms of political authority in western Europe since the sixteenth century, in particular a critical shift of emphasis away from sovereign power. The latter, characterised by the exercise of juridical authority to ensure obedience through the power to take life, was seen to give way to practices of government in which power over life replaced the menace of death. For Foucault, the shift to the management of populations and processes of life, that occurred towards the end of the seventeenth century, was associated with the emergence and administration of regulatory

technologies of power which enhanced the economic and political usefulness of the population. However, investing power in the processes of life involved submitting these to the calculation and order of knowledge; the coordination, organisation and development of capacities depended upon knowledges which both constituted the objects of calculation and the means for doing so.

> "The finality of government resides in the things it manages and in the pursuit of perfection and intensification of the processes which it directs, and the instruments of government, instead of being laws, now come to be a range of multiform tactics" Foucault (1982:13)

However, the suggestion here is not that the part played by the emerging human sciences in strategies and tactics of government was as a political instrument serving the needs of the state, but rather that there was a reciprocal relationship between the human sciences and new forms of political authority which identified initially the "population" and later the "social" as new domains to be rendered thinkable, knowable, practicable and manageable. The development of the population as a new domain to be governed, opened-up the "social" as a new problematic for both the human sciences and political authorities. The systematisation of the social domain was intimately connected with the new knowledges of the human science through which ever widening ranges and increasingly diverse features of life were brought within the governmental sphere.

Donzelot (1980) for example, shows how in the nineteenth century the family became a critical site of human science scrutiny, whilst simultaneously becoming the object of monitoring and normalising interventions by a range of agencies of government, under the banner of "social" work. A key part in this was played by the "tutelary complex" (psychiatrists, social workers, psychologists, the juvenile courts and so on) under whose watchful eyes dangerous children and children in danger could be subject to "a boundless educative solicitude" (Donzelot 1980:97). The child in danger of becoming dangerous, the pre-delinquent, would thus become not only an object of intervention, but by the same token, would in turn become an object of knowledge. Over this period the social scrutiny and knowledge of children as future adults were extended and diversified; they were to become the objects of

increasing social concern as the human sciences pointed to the ways in which the quality of the future population lay in the health and welfare of its children. In the twentieth century, the body and behaviour of the child from pre-conception onwards has become open to more systematic, more wide-ranging and more closely focused forms of scrutiny, intervention and correction that have made it possible for it to be simultaneously regulated, stimulated and optimised both individually and collectively (Rose1990; Baistow 1995).

Of particular interest to this discussion is the constitutive part played by psychology, in its varying forms, in the formation and maintenance of the social as a key object of political discourse and practice. According to Rose (1985,1989,1990,1996) psychology and the "psy" professions played a key part in opening-up particular ground within the territory of the social that made it possible for people as employees, parents, lovers, adolescents, and children to be problematised in new ways. Psychology provided new vocabularies to constitute and describe the phenomena under scrutiny, new forms of scrutiny to assess them and new ways of representing the information so collected. Through these procedures new problems could be identified that warranted psychological solutions. As significantly, both at the institutional and the personal level psychology has provided not only a language with which to describe problems and solutions but also the means of effecting them. Interventions into the most intimate aspects of everyday life at home and at work have become an integral feature of government in the twentieth century. However, these interventions need not necessarily take place within those settings or be directly implemented by "psy" professionals, for psychology in its various forms has made it possible for individuals to act upon themselves.

From this view, regulation of the self is seen as a cornerstone of government. Whilst, as we have seen, this might be interpreted as a form of ideological compulsion or manifestation of false consciousness, for Rose (and Foucault), government is inextricably linked with the ethics of subjectivity. What distingushes the contemporary citizen from previous incarnations is the consensual nature of his

or her self-management. Rather than thinking of psychology's concern lying essentially with the manipulation and control of individual social adapation, Rose argues that the role of psychology in contemporary social regulation lies in its participation

> "in the development of practices which operate not by crushing subjectivity but by producing it, shaping it, modelling it, seeking to construct citizens committed to a personal identity, a moral responsibility and a social solidarity" (Rose 1989:131).

The willingness with which we subject ourselves to scrutiny, regulation and transformation through "technologies of the self" suggests to these writers that the soul of the citizen has entered into the sphere of government. Problematising this merging of social and personal goals in the subjectivity of the free citizen in liberal democratic societies is thus more useful, in their view, than identifying themes of suppression and control against the subject's will. The power of psychology it is argued lies in the ways in which over the course of the twentieth century, psychological norms, values, images and techniques have increasingly come to shape the ways in which various social authorities, at the macro and micro level, think about and act upon people; that is that government has become psychologised (Rose 1996:63).

The Problem of Behaviourism

From the different accounts of psychology's social and political role that have been outlined so far in this chapter, we now turn to the specific case of behavioural psychology to consider the ways in which it has come under critical scrutiny over the last twenty years or so. Whilst behaviourism and the practical activities associated with it were subject to a good deal of critical attention in the 1970s, since then it has attracted much less interest. Although this may have been a sign of Ingleby's suggestion in 1981 that "it is a measure of how much things have changed in the last decade that positivism has been widely discredited"(1981:14), it does not correspond with the increasing use of behavioural approaches that he and others (for example Holland 1977:172; Ingleby 1970)) had noted earlier in that decade.

As might be expected from the earlier discussion of orthodox accounts of psychology, particularly those histories written in the 1960s heyday of behaviourism, the emergence and history of behaviorism in these is seen as following a path of scientific progress and more or less unqualified benefits to human welfare (see for example Flugel 1964, Kantor 1963). The positivist, scientific bases of behaviourism were seen to confirm its value; the teleological assumption that science is beneficial because it is scientific went unquestioned. More recent histories in this genre take a different view in which behaviourism, particularly in its more radical forms, is relegated to the "historical interest" category, belonging to the past of psychology. Here, radical behaviourists are cast in the role of challenging and protesting pioneers or revolutionaries whose main attribute (either as a fault or saving grace) was zealous over-optimism (see Hothersall 1984; Hearnshaw 1987). According to Hearnshaw, speaking of one of the "pioneers", "Watson was neither experimentally very sophisticated nor philosophically very literate, but he was possessed of a missionary zeal" (1987:216).

Whilst for these commentators zeal might have compensated for a lack of intellectual sophistication, critics of positivism and behaviourism poured scorn on its "mindless intelligentsia" and what they saw as their "illiterate scholarship" (see Goldman 1969 in Ingleby 1972). For Kovel, behaviourist psychology consisted of an "oafish concoction of ponderous concepts" which debased both science and society (1978:283). On the one hand, with its self-proclaimed basis in positivism, behaviourism was seen to exemplify "spurious objectivity" and the dehumanising characterisation of people as "organisms". On the other, its self-styled scientific credentials were called into question as superficial, violating the deeper canons of science; behaviourists were seen to be suffering from "physics envy". From both perspectives the problem with behaviourism lay in its status as a technology with all that that implied about its powers to shape and manipulate human material. In the next chapter I go on to explore in more detail the relationship between behaviourism, modernity and the technological ideal that fascinated both its advocates and its critics. Here I consider the major focus of critical concern, the practical activity of behaviour modification.

Behaviour modification as therapeutic and rehabilitative practice was viewed as the logical outcome of the dehumanising and decontextualising tendencies of positivism which turned the human subject into an object of manipulation. The mechanistic model on which it was based was seen to atomise problems and to separate them both from personal meaning and the social context (Ingleby 1972). Locating the problem within the individual, as one of maladaption, had several implications. In Kovel's eyes it reflected "a moronically simplistic view of the therapeutic process" in which the "fetishising of reinforcement" made "behaviour into an idol" and denied subjectivity (1978:282).

The major force of critical attention was directed towards behaviour modification as a rehabilitative strategy requiring the adjustment of the individual. Both at the individual and collective levels the real goal of behaviour modification techniques was seen to be the maintenance of social order, either at the micro-level of institutional functioning within the prison, special school and so forth, or at the macro-level of the wider social order through the psychiatrisation of deviance. In the former, behaviour modifaction was to be singled out for particular attention, as a vehicle for the worst features of institutional regimes. In the latter, behaviour modification was seen as one of many examples of the colonising efforts of doctors, psychiatrists, social workers and psychologists as agents of therapeutic state to "bring the whole man under control" (Kittrie1979; Lasch 1980). For others, behaviour modification did not only threaten the libertarian "right to be different", it functioned to regulate behaviour which challenged the existing social order and as such was a technique of social control (Ingleby 1972:71).

Parallels were drawn between behaviour modification and capitalism as confirmation of the former's implicit role in maintaining the ideological status quo. Ingleby, for example, found it hard to resist a political interpretation of the Skinnerian model of man which he saw as providing an almost comical parody of the ideology of organised capitalism: "in the lever pressing rat we may see a rodent parable of the profit motive and the incentive principle, or Jules Henry's 'virtuoso

consumer' epitomised" (1972:67). Others, for example Gagnon and Davison (1976), saw token economy regimes mirroring the main principles of the market economy. However, they saw this systematic application of reinforcement contingencies on a ward-wide basis in mental hospitals as an ironic reversal of the original purpose of such institutions as asylums from the pathogenic exigencies of economic life.

The rapidly expanding use of behaviour modification in institutions was of major concern both to critics of behaviour modification and to its advocates (see for example Kazdin 1982; Ross and McKay 1978). In a survey conducted in 1968 Ross et al found that since the introduction of these techniques into "correctional settings" in the early 1960s, behaviour modification programmes had come into use in sixty-three prisons in Canada and the United States. In the majority of those, these programmes were viewed by officials as core elements in their criminal justice system. In addition their survey found that behaviour modification was being used, not just by psychologists but by a range of practitioners, in a range of settings from community programmes for pre-delinquents to maximum security hospitals for the criminally insane (Ross and McKay 1978).

Concern took two forms, both focusing on the issue of civil liberties: on the one hand the increasingly widespread use of behaviour modification in for example prisons, and institutions for the mentally retarded and mentally ill, was seen to be less for therapeutic purposes and more for those of institutional management. On the other, critics claimed that the key features of these techniques made them both appealing to staff and administators and open to abuse, particularly from those who found in them a scientific legitimation for their own behaviour as managers of inmates. At the institutional level, the intended accomplishment of behaviour modification was seen to be "almost isomorphic with the goals of many correctional programs: behavioural control" (Ross and McKay 1978:281). At the individual level, the punitive attitudes and behaviour of warders and nurses, as proto-behaviourists, were sanctioned by the introduction of behaviour modification. By the early 1970s the institutional use of behaviour modification programmes had

begun to attract national attention. However, it was not only social and political critics who were alarmed. In 1974 the U.S. Bureau of Prisons halted all such programmes in prisons and funding for them was withdrawn. In addition standards to safeguard the right of offenders in such programmes were drawn-up in consultation with the American Psychological Association which in the first half of the decade produced a number of "Task Force" reports on the uses of behavioural therapy in various settings.

The Need for a History of Behavioural Psychology's Present

By the 1980s behaviourism and behaviour modification were beginning to draw less critical attention. The excesses of behaviour modification were apparently under control and there were reports not only of the discrediting of positivism but of the the demise of behaviourism, both as a cultural influence and within the discipline of psychology (for example, Lamal 1989; Zuriff 1979). However, though behaviourism's dominant position in psychology might have been overthrown by the "cognitive revolution" in the discipline, behavioural psychologies in theoretical and practical forms have continued to thrive. Moreover their existence is marked by two features of transformation: expansion and differentiation. Behavioural approaches have extended into new and increasingly diverse settings as solutions to a new range of human problems (see for example Castel et al 1982; Cohen 1985). Whilst they continue to be used in clinical and institutional contexts, where earlier critiques were directed, behavioural approaches have taken on new forms, have spread to a range of new settings in "the community" - classrooms, family homes, G.P.clinics, Family Centres - and are deployed by a variety of practitioners to address a new range of problems in family life. This extension into the "well community" warrants attention, particularly as a key feature of these new deployments is the voluntary engagement of those in need of behavioural assistance as "clients". With these changes in mind, the former problematisations of behaviourism and behaviour modification as forms of social control, maintaining the ideological status quo by sanctioning punitive therapeutic regimes for individual readjustment, seem inadequate.

My argument is that previous accounts of behavioural psychology's involvement with the social domain are inadequate in a number of ways, in particular that in constructing a unitary, homogeneous behaviourist discourse they have failed to take into account several significant aspects of behavioural involvement with notions and practices of social improvement that have occurred over the last thirty years or so. Firstly, they do not consider the major site of this involvement: the widespread expansion of behavioural approaches into the "community". Secondly, they ignore the shifts in both behavioural discourse and practice towards constructional approaches to foster competence and increase capacities rather than aversive techniques to eliminate unwanted conduct. Thirdly, they do not analyse the broadening out of behavioural discourse. This has involved the incorporation of cognition and a shift away from radical environmentalism, such that it has become inappropriate to speak of behaviourism and more appropriate to talk of behavioural psychology. Fourthly, they do not account for ways that over this period, deployments of behavioural approaches point not to tactics of coercion as regulation but to tactics of cooption. Fifthly, in focusing on problems that arise out of changing people's behaviour against their will they are not able to scrutinise current and recent uses of behavioural techniques. Instead, it would seem to be more useful to look at the increasing attention being paid to self-management and personal power in both regulatory discourses and those of behavioural psychology. In this current study I wish to ask how it has become possible for regulatory discourses to promote strategies and techniques to enable or "empower" people to "take control" of their lives and to consider the part behavioural approaches have played in the merging of personal and social wills that is implicated in this shift. These questions necessitate a different approach to the history and the present of behavioural psychology that problematise them in new ways. This project therefore aims to draw on Foucauldian analyses of government to examine the historical emergence and transformations of behavioural discourses and practice concerning social improvement. To this end I consider the constitutive part played by behavioural psychology in the formation and maintenance of the "social" as a key object of political discourse and practice. In particular I look at changes in the ways that behavioural psychology has problematised the individual and the social,

providing new vocabularies and new forms of scrutiny to identify new problems and new techniques to implement its solutions. I argue that these approaches whilst enabling political authorities to act at a distance by making it possible for individuals to regulate themselves, have also contributed to new forms of regulation by offering ways of simultaneously opening-up and constraining the means through which people can act upon themselves.

Chapter 2

Methodology

Introduction

There were several starting points to this project, each of which helped to shape the methodology but which highlighted different methodological considerations. At a general level, my interest in the ways in which psychological discourse and practice have been involved with the realm of the "social" during the twentieth century pointed to an historical approach which was influenced by Foucauldian analyses of the human sciences. These have drawn attention to the fundamental role that the human sciences play in the formulations and practices of government and offered a conceptual framework and methodological approach which problematised the existence of such knowledges and their relation to political and social concerns. (for example Foucault 1973,1979,1991a; Rose 1985,1989). Specifically, I was interested in behavioural psychology, not for its intrinsic theoretical or practical worth but as an area of psychological discourse and practice whose involvement with strategies of social improvement had not only a long history and a mixed reputation, but a current existence. As such, it appeared be suffering from analytical neglect. It seemed to me that there was both a conceptual and a methodological gap that needed filling.

On the one hand behavioural psychology's recent and contemporary dealings with the social domain remained uncharted and, on the other, the history of such relations had, to my mind, been inadequately analysed. Ironically, by employing crude notions of social control and zero sum conceptualisations of power, critiques of the reductionism of behaviourism had fallen into the same reductionist trap. As discussed in Chapter 1, they characterised what was in fact a diverse range of conceptualisations and practices (which I refer to as behavioural approaches) as a unitary and negative ideology. In these critiques the practical activities of behaviourism were seen as oppressive exercises of power intended to eliminate deviance and normalise the deviant and those who were engaged in them seen as agents of social control acting on behalf of the state. In addition, my preliminary

researches exposed an interesting paradox: in spite of the demise of behaviourism and the controversy surrounding behaviour therapy in the 1970s and the publicised abuses of behaviour modification techniques in residential institutions for young offenders, children in care and people with learning difficulties during the 1980s, there had been a widespread increase in the use of behavioural approaches which had not been subjected to analysis. Of significance was their application to non-clinical settings and non-clinical problems. Although this expansion had originally taken place in institutional settings, in the 1980s the use of behavioural approaches extended into the "well community" as solutions to a range of individual and family problems. These extensions into the field of child and family welfare form the focus of thesis. It appeared, from personal reports and discussions in the professional literature of social workers, health visitors and so on, that, far from declining they were spreading to new fields, to new areas within those fields and were being used by a new range of practitioners, as well as by clinical psychologists who, with their shared history with the development of behaviour therapy, would be predictable users of behavioural approaches.

These contemporary uses of behavioural techniques raised questions about the nature and reasons for the continuing involvement of behavioural psychology with the social domain; about the forms that this involvement has taken, the areas of social activity to which it is directed and how and why these came to be behaviourally problematised. These contemporary uses of behavioural approaches called for renewed but transformed scrutiny, which would seek not only to examine the origins and nature of the changes but also to consider their regulatory implications. My earlier researches suggested to me that they could be thought of as an exemplar of changing regulatory conditions, in which new forms of professional intervention extending into more areas of everyday life, intersect with ethical and political discourses, particularly those centering on autonomy and empowerment.

These requirements framed my methodology and constituted the basis of my research questions which asked how behavioural discourses have concerned

themselves with social improvement, in terms of the problems, candidates and solutions that they have identified as being amenable to, or in need of, behavioural solutions; about the kinds of concepts, vocabularies and explanatory models that are used to describe and discuss these. Of equal interest are the types of behavioural solutions that are proposed and the rationales used. The relationship of these to other discourses, for example, political, ethical and economic needed examination, as did the implications of these for social regulation. I aimed to answer these questions by examining different examples of the concern which behavioural discourses have shown in social improvement since their inception and considering the ways in which these might be associated with deployments of behavioural approaches. I therefore aimed to document the ways in which behavioural approaches have become part of the activities of health and welfare professionals in the community and about the contexts of this "social" work. A permeating theme was to be an analysis of the association between behavioural discourse and practice and changing patterns of social regulation and the implications of these for the government of the social.

Methodological strategies

It became apparent that in order to answer these questions there should be two methodological strands, historical and contemporary and two methodological strategies, description and critical scrutiny. My intention was to describe the past and present existence of behavioural approaches, by mapping, tracing and delineating these and to contextualise them, in relation to other social phenomena, both synchronically and diachronically. The aim was both to provide a description of a new field and to subject it to critical scrutiny in a previously untried way. It seemed to me that this two pronged approach could yield an understanding of the spread of behavioural approaches but also, using the latter as an exemplar, it could offer insights into the relations between changing regulatory themes in the social domain and ethical conditions which converge on personal autonomy.

Archaeological and genealogical methods

A fundamental feature of this methodological strategy is a problematising approach to the material which, by taking nothing for granted, renders phenomena strange and in need of comprehension and explanation. My version of this approach which was influenced by ethnographic approaches (Hammersley 1995) also draws on Foucauldian approaches to historiography (Foucault 1984; Foucault 1991a; Castel 1994; Dean 1994). In these it is not only aspects of a particular phenomenon that are called into question, but the very existence of the phenomenon itself which is problematised. For example, traditional histories of the human sciences take a progressivist position, seeing the relationship between the past and the present as characterised by continuity, progress and development (see for example Flugel 1964 and Fancher 1979 as histories of psychology). From this perspective the state of present knowledge is thought of as the predictable product of historical antecedents and the past is seen as stages on the journey leading to the present. In contrast, following Foucault, my approach attempts to make sense of the present through the past, by rendering *both* historically peculiar.

This problematising approach construes (psychological) discourse and practice as historically and culturally constituted and seeks to establish which features of social existence (for example political, professional, ethical, economic) are related to their emergence and examines the nature of these relations. It entails examining the historical conditions of existence that have made it possible for people to be thought of, spoken about and acted upon in new ways (for example Foucault1972,1991a,1991b; Rose 1985; Nettleton 1992; Bell 1993). In this case, at the level of discourse it is necessary to ask, for example, under what conditions it become possible, in 1960s America, to think that one root of social unrest lay in the "locus of control" of disadvantaged people, or to ask under what conditions it became possible to construe parenthood in terms of a group of "skills" called "parenting", or to see the solution to various social problems lying in the "empowerment" of parents through "parent training". At the level of the practical activities associated with these discursive shifts we might ask, for example, how it has become possible for different "authorities", for example social workers,

community nurses and health visitors (as well as psychologists), to consider it desirable, legitimate, and feasible to conduct behavioural interventions with parents and their children. The answers to these questions are not self-evident. The emergence of "external locus of control", "behaviour problems", "learned helplessness" and so forth, as problems requiring identification and amelioration through this kind of professional intervention requires examination and explanation.

In this project this methodological strategy of scrutinising the self-evidence of ideas and practices, by asking how they have become possible, takes three routes: an examination of the internal conditions of existence of behavioural discourses regarding social improvement since their inception in the 1920s; a contextualisation of these discourses in relation to external features, to other discourses and to changing political and economic conditions; an examination of the social (rather than clinical) deployment of behavioural approaches. To some extent this analysis can be thought of as archaeological, in Foucauldian terms, in that it seeks to trace the historical emergence and course of behavioural psychology as discourse; it is concerned with the internal rules of formation of behavioural discourses and with the relationship between discursive production and the constitution of objects. In this case, the ways in which behavioural psychology like psychiatry "has found a way of limiting its domain, of defining what it is talking about, of giving it the status of an object - and therefore of making it manifest, nameable and describable" (Foucault 1972: 41). Thus in asking what has ruled the existence of "behaviour", "behaviour problems," or "locus of control" and so forth, as the objects of these particular psychological discourses this analysis attempts to describe what may be spoken about in behavioural discourses concerning social improvement, to trace how it became possible to speak about these subjects and objects in this way, to ask who is speaking and from where - from which institutional sites do they speak and to whom?

Preliminary reading suggested that a noticeable feature of behavioural discourse has been its susceptibility to transformations, both synchronically and diachronically. Thus it became clear that it was more appropriate to talk of behavioural discourses

in the plural rather than a single unified discourse. A key feature of this analysis therefore is an examination of these transformations in behavioural discourses since their emergence in the early years of this century. To frame this examination and analysis I used a series of related questions:

- When, where and how did individual behaviour become socially problematised in these discourses? That is to say, when and how did it become conceptualised as not only an individual problem in need of clinical treatment but one, with ethical and social ramifications, which required social intervention using behaviour modification techniques?
- In what fields and sites has individual behaviour been socially problematised, in relation to what problems?
- What forms have these behavioural problematisations and solutions of social phenomena taken? Who and what is problematised? In which ways have these notions changed?
- By whom has the construing and talking been done? Who speaks or may speak about "behaviour problems"?
- From where do they speak and in relation to what practices, with access to what sanctions? From which institutional site and under what auspices?
- How has the role and value of behavioural psychology and its associated techniques for changing behaviour been conceptualised?
- What are seen as effective and desirable behavioural strategies for changing behaviour, by whom and why? What particular techniques are recommended and practised?
- How have these problematisations and solutions changed?
- How have behavioural discourses conceptualised the objects of their attention? That is what vocabularies have they used to name them, describe them, formulate them , organise them in relation to one another and explain them?
- What kinds of explanatory techniques and structures have behavioural discourses used?

As well as charting the internal changes in behavioural discourses, this project seeks to examine the conditions of existence of behavioural discourse, that is, the ways in

which it is related to changing economic, political and social contexts and to other ethical and political discourses. Given that discourse does not exist in a social vacuum an examination of behavioural discourses and practice should not only trace the internal rules of discursive formation which delineate and limit what may be spoken about, whom may speak and so on, but it should also describe and analyse the external conditions which permit, encourage or constrain the production and deployment of discourse and practice (Foucault 1991b). As I aim to demonstrate, this kind of analysis can reveal the relations between different discourses and the ways in which these may create the conditions for behavioural discourses to produce truth and the ways in which internal transformations make it possible for context-appropriate truth claims to be made.

Of particular interest in this respect is the relationship between the truth claims of behavioural discourses and the exercise of power. Rather than assuming that power is synonymous with repression or that the exercise of power necessarily involves a relation of domination, I draw on Foucauldian approaches to construing power/knowledge relations, to consider the ways in which behavioural psychological knowledge has been productive of new ways of thinking about and acting upon human beings (Foucault 1980,1982,1984,1991b; Rose 1988; Rose and Miller 1992). This examination does not only involve looking at the ways in which human beings are constituted as subjects and objects within behavioural discourses. The objectifying and subjectifying effects of these discourses can be detected in the practice of behavioural techniques, which may be thought of as technologies of power involving behavioural subjects and those who define their problems and make decisions about the deployment of behavioural techniques to solve them. If behavioural approaches have a "social" (as well as a clinical) appeal, then one would expect them to appear in the social arena, that is, to be used in the work of those, like social workers, who practise in this field. The project therefore aimed to document the recent and current deployment of behavioural technologies in one area of the social domain, that of child and family welfare, by examining their use by professionals in the field. I aimed to chart the existence of behavioural approaches in this arena by finding out about the sites, settings, and targets of the uses of

behavioural approaches, about the personnel using them, the techniques they used and the solutions they offered. In addition, I was interested in professional conceptions of the purposes and value of these deployments. Moreover, though the deployment of behavioural techniques takes place at the micro-level of face-to-face relations between the problematiser and the problematised, that is at the level of health and welfare practice, this is situated in professional and organisational contexts which themselves are embedded in social, political and economic networks. My aim was to examine a range of "surfaces of emergence" of behavioural approaches.

Ethnographic methods

In order to explore current uses of behavioural approaches in England as well as their historical origins in the United States I found that I needed to employ a more flexible methodological approach than a strictly Foucauldian one would allow. I departed from Foucauldian methodologies in several ways: in terms of the contemporary focus of part of the research, in terms of the sources that I drew on for this data and in terms of the research techniques used to collect the data as well the nature of the material itself. Specifically, I wanted to explore contemporary uses of behavioural approaches "at ground level" by talking with those professionals who incorporated them into their work. There were several reasons for this. Firstly, to document the practical fields in which behavioural approaches are deployed; secondly, to enable me to chart current and recent "surfaces of emergence", which are not yet fully visible in textual form. I thought that these interviews would provide a more sensitive gauge with which to detect transformations in the field and to collect details of them that are, as yet, subliminal in textual form. In addition this perspective would complement the map that I was constructing using textual, historical sources. This desire to get a ground-level perspective pointed to ethnographic techniques. However, I thought that research techniques like participant observation, designed to provide a "thick description" of the settings and experiences of using (and being on the the receiving end of) behavioural approaches, whilst offering valuable insights into these, were methodologically incompatible with the more interrogatory approach I was adopting with the textual

material. My aim was not to immerse myself in the data through an "intensive, ongoing involvement with individuals functioning in their everyday settings" (Schofield 1993:213), but to keep a certain distance from it. Rather than using my sources as resources to explain the world I wanted to use them as objects of inquiry and analysis in their own right. With this in mind I hoped that semi-structured interviews could provide a similar quality of data as textual sources but with the added possibility of developing and extending the range of material and detail, by virtue of the interactive nature of interviews and the closeness of the interviewees to the subject matter. They had the potential for opening-up the investigation ground, enabling interesting aspects to be pursued further. Although this did not necessarily happen, it did on some occasions.

An example illustrates this potential value. Whilst family aides and family support workers have existed in the social work field for years with the role of explicitly helping families in the home with practical activities, my interviews with two such workers pointed to some interesting developments. Their discussion of their work not only described a methodical and pervasive use of behavioural approaches in helping parents to organise their day, to manage their children without physical chastisement and so on; they also revealed the minute attention to the details of everyday life that this involved. Thus one worker described her work, over several weeks, helping two parents to establish an early morning routine, to ensure that their children could start to arrive on time at school and an evening routine to ensure consistent bedtimes. This work entailed arriving at the family home at 7.30 a.m. and training the parents behaviourally in the most effective way of waking-up the children, washing them, dressing them, giving them breakfast, and so forth. This might involve demonstrations from her, recommendations on when and what behaviours to "reinforce" through praise, and which behaviours to ignore. In the evening she returned for a further "training session".

In addition, whilst not aiming for ethnographic immersion, I thought that conducting the interviews in the settings of child and family welfare work might enable me to further explore what happened in that setting. For example, a visit to

one family centre revealed that in the implementation of a behavioural progamme all staff, including the cleaner and cook, would be involved in an attempt to provide consistent responses to a child's behaviour. In the same centre my questions about wall posters led to the discovery that the centre ran "anger-management" groups for boys after school, which drew on various approaches, including behavioural ones.

Although I aimed to keep at a certain distance from my sources it became apparent, during the course of the interview series, that interviews are not merely interactional but transactional and that as such they could be the site of mutual reflexivity between researcher and researched. I found that the interviews had an impact on the research process as described above and on my involvement with it, in that I found some settings more interesting than others, some interviewees were more interested and more engaging than others or had more to say. As such each interview (both in terms of content and process), each interviewee and each setting had some intrinsic as well as instrumental impact. At the same time a number of interviewees found that being interviewed had an impact on them. This was spontaneously reported by them, usually at the end of the interview. They described for example, how their ideas had changed in the course of the interview, how new ideas and ways of thinking had come out of the interview and how the interview had provided them with the chance to reflect on their practice in a way which was either novel or usually not possible because of time constraints.

Whilst this mixed methodological approach promised to enrich the data it also highlighted certain methodological concerns in (qualitative) research regarding not only validity, reliability and sampling in relation to data collection but also the general value of the findings derived from it. These centre on the issue of generalisability as an indicator of validity. If generalisability is taken as a prime criterion of research value, both methodologically and in terms of external validity, then clearly it becomes problematised in the research process, particularly in connection with the representativeness of sampling. With the development of various qualitative methodologies, especially those drawing on ethnographic and

phenomenological approaches, the criterion of generalisability has to some extent lost both value and meaning. However, whilst recognising that the classical view of generalisability, integral to quantitative and particularly positivist research, is paradigmatically incompatible with qualitative research, qualitative researchers have in recent years been concerned with finding ways of enhancing the likelihood that their work will speak to situations beyond the one studied (see for example Hammersley and Atkinson 1995; Patton 1990; Schofield 1993). This concern raises questions in a study such as this, that aims to chart, document and analyse a new field, as to whether it should or can have value beyond a description of the samples concerned. At one level these questions point to issues of sampling, particularly representativeness. In the present study the samples (of texts and interviewees) are intended to be illustrative, rather than representative and are thus treated as exemplars of possibilities rather than typical cases. The status of the "findings" and analysis derived from such sources is therefore intended to be suggestive, not predictive. My aim is not to determine the prevalence of the use behavioural approaches in the field of child and family welfare but, where they *are* used, to examine the conditions under which this deployment takes place. My interest is not in how much behavioural techniques are used but in the fact that they are used, how this may be related to, for example, professional, organisational, political and, economic conditions and the implications of this for social regulation.

At another level, the analysis of discourse poses a number of conceptual and methodological problems which are not easily resolved but of which we should be aware (see for example Burman and Parker 1993, Potter et al 1990). In determining the scope and limits of discourse and the delineations between discourses, and in examining their internal structure we may be in danger of reifying the discourse and in so doing implicitly credit "it" with a discrete, almost autonomous existence. There are several dangers here. Firstly, that discourses are treated rather like natural science treats the objects of its enquiry, as phenomena that are waiting to be found. In which case discourse analysis becomes a kind of "applied", value-free technology, which is used to discover and order the phenomena. If, on the other hand, reading is the fundamental "work" of discourse analysis, does reading enable

discourses to emerge, or do we, in (and through) the process of reading, construct the discourse? Connected to this is the possibility that texts are of course open to alternative readings depending on the reader, the contexts of reading and so on. Burman and Parker (1993) and Potter et al (1990) argue that discourse analysis is not value-free and point to the "fantasy of non-involvement" in the material, that can arise if discourse analysis is used as a technology, which is not dissimilar from traditional methodologies. Whilst I aimed for an agnostic, sceptical position in my dealings with texts I found that non-involvement in the textual material, as with the interviews, was more difficult that I had anticipated.

Methods and Sources

The range of sources are summarised below:

texts	interviews and texts
historical	contemporary and historical
originating mostly in the U.S.A.	originating mostly in the U.K.
primary and secondary	primary

Textual Sources

For the examination of the internal and external conditions of behavioural psychology's involvement with social improvement since its inception in the early decades of this century, I drew on textual sources. The selection of these was governed by certain requirements. The most important of these was that the source should include reference to possible connections between behavioural psychology and social change; to that extent my sampling procedure was purposive. Texts therefore that concentrated on clinical or laboratory aspects of the discipline were excluded. (For example, Beck's formulation of "cognitive therapy", in the 1970s, though influential in the clinical field was excluded from my analysis because of its primarily clinical focus). Having established these rather broad criteria of inclusion and exclusion, I set about searching for appropriate sources and it soon became apparent that the population of possible texts that I was attempting to sample was almost entirely north American, specifically from the United States. As behaviourism originated in the U.S.A. this was predictable, but nevertheless it

meant that whilst I wanted to go on to examine the contemporary English scene, my historical documentation of behavioural psychology's interest in social improvement would have to draw on mostly American sources. Having started with certain texts already known to me I found that each text more often than not led me to several others. In this way my sample "snow-balled". However, in order to delineate my field and limit my sample from this pool of possible sources I developed a further series of questions, to guide my searches and the selection of relevant texts. I chose texts which I thought could provide some answers to these questions:

- How do behavioural psychologists construe the relation between behavioural psychology and "society", that is, the social rather than the individual domain with which it is generally associated?
- How is the social problematised in these discourses?
- How, where, and why do they see behavioural psychology being connected to the social domain?
- What do they perceive to be the value of behavioural psychology in these contexts and what rationales are used to account for this value?

The texts that were used as the basis for Chapters 3, 4 and 5 spanned the last seventy years up to the present time and consisted of journal articles and books drawn from the broad field of behavioural psychology (including learning theory, social learning theory, clinical psychology) together with reports from professional bodies and U.S government commissions. As well as those texts already known to me, which through their references and bibliographies led to other possible sources, I searched relevant abstracts, in particular the *Psychological Abstracts* and *Applied Social Science Index and Abstracts* (ASSIA) using both key terms, subject and author searches. For those periods in which I was particularly interested, for example in Chapter 4, the 1960s, I also hand-searched the indexes of certain journals on a year-by-year basis, focusing on article titles and authorship, for articles that explicitly connected behavioural psychology with social issues, social problems, social change, social applications and so forth. These journals were the *American Psychologist* (the journal of the American Psychological Association), the *Bulletin*

of the British Psychological Society (now called *The Psychologist*) and the *Journal of Social Issues*, published in the United States since the 1950s which specifically focuses on psychological analyses of contemporaneous social issues. For those chapters with specific areas of interest, for example Chapter 4 on constructs of personal control and Chapter 5 on parent training, I used key terms that were relevant to the particular field as well as those which linked these with the social domain.

Chapter 6 forms a bridge with the second half of the thesis, which examines more recent and current, practical and professional surfaces of emergence. This chapter which shifts attention to the U.K., focuses on the use of behavioural approaches by health visitors, who as a professional group work almost exclusively with pre-school children and their parents. Whilst it was clear to me that, in relation to my aim of charting recent and contemporary surfaces of emergence, health visitors' use of behavioural approaches warranted examination, I decided that it would be more useful, to the structure of the thesis, if this was carried out through an analysis of texts rather than an analysis of interviews. By analysing professional texts but using similar questions to those used in the analysis of interviews with social workers and child psychiatrists (see page 54), such an examination could serve as a transitional chapter between the first half of the thesis, which uses historical, textual, academic sources from the United States and the second half, which, focusing on contemporary, professional sources and practical activities in the U.K., is based on interview material. To this end, Chapter 6 draws on the professional child welfare literature of health visiting, focusing mainly on articles spanning a ten year period from the early 1980s in journals such as *Child: Health and Development*, *Midwife, Health Visitor and Community Nurse* and the *Health Visitor*, the professional journal of health visiting. Two sets of abstracts were searched, *Healthplan* and *Cinahl* both on CD Rom, for reference to, and discussion of, the use of behavioural approaches by health visitors. The *Health Visitor*, was also hand-searched by index, for this ten year period, to look for articles (and references in book reviews) not previously detected by the abstract search. These searches yielded thirty-one articles, on which the discussion in Chapter 6 is based.

For Chapter 9, which analyses empowerment discourses in the health and welfare field, I searched the professional social work and policy literature using the *Social Service Abstracts*, *ASSIA*, health-related abstracts such as *Healthplan* and the *Psychological Abstracts* as well as texts already known to me. As with the other searches an important and useful source of further references were book and article bibliographies.

Interviews as sources

Chapters 7 and 8 of the thesis, in which current uses of behavioural approaches in the child and family welfare field are examined, use interview material as the basic source. To reiterate the rationale for doing this, I argue that investigating the uses of these approaches at ground level can provide additional material from another angle which complements the textual analysis. I therefore aimed to interview various types of practitioner in this field who worked in the community, that is outside institutional or clinical settings. As with the textual sources certain selection criteria were employed both to identify the relevant "population" of practitioners from which my sample might be drawn and to select, from the pool of possible interviewees, those who would be in a position to provide me with appropriate material. Appropriateness, in this context, was decided on the basis of the key areas of interest which have guided the analysis throughout the study. Thus I was concerned to find out about: the settings and contexts of such deployment, the personnel involved and their targets (by whom and on whom these strategies were practised), the solutions on offer and the techniques that are used professional conceptions of the purposes and value of the use of behavioural approaches.

Initially I needed to identify the kinds of organisational settings and the range of professionals in the field of child welfare who worked directly with children and their families (or who managed those who did), who might or did use behavioural approaches. These included social workers, family support workers, nursery officers, health visitors, child psychiatrists and community psychologists who worked in various settings such as child and family centres, child resource centres and child guidance clinics. Of this possible group the first criterion for inclusion in

my sample was the explicit use of behavioural approaches in their work. As with the selection of textual sources the sampling was thus purposive. This was because having initially established that they did use behavioural approaches, my main area of interest was to find out about the ways in which they used them, the settings of this work and their perceptions of it. The second criterion for inclusion was their agreement to be interviewed. I also found once again that contact with one potential source led to others. However, in retrospect it might also have been valuable, as a counterbalance, to carry out interviews with professionals who did not use behavioural approaches, to explore their perceptions of the uses, role and value of them. Without these there is a danger of assuming that this is an uncontested area. Equally, in the spirit of methodological triangulation, parental interviews would provide another perspective on the deployment of behavioural approaches.

Two series of interviews were carried out between 1992 and 1996. The first was with professionals in the child mental health field, the second involved a range of practitioners engaged in social work with children and families. The procedure for obtaining the samples was very similar for both series of interviews. Using the *Health Services Year Book* and the *Social Services Year Book* and personal contacts, I identified the names and locations of possible organisational settings for child health and welfare work in the greater London area. (This geographical area was chosen because of time as well as cost constraints). I contacted about forty of these by letter, where possible to a named individual. The letter described my area of interest, that was, the use of behavioural approaches in the field of child and family welfare and the more specific aspects, (listed above) that I wished to explore. It was made clear that the purpose of my study was not to evaluate the use of these approaches nor the service in which they were deployed. The letter enquired about the possibilities of interviewing either the addressee or someone of their recommendation. The initial letter was followed-up ten days or so later by a telephone call. Almost all of those contacted offered me some sort of information. This procedure yielded eighteen interviews in the first series and eighteen in the second, one of which however was a group interview with eight people. Most of these interviews were given in response to my letters but others arose out of contacts

that I was given by other interviewees. There were very few refusals for interviews but difficulties arose in some cases in finding a mutually convenient time to meet. Two people approached for the first series (a child psychiatrist and a professor of psychology at the Institute of Psychiatry) gave me their views in a letter and referred me to publications in which their views were elaborated.

The interviews were conducted with a range of practitioners and managers in different settings. In the first series, with professionals in the child mental health field, I interviewed ten consultant child and adolescent psychiatrists, two of whom were also clinical directors of departments or units within health trusts, a senior psychiatric social worker and an educational psychologist both of whom were attached to (different) child guidance clinics, a consultant paediatrician, a non-clinical manager of a child and adolescent psychiatry unit in a health trust, three consultant clinical psychologists specialising in the field of child health (one of whom was clinical director in a health trust) and a professor of adolescent and child psychiatry. In my discussion of these interviews in Chapter 7, the interviewees are referred to by number (see Appendix 1).

In order to map the use of behavioural approaches in social work with children and families I aimed to interview a range of workers in different settings. To this end, using the *Social Services Yearbook*, I contacted a number of social services departments, family centres and family consultation centres, and voluntary agencies in the greater London area. I talked with twenty-six people, mostly in the form of individual interviews but in one case met with members of a Children and Families' team at their weekly team meeting. The interviewees included managers of social services children and families' teams, team members (field social workers and family support workers), a training officer, social workers working in family consultation centres (formerly child guidance). I also visited four family centres, two of which were run by local authorities and two by voluntary agencies, the National Society for the Prevention of Cruelty to Children (NSPCC) and The Family Welfare Association (FWA). The four managers of these centres were interviewed (two managers were social work trained, two had formerly been nursery officers) as were

some members of staff, both social workers and nursery officers. The interviewees in Chapter 8 are referred to by number (see Appendix 2).

The interviews

The interviews were semi-structured, using the following areas of interest to provide the framework. I asked questions about:

- the settings and contexts of the uses of behavioural approaches,
- the personnel involved and their targets, that is, by whom and on whom were these strategies practised,
- the problems that were seen to be appropriate for behavioural approaches
- the behavioural solutions that were offered and the techniques that were used
- their relationship to other therapeutic approaches
- professional conceptions of the purposes and value of the use of behavioural approaches, to families, to themselves and organisationally.

In both series the interviews lasted for about three-quarters to one hour and mostly took place in the work setting of the practitioner. In some cases interviewees expressed a preference for being interviewed opportunistically over the telephone because of heavy work schedules. As far as possible the interviews were tape-recorded, though a small number of interviewees declined my request. These tended to be practitioners who thought they might have comments to make about the service they worked for and who were unwilling to put these "on the record". In all cases notes were made during the interview. These acted as the main data source. The recordings were not transcribed but were used as a back-up and check, in writing-up each interview. At the end of each interview I went over my summary of their responses with the interviewees, in order to establish internal validity for the data, that is, that my notes of their responses and discussion corresponded with their versions of these.

Data Analysis

For the analysis of both the textual and interview data a similar strategy was used which fits under the general heading of discourse analysis and which as described

earlier, draws broadly on Foucauldian archaeological and genealogical analyses. Thus I adopted an interogatory approach to my sources which entailed a reading of them that held the following questions in mind: how do behavioural discourses concern themselves with social improvement, in terms of the problems, candidates and solutions that they identify as being amenable to, or in need of, behavioural solutions? What kinds of concepts and explanatory models and vocabularies are used to describe and discuss these? What kinds of behavioural solutions are proposed and according to what rationales? How might these be related to other discourses, for example, political, ethical, economic? What are the implications of these for the government of the social?

Textual analysis.

Initially, for both the textual and interview data, the research questions were used as thematic categories not only to guide data collection but also to collate the data and conceptually to guide analysis. In analysing the textual sources I used a further set of questions to structure my analysis which was directed towards the historical nature of the material and which was designed to enable an analysis of transformations in behavioural discourses in general and of those on those social improvement in particular. My aim was to problematise and examine both the objects and subjects of these discourses and the language with which they were constituted. To this end I used the following questions (that were listed earlier) in my analysis of the texts:

- When, where and how did individual behaviour become socially problematised in these discourses? That is to say, when and how did it become conceptualised as not only an individual problem in need of clinical treatment but one, with ethical and social ramifications, which required social intervention using behaviour modification techniques?
- In what fields and sites has individual behaviour been socially problematised, in relation to what problems?
- What forms have these behavioural problematisations and solutions of social phenomena taken? Who and what is problematised? In which ways have these notions changed?

- By whom has the construing and talking been done? Who speaks or may speak about "behaviour problems"?
- From where do they speak and in relation to what practices, with access to what sanctions? From which institutional site and under what auspices?
- How has the role and value of behavioural psychology and its associated techniques for changing behaviour been conceptualised?
- What are seen as effective and desirable behavioural strategies for changing behaviour, by whom and why? What particular techniques are recommended and practised?
- How have these problematisations and solutions changed?
- How have behavioural discourses conceptualised the objects of their attention? That is what vocabularies have they used to name them, describe them, formulate them , organise them in relation to one another and explain them?
- What kinds of explanatory techniques and structures have behavioural discourses used?

Those chapters that are based on textual sources (Chapters 3,4,5 and 6), though each structured somewhat differently, organise the analysis round certain of these questions, as key areas of interest. Thus each examines a different behavioural problematisation

of a social phenomemon and the proposed solutions by looking at:

- who and what is problematised
- why they are problematised; that is at the explanatory models that are invoked, the reasons given from within the discourse for the constitution of these as objects for behavioural attention
- the nature of the proposed behavioural solutions and the presuppositions on which they based
- how the purpose of these behavioural solutions is construed, at the micro-level and in relation to social improvement;
- who it is thought should conduct behavioural interventions and why
- how the role and value of behavioural psychology and its associated techniques for changing behaviour is conceptualised.

- the language used to formulate, describe and explain these behavioural problematisations and solutions

Interview analysis

The analysis of the interview data (and of the letters and written views) followed certain themes, some of these were already framed by the interview questions, others emerged out of the interview material. I was interested in:

1. The kinds of problem that were dealt with by these practitioners which they considered to be amenable to behavioural approaches
2. How these problems were defined and discussed and accounted for.
3. The nature of the solutions they employed and the aims/goals/objectives of such interventions and the descriptions, explanatory bases and the type of evidence cited to account for their use.
4. Who uses behavioural approaches in this or allied settings and the professional relationships between them.
5. The relationship that is seen to exist between behavioural and other approaches.
6. The value accorded behavioural approaches by these practitioners, for example:
   a) behavioural approaches' therapeutic value to clients (children, parents, families)
   b) the role of behavioural approaches in these practitioners' therapeutic strategies and professional existence
   c) behavioural approaches' value organisationally particularly in the light of recent changes in "service provision", for example in terms of their amenability to evaluation.
7. The connections made between 1-6 above.
8. As in the textual analysis, I was interested in the language used by the professionals to formulate, describe and explain these behavioural problematisations and solutions as well as the targets, purposes and value of their behavioural interventions.

This analysis was conducted with the aid of a matrix similar to the one below on which a summary of all the interviewees' responses was recorded and collated according to the points, listed above, which also acted as pre-set analytic themes.

	Setting	Problems/ targets	Solutions/ techniques	relation to other work	Value a) to client	Value b) to professional	Value c) organisation
Interviewee 1							
Interviewee 2							
Interviewee 3							
Interviewee 4							

In this matrix each interviewee's responses to the questions, as well as spontaneous, self-generated material on the same "topic", could be recorded in summarised form for each thematic category. Pertinent or illustrative verbatim quotations were also recorded on the matrix. Thus for each theme, by reading down the matrix column, similarities and differences, typicalities and peculiarities could be identified, both in terms of content and language. This approach made it possible for response themes to emerge, for relations between categories to be explored and for new analytic categories to be included in the course of the research process, either through the interviewees direct contributions or through the search for patterns during the analyis. Thus very early in the first series of interviews the theme of eclecticism emerged from the interviewees' responses to questions about whether they used behavioural approaches on their own or with other approaches; this was associated with the conceptualisation of an approach as a professional "tool". Out of this, in the analysis, came the notion of the professional "kit-bag".

In the analysis of textual and interview material I aimed to consider the relation between these behavioural discourses on social improvement and contemporary political and economic concerns and to draw out implications with regard to changing patterns of regulation in the government of the social.

Chapter 3

In the Service of Human Betterment

Introduction

Discussions about the demise of behaviourism have regularly occupied psychology journal space over the last two decades, particularly in North America. Many of these discussions disagree as to the epistemological viability of behaviourism in its various forms, radical, or otherwise (for example Zuriff 1979, Skinner 1987) but none have doubted that its position as the flagship of modern psychology has long since gone.

The onset of this decline is generally located in the late 1960s and is associated in the literature with, amongst other things, the emergence of powerful critiques of positivism in the social sciences, the search for new paradigms and the cognitive revolution - the restoration, in Skinner's words, of the "Royal House of Mind" as the legitimate subject matter for psychology. The problem on the one hand (for behaviourism) as Skinner sees it, lies not only in the cognitive revolution but also in

> "the anti-science stance of humanism and the practical exigencies of the helping professions - which have all worked against the definition of psychology as the science of behaviour" (Skinner 1987: 784).

On the other hand, he has attributed its lack of social impact to the possibility that behaviourism was not behaviouristic enough (1974: 250). Other authors in different ways share the view that behaviourism, as a cultural product, is out of kilter with the current climate (Lamal 1989). Woolfolk and Richardson (1984) and Smith (1992) see the demise of behaviourism as being intimately connected with the fall of the technological ideal in western society. They suggest that in the post-modern era it is hardly surprising that an epistemology and ideology that is so emblematic of modernity should have fallen from grace.

Although it may have shifted from the centre of the discipline to the periphery and is less obviously influential outside it, there are nonetheless several features of behavioural psychology's interest in society that require attention. The most salient of these is a self-avowed interest in the prediction and control of behaviour. These are not seen as

purely theoretical activities, since its inception in the early years of this century supporters of behaviourism have advocated its strength as lying in its applicability to human problems. They have recommended the benefits of using its techniques to bring about social as well as personal change and have taken an active interest in applying their ideas and techniques beyond the university laboratory, in the cause of social improvement. As will be seen in the following sections, these applications have ranged from utopian schemes for the total redesigning of society and culture to more modest but equally socially significant suggestions and attempts to change behaviour. What they share in common is the premise that psychological techniques, based in science and designed, implemented and administered by psychological experts, are an indispensable part of a better future. Although many of the early schemes and strategies have never been implemented, behaviour therapy and behaviour modification, as the practical activities associated with behaviourism, emerged in the 1950s as techniques that could and would be used to change people's behaviour. In spite of behaviourism's decline as a force in academic psychology these approaches, that are based to a greater or lesser extent on its principles, have extended into a variety of institutional settings and professional domains, psychiatric in- and out-patients clinics, hospitals, prisons, centres for the "mentally retarded", schools and in recent years to more and more challenging "and 'normal' situations in schools, with the problems contended by social workers, and in community planning" (Blackman 1981: 25).

The aim of this chapter is to consider the ways in which writers inside and outside behavioural psychology have construed the social role of behavioural approaches in the 80 years or so since the emergence of behavioural psychology in the USA. In order to do this we look at some of the problems that these approaches have sought to solve, over this period, and at the kinds of scrutiny to which their solutions have been subjected. It is divided into four parts: the first deals with the emergence of behaviourism in the early 20th century and two utopian visions associated with its radical environmentalism. In the second part, I examine two reinterpretations of behavioural psychology's potential contribution to the improvement of human welfare. The third considers the post-World War II emergence of behaviour therapy and

behaviour modification and finally, I discuss some critiques of behavioural psychology's social project.

Behaviourist Fantasies

The early years of behavioural psychology at the beginning of the century were marked by utopianism. This was not a feature exclusive to behaviourism: as Morawski (1982) points out, other schools of psychology had their utopias which, predictably, like the behaviourist utopia shared the view that psychology was the necessary ingredient in any recipe for the improvement of human welfare. However the behaviourist utopias particularly stressed the importance of scientific psychology in this respect. According to Morawski (1982) and Smith (1992) most utopias since the scientific revolution and Bacon's "New Atlantis", have incorporated a scientific imperative, which has not only emphasised the necessity of science but also, by the use of scientific concepts and terminology, rendered utopian fiction more plausible. The credibility of behaviourist psychology as a potential social instrument thus lay in its claim to scientific credentials, which according to J.B.Watson lay in its rejection of mentalism (introspective methods and their subject matter, the mind) in favour of an objectivist approach which focused on the prediction and control of behaviour. Furthermore the key to behaviourism's potential lay in Watson's characterisation of it as a "practical psychology" whose theoretical activities might scientifically establish the principles or laws for governing the prediction and control of behaviour, but whose essential social value lay in techniques that could ensure their successful implementation.

This invocation of science in behaviourism which has continued to preoccupy its supporters has led some writers (for example, Mahoney 1989, Danziger 1990, Matthews 1988) to describe their approach as more scientistic than scientific. The sometimes militant scientism of behavioural psychology has been seen as an expression of the Enlightenment's faith in environmentalism in which belief in the malleability of nature was combined with a faith in the positive techniques of science to make and shape a different and better world. In this better world not only was nature to be improved upon but also human nature: the Enlightenment goal of a post-historic society according to Matthews was one "purged of the irrational, unnecessary sources of

conflict in historical accidents such as hereditary dynamics or accidental patterns of personality formation" (1984: 344). Whilst some writers (for example, Buss 1975, Matthews 1988, Mahoney 1989) trace behaviourism's faith in the importance of its own scientific credentials back to Auguste Comte, Henri de St Simon and the Marquis de Condorcet, others (for example Smith 1992) suggest that this faith was as much an expression of a Baconian "technical ideal" in which psychology as a science not only had the potential to understand human nature but also the ability to *engineer* it. In this view scientific psychology was not just a positive knowledge system, it was also a social instrument that offered a technology for change.

Alternative accounts of the emergence of behaviourism and its social project have looked not only to the European history of ideas for its origins but have identified it as a singularly American set of activities in which J.B.Watson's vision of "practical psychology" becomes a cultural product or cultural expression of the social and economic conditions of the U.S.A. at the turn of the 20th century. For example, Danziger (1979), in comparing the emergence of psychology as an academic discipline in the U.S. and Germany, sees the dependence of the then young American university system on political and business interests as a key to understanding the importance given in American psychology to developing techniques of social control, ensuring tangible performance, and so on. According to Danziger, if psychology was to emerge as a viable independent discipline, distinct from philosophy, it would have to be in a form acceptable to these social forces (1979: 35). In Leary's view, the development of various forms of American psychology was linked to the "cult of efficiency", a feature of U.S. culture "nurtured by the Puritan ethic as well as the capitalist market place" which had as its major criteria "economy of effort and directness of purpose" (Leary 1987: 331). These qualities, which were seen as essential to leading an "integrated" and "productive" life and which in turn became the major criteria of psychological normality, bear close resemblance to Watson's utopian vision of a productive, efficient and happy society characterised, in Matthews words by "extroverted busyness".

Other analyses (for example Bakan 1977 in Krasner 1982:25) linked the growth and development of behaviourism with the change from a largely rural to an urban society in

early 20th century America and the subsequent need for individuals to learn how to "master" (control and predict) their environment. Buss (1975) also saw the social climate in North America in the early twentieth century as conducive to, and accepting of, Watson's new vision of man. He suggests that there were two features of North American society that fostered behaviourist psychology: a preoccupation with its economic growth and success and a psychological foundation of "rugged individualism" and pragmatism which was more concerned with *doing* and *action* (i.e. behaviour) rather than with thinking and reflection (i.e. experience). Like Bakan, Buss suggests that prediction, control and mechanisation were all "deeply ingrained values in a rapidly expanding industrial state". (Buss 1975: 995). The scene, in a sense, was set for Watson's "Behaviourist's Utopia", originally published in 1929 as a magazine article entitle "Should a Child Have More Than One Mother?" (Morawski 1982: 1088).

In "The Behaviourist's Utopia", the scientific expertise and know-how of behavioural psychology to predict and control behaviour was socially instrumental in a number of ways. Essentially its value lay in giving scientific assistance to organised society in its endeavours to prevent failures. He felt that society's leaders could not be trusted to do this task: their methods were "roundabout and hit and miss". What was needed were the scientific methods of behaviourist psychology which could be applied to every aspect of living from the organisation of society to child rearing, education and decisions about euthanasia. These would provide and operationalize the necessary philosophy of experimentation so thoroughly that no state, judicial system or religion would be needed. Social rules would be developed through experimentation and misbehaviour corrected by retraining. To do this the usual professionals would be replaced by "behaviourist physicians" trained in the methods of behaviourism to "guard the community on the psychological side" (Watson 1929 in Morawski 1982: 1008). This would involve correcting behaviour disorders, treating insanity - and especially important (and of consistent interest to Watson throughout his career) assisting parents with their child rearing duties which in "The Behaviourist's Utopia" took on a new meaning. The population would be organised into units of 260 husbands and wives, serving as parent pairs, amongst whom three offspring at a time would rotate every four weeks. (The biological identity of each offspring would of course not be known to

parents). In the early years the behaviourist physician would take charge and a "scientifically trained assistant" would continue to aid parents with their task. (In the spirit of experimentation and with his knowledge that "no-one today knows enough to raise a child" (1928: 12), Watson elsewhere had proposed the establishment of "infant farms"). Behaviourist education would "condition emotional and dispositional habits" and monitor the behaviour of its pupils with such observational devices as periscopes. By the time children reached their sixteenth birthday they would be ready for their gender-segregated vocational training and by their twentieth year, and their 260th parent pair, ready for "unaided" living. Thus one of the key features of behaviourist psychologists' social role in "The Behaviourist's Utopia" was the scientific expertise that it would bring to child-rearing, for the future condition of society was seen to depend upon thorough-going interventions at every point of development. Moreover, these interventions were essentially practical involving the implementation of techniques whose effectiveness was guarantee of their worth.

This confident optimism in the powers of "practical" behaviouristic psychology extended to other aspects of utopian life. The permeation of behaviourist science through every feature of this utopia meant, according to Watson, that moral and social standards did not have to be altered: such standards would be identical to those of behavioural science. According to Morawski, Watson's claims about the superiority of experimental method for attaining social control and setting moral standards and the need for behaviour specialists to operationalize these, is evident throughout his publications in the 1920s. For example, though he at times like other, later behaviourists eschewed moral judgements, claiming like them, that "psychology has little to do with the setting of social standards of action nothing to do with moral standards" (1917: 329). He also, at other times proposed, for example, that the legal system be replaced by the scientific knowledge of behaviourists.

The confident certainty with which Watson's practical psychology influenced every aspect of his utopia was echoed in the other, better known post-World War II behaviourist utopia of B.F.Skinner, "Walden Two", which was also based on the

premise that scientific psychology was a necessary condition for social improvement. Furthermore, like its predecessor, "Walden Two" was based on the characterization of a socially useful scientific psychology that was essentially *practice*. The cornerstone of Skinner's utopia was the ability of behaviourist psychologists to engage in social engineering; their expertise explicitly rested on their technological know-how and in their special skills more than in their knowledge of psychological "laws" of behaviour. Smith (1992) amongst others, suggests that Skinner's depiction of a technological utopia is directly attributable to the influence of Francis Bacon whose own utopia "New Atlantis", first published in 1624, was part of Skinner's schoolboy reading. Bacon's elevation of "homo faber" above "homo sapiens" and his privileging of the "technical arts" over what he saw as the fruitless speculations of the Aristotelian tradition was, according to Smith "the declaration of a different kind of knowing, in which the power of producing effects is not simply the by-product of knowledge, but rather the criteria of its soundness" (Smith 1992: 217), in short a new sort of truth warrant that was to be repeatedly invoked in behaviourist psychology's claim to benign social instrumentality (and for that matter one that still is).

In spite of a certain irony in Skinner's post-war faith in technological solutions to human problems, when the liabilities rather than the benefits of technology were more apparent, ("Walden Two" was written in the summer of 1945), his utopia continued the behaviourist's social project. However the continued emphasis on solving social problems in this post-war period took on a salvationist tone that was qualitatively different from both the confident progressivism of the early twentieth century utopias and from "New Atlantis". Whereas Bacon saw the problems for humanity lying in an imperfect nature and the solutions thus in improving upon it, for Skinner and those after him scientific psychology was needed to create a new world by solving the *man-made* problems of the existing one. Whilst other behavioural psychologists saw behavioural solutions as contributing to the possibility of creating a new world, in Skinner's view nothing short of a complete overhaul would be enough to save society from itself. This would involve the re-making of culture, which, left to its evolving, underdesigned state could only but leave the control of behaviour to accident, with all the negative consequences that had been hitherto witnessed. Like Watson before, Skinner promoted

the value of an experimental ethos in his utopia: "*Walden Two*" was a cultural experiment where, according to Frazier, the designer of the community,

> "the main thing is, we encourage our people to view every habit and custom with an eye to possible improvement. A constantly experimental attitude toward everything - that's all we need. Solutions to problems of every sort follow almost miraculously". (Skinner 1948: 29).

As with Watson's utopia, every aspect of social organisation, from the details of daily life to the division of labour into workers, planners, managers and scientists was subject to behavioural analysis and behavioural solution. Although there was less attention paid to early child rearing, education was of particular interest in view of the necessity to continually upgrade and improve the quality of Walden Two's inhabitants. Although the first generation, without the benefits of the "full Walden Two inheritance" (of behaviourist engineering), "will pass on to a well-deserved oblivion - the pots that were marred in the making" (Skinner 1948: 250), a fate that might be called truly Baconian, successive generations presumably exposed to the "full Walden Two inheritance", would be "good, practically automatically", "without trying, without 'having to be', without choosing to be" and "will be truly happy, secure, productive, creative and forward looking" (Skinner 1956: 1059 in McGray 1984:23). Once again the moral and social standards of this utopia would be synonymous with those of behavioural science, further "proof" that the future of human welfare was inextricably bound up with scientific psychology.

Improving Human Welfare: a psychology for everyman

The vision of a world endangered, not by nature, but by man-made problems preoccupied other behavioural psychologists in the post-war period and by the 1960s they too were offering scientific psychology as a means of solving a range of social problems. Whilst no less environmentalist than Skinner, they were both less convinced and more apprehensive of the sort of wholesale cultural engineering that he had recommended as behaviourism's contribution to society's salvation. Apart from its dubious ethics, the kind of radical behaviourism promoted by Skinner, for example in his 1972 book "*Beyond Freedom and Dignity*" and also associated in the public eye with

the practices of behaviour modification, was giving psychology a bad name. The late 1960s saw the emergence of a socially-sensitive behavioural psychology whose advocates were keen to emphasise psychology's claim to being a positive and benign social instrument. In his presidential address to the American Psychological Association in 1969, George Miller shared Skinner's view that the most urgent problems of the world were man-made ones: "they are human problems whose solutions will require us to change our behaviour and our social institutions" (Miller 1969: 1063). However, he rejected the view that problems were best solved by a top-down, policy-level imposition of behavioural psychology. In his view what was needed was a "psychological revolution" on the ground, at the micro-level of everyday life where the direction of its influence would be sideways and upwards.

Unlike his predecessors, Miller did not see an inevitable, Baconian link between scientific knowledge and the solution of social problems. For him the imperative was not scientific or technical but ethical: the obligation to solve human problems fell on the psychologist as *citizen* not as scientist. However, in common with them he thought that the onus was to ensure that psychology of "practical value" was implemented. Once more the *know-how* rather than knowledge of behavioural psychology was seen as the key feature of its worth as a social instrument. While he recognised that psychology's potential contribution to the improvement of human welfare had been accepted within the discipline (if not in some cases over zealously applied), he considered that, thus far, psychology had failed to provide intellectual leadership in the search for new and better personal and social arrangements; in spite of its scientific base it had contributed "relatively little of real importance". His vision saw a new and different relationship between psychology and society - what he described as the "revolutionary potential of psychology" (1969:1065). This view saw psychology's contribution as being more than a "technological fix", more than the provision of new technological options which wealthy and powerful interests, such as politicians and industrialists, might exercise to attain socially desirable goals. Miller believed that the real impact of psychology would be felt

> "through its effects on the public at large, through a new and different public conception of what is humanly possible and what is humanly desirable...I believe

that any broad and successful application of psychological knowledge to human problems will necessarily entail a change in our conception of ourselves and how we live and love and work together", (1969: 1066).

According to Miller, this new "conception of man" based on scientific psychology would have immediate implications for the most intimate details of people's social and personal lives. It would be a psychological revolution which would and should be exploited by "everyman, every day", (1969:1067). However, he recognised that behavioural psychology's preoccupation with the prediction and control of behaviour would stand in the way of this social project. Not only was it tarnishing scientific psychology's public reputation; Miller expressed concern at the potential abuses of power to which naive versions of the behaviourist doctrine might lead.

There were a number of features in Miller's psychological revolution that would make it both more attractive and accessible to "Everyman" and at the same time restore psychology's reputation and promote human welfare. Instead of "repeating constantly" that reinforcement leads to control, Miller preferred to emphasize that "reinforcement can lead to satisfaction and competence". Moreover he wanted to make the case that, for both psychology and the promotion of human welfare, understanding and prediction were better goals than was control. The "diagnosis of problems and the development of programs to enrich the lives of every citizen" were the kinds of uses that his version of behavioural psychology would lead to, not the other, familiar outcome of "coercion by a powerful elite", (1969: 1069). The real social challenge as he saw it would be to foster a social climate in which this new, more positive set of conceptions of people could take root and flourish. A key element in this was that psychology had to be practised by non-psychologists; it had to be "given away"...to "people who really need it - and that includes everyone", (1969: 1071). Giving psychology away, according to Miller, was an educational process in which psychologists would have to relinquish their previous status as experts in favour of a learner-centred teaching role, for "abstract theories" would be too remote from the troubles that ordinary people faced. The learners in this new situation might range from "a supervisor having trouble with his men" to "a ghetto mother who is not giving her children sufficient intellectual challenge", (1969: 1073) who needed practical psychological techniques (of course involving the use of positive

reinforcement) to help them solve what they saw as their problems. Satisfying their urge to feel more effective would inevitably lead in his view, to a change in people's conceptions of themselves and what they could do. Thus the positive search for something new and the provision of a workable set of techniques for everyone to do this were in Miller's vision the best ways that scientific psychology could promote human welfare.

This transformation of behaviour psychology's social project, with its shift of emphasis away from the control of behaviour to its enhancement, found a further influential voice in Albert Bandura's presidential address to the American Psychological Association a few years later, in 1974, in which he examined the "images of man" that had become associated with behaviourist social technologies. Like Miller, he sought to address public anxieties about the controlling features of these technologies by demytholising their "fabled powers" and to reassure his audience (and himself perhaps) of psychologists' concern for human rights and their desire to "ensure that reinforcement techniques are used in the service of human betterment rather than as instruments of social control" (1974: 863). The evidence for this lay in the changing interests and practices of behavioural psychology which had shifted according to Bandura from the anti-humanistic position of Skinner to a humanistic one. (This was an ironic shift in view of Skinner's later complaints about the damaging effects of humanisms anti-science stance on behaviourism). Thus current concerns were to provide people with an increased number of options and the right to exercise them.

> "The more behavioural alternatives and social prerogatives people have, the greater is their freedom of action... Freedom can be expanded by cultivating competencies...restored by eliminating dysfunctional self-restraints", (Bandura 1974: 865).

In his view behavioural psychology especially in the form of social learning theory, not only could do this by providing people with the means for effecting personal and social change, it had "a broader obligation to society to bring its influence to bear on public policies to ensure that its findings are used in the service of human betterment", (1974: 869).

Behavioural psychology's social project thus broadened out in the 1970s and as we have seen had changed from the socially insensitive environmental determinism of the utopian visions of Watson and Skinner to a vision of personal determinism in which the humanistic cultivation of "self-directing potentialities" was seen as psychology's unique contribution to improvement of human welfare.

The Emergence of Behaviour Modification

During the same period as these behavioural psychology discourses were offering analyses of social problems and recommending solutions to them the practical activities associated with them were taking firm root in the world outside the university and the American Psychological Association. The post-war years saw the emergence of clinical behavioural psychology and the practices of behaviour therapy and behaviour modification. Over the next two decades these would be associated with a proliferation of behaviour change techniques and their application to an ever-increasing range of human problems, such as that by 1978, in confirmation of Miller's hopes, Kazdin would claim in the preface of his "History of Behaviour Modification" that

> "(the) movement represents a revolution in the field of mental health: in less than 20 years it has brought about a major reconceptualisation of psychological problems and their treatment...Behaviour modification not only has helped alleviate clinical disorders that have been the prominent and traditional focus of psychiatry and clinical psychology but also has been extended to ameliorate diverse and unexpected aspects of rehabilitation, education and social and community problems....no other approach or set of techniques has achieved such widespread applicability." (1978: ix).

A significant aspect of these developments had been their emergence outside the U.S., particularly in England. Whereas pre-war behavioural psychology had had little impact in the U.K., its post-war manifestations found a natural home at the Maudsley Hospital under the aegis of H.J.Eysenck, who became head of research in the psychology department there in the early 1950s. In American histories of behaviour therapy (for example Kazdin 1978, Wilson and Franks 1982) Eysenck is credited with a major role in

the development of behaviour therapy. He is seen as the prime-mover in its emergence in England and as having an influential part in its transatlantic development, not just as a new therapeutic technique, but one that was the specific domain of clinical psychology.

Eysenck's dissatisfaction with traditional, particularly psychoanalytic, models of therapeutic intervention is said (for example, by Wilson and Franks 1982, Kazdin 1978) to have led to a search by him and his associates, Shapiro, Yates and H.G.Jones, for more effective and more scientifically-underpinned alternatives. The experimental studies of this group at the Maudsley Hospital under his direction formed an important element in this search in a number of ways. Although members of this group were not necessarily clinicians, (Eysenck, for example, by his own admission never saw a patient, according to H.G.Jones (1974) in Krasner 1982:30), they saw socially important applications for their experimental work which was derived from "laboratory" research. This combination of scientist-practitioner was to serve as an important model in the emerging field of clinical psychology for not only did it underpin this new professional field with scientifically acquired knowledge, it also provided it with scientific techniques to implement knowledge. This special relationship between clinical psychology and behavioural approaches, at the heart of which lay a unique emphasis on therapy as more or less pure technique, was to form the bedrock of clinical psychology's claim to scientific expertise.

For Eysenck, as for Watson, Skinner, Miller and Bandura it was the science in behavioural psychology that was the key to its potential social role:

> "The possibility held out by modern psychology of altering human behaviour in a lawful manner, and in accordance with lawful principles, is the inspiration behind behaviour therapy, and it is the hope of the editor that some at least of his readers will come to appreciate the tremendous possibilities held out by these new developments - possibilities of changing personality and behaviour in the direction of greater sanity, greater happiness and greater social usefulness" Eysenck (1964:ix).

The scientific credentials of behaviour therapy were exemplified by Eysenck in a number of ways; in his well-known comparison between Freudian psychotherapy and behaviour therapy, he did this by framing them in scientific terms as

> "based on consistent, properly formulated theory, leading to verifiable deductions...Derived from experimental studies, designed to test basic theory and deductions made therefore" (1959:67).

In other places he, like Skinner, established behaviour therapy's claim to being scientific by references to, and quotations from earlier "fathers" of science who were usually physicists in Eysenck's case and biologists in Skinner's (see Eysenck 1971, Skinner 1987). The purpose of this it seems was to liken behaviour therapy's particular point on the road to achieving full scientific status with that of early physics: not yet as fully developed as modern physics but at least on the right scientific track.

By the 1960s the rubric of behaviour therapy had been established; the first general text on behaviour therapy, a collection of readings edited by Eysenck, which included a range of behavioural treatment methods (desensitization, aversive therapy, reinforcement contingencies) for a diversity of problems (neurosis, cat phobia, chronic frigidity, tics, stammering, asthma, childhood disorders, homosexuality and significantly, patient management) was published in 1960, and in 1963 the publication was initiated by Eysenck of the first journal devoted to behaviour therapy, "*Behaviour Research and Therapy*". Over the next 15 years such journals would proliferate on both sides of the Atlantic (see Kazdin 1978:200) and an increasing number of articles on behaviour therapy appeared in journals of psychiatry, education, special education, law, health, social work and so on. Thus, it appeared, psychology was being given away to parents, managers, teachers, peers, "clients themselves", as Miller (op cit) had anticipated a decade earlier. The key figure in this process, which both extended the professional domain of the psychologist and which paradoxically was also deprofessionalizing, was the clinical psychologist who in giving away behavioural psychology away became not only scientist-practitioner but scientist-practitioner-teacher. This new breed of "clinical psychologists" not only made the gift possible (through special training and esoteric knowledge); their skills and expertise also constituted the necessary condition for it to be given away and effectively used by others, and their experimental bias subjected it to

continual scientific scrutiny, upgrading and development. Thus the association of scientific progress and expertise with improvements to human welfare continued explicitly to be an essential feature of behavioural psychology's social project and to its claim to credibility during the 1970s.

However, though social improvement may have been the stated goal of behavioural psychologists it appeared to many, both inside and outside the field, that there was a mis-match between these stated aims and the reality of the practices associated with behavioural psychology. Thus whilst Bandura (1974), Kazdin (1978), Sheldon (1982) might talk of the "optimization of potential" and about the morally neutral goals of behaviour modification being:

> "to increase rather than to decrease human freedom...to help a person to achieve greater individuality and responsibility by the voluntary employment of specific behaviour change techniques to overcome deficits and to develop positive social behaviour to enhance day-to-day functioning" (Kazdin 1978:x),

critics saw a different vision.

Moral and Political Problems

Claims to amoral neutrality or, at the most, a minimal moral standard for therapeutic decisions based on people's request for help and the effectiveness of behavioural techniques to do this, might well be appropriate, commentators suggested, as a basic moral model for out-patient settings and problems, but it fell short of dealing with the moral and political problems that were seen to be caused by the development of behaviour modification in institutional settings, particularly in the treatment of social deviance. In the late 1970s the disciplinary contexts in which behavioural techniques were implemented figured centrally in critiques of their use. These critiques focused on the loss of freedom and abuses of power that were entailed in altering people's behaviour against their will; on the dangers of creating or perpetuating unjust political systems through the controlling and normalising functions of behaviour modification and the actions of behaviour therapists as agents (witting or not) in this process. For example, doubts had already been raised in the early 1970s by Winnett and Winkler, behavioural psychologists, who criticised the use of behaviour modification in American classrooms

as teaching children to "be still, be quiet, be docile" (Winnett and Winkler 1972 in Cullen et al 1981: 153).

Aspects of these disciplinary contexts were scrutinised both in their own right and as metaphors for wider society's attitudes and treatment of social deviance: if the purpose of behaviour modification was the easier management of inmates, for the benefit of the institution, rather than being therapeutically desirable for the inmates, then it would be likely that the kind of behaviours that were seen by staff to be in need of modifying would be those that were challenging or troublesome, either explicitly because they disrupted the smooth running of the institution, or implicitly because they threatened its social norms. Decisions about what behaviour was to be changed, and how, were likely to be made not by inmates but by psychologists or their proxies; inmates' decisions were not open to freedom of choice nor freedom of consent, it was argued, because the captive nature of inmate status meant that deprivation, coercion, and the infliction of pain as forms of persuasion could be used to induce consent. Finally, the very "treatments" themselves were often aversive, involving pain or unpleasant consequences for the "patient", or depriving access to basic rights as in token economies where "good" behaviour was rewarded by the reinstatement of these. Clearly it was argued, the "treating those who seek help" moral model was both inappropriate in these disciplinary settings and ethically questionable in its conflation of mental health with conformity to (institutional) social standards. (Erwin 1978).

Although the self-characterisation of behaviour therapy and modification as essentially an amoral set of techniques seemed increasingly implausible to those outside the field, issues of social responsibility, as we have already seen, had begun to crop up within behavioural psychology discourses as well. It is interesting to note, for example, that G.Davison, a president of the Association for the Advancement of Behaviour Therapy, in an article entitled "Behaviour Therapy and Civil Liberties" (1976) raised the problem for behaviour therapists of accepting some form of determinism whilst trying to distinguish between a free and coerced decision to change one's behaviour. He doubted the possibility that the two positions were ultimately compatible:

> "It seems to me that if we are to take the basic deterministic dictum of science seriously, ... we must come to grips with the conditions surrounding even those decisions in therapy which have hitherto been termed voluntary or free" (Davison 1976 in Erwin 1978: 175).

However psychologists' most obvious moral and political doubts during this period concerned the use of behaviour modification against people's wills. Krasner, a leading theorist of token economy programmes, concluded that his work in setting up such programmes was helping to maintain a social institution, the mental hospital, that in its existing form was no longer desirable or tenable and that henceforth he would no longer develop token economy programmes for such hospitals (Krasner 1976 in Erwin 1978). Goldiamond (1974) offered a civil-libertarian, legalistic basis for a system of behaviour therapy ethics in which the Constitution of the United States would serve as a guide for the ethical and legal issues that were raised by the use of behaviour therapy. Furthermore he proposed an explicit re-orientation to behaviour modification that was "more in line with the basic principles of human rights". This involved a shift away from the then prevalent concentration on eliminating "undesirable" behaviour through aversive techniques, which he viewed as "pathologically orientated" to a "constructional orientation". This constructional approach, so called because it "builds repertoires" by "focusing on the production of desirables through means which directly increase available options or extend social repertoires", emphasised the use of positive reinforcement (Goldiamond 1974: 14 in Krasner 1982:52).

The ethical and legal issues raised by the use of behaviour modification and behaviour therapy in captive subjects was more in evidence in American behavioural psychology texts than in their English counterparts; Kazdin (1978), for example, in a chapter on ethical and legal issues, discusses more than thirty court cases where behaviour modification was accused of violating citizens' rights. Sceptics might suggest that this debate and concern regarding the freedom of the individual, which was so much more visible in American behavioural psychology texts and in American law courts than in England, was not so much to do with moral concerns but was connected with the U.S. constitution and the greater possibilities of prosecution proceedings if this constitutional

freedom was suspected of being violated. Whatever the reason, behavioural psychologists in the U.K. were apparently less concerned with these ethical and legal problems of behaviour modification and behaviour therapy and frequently invoked the well-rehearsed proposition that the moral strength of behavioural treatments lay in the proven effectiveness of their techniques (for example Sheldon 1982).

The continuing self-characterization of behavioural psychology as a set of morally neutral scientific techniques, as a technology, gave rise in the 1970s to critical analyses which were more concerned with scrutinizing the ideological features of behavioural psychologies than with discussing the dubious practices associated with them, though the two were seen to be not unconnected. Essentially, behavioural technology was seen like other technologies to be symptomatic of certain fundamental problems of the modern world view. (Portes 1971, Barrett 1978, Woolfolk and Richardson 1984, Smith 1992). Whilst traditional histories saw technology as the symbol of progress, involving environmental mastery and control and the dispelling of illusion, other commentaries (for example Barrett 1978) expressed a disenchantment with technology and revived Weberian themes in which technology and the technocratic (rather than bureaucratic) consciousness were seen to be intimately connected not only with a loss of community but also with the loss of a meaningful relationship between the individual and the cosmos; a world in which existence and experience were mediated by technology and "a certain poetic dimension of life shrivels. We do not walk the earth and look in the stars; we prefer to see them on photographic plates" (Barrett 1978: 222). Behavioural technologies in common with others were seen to displace subjective meaning in favour of utility (Portes 1971) and to devalue the emotional, personal and the aesthetic in favour of rationality and pragmatism. The Baconian elevation of "homo faber" and the "technical arts" had replaced the Aristotelian virtues of contemplation and understanding; knowledge had become know-how and the acquisition of "recipe-knowledge" (Shaffer 1981) the goal of the educational process. Behaviour therapy as a "self-consciously pure psycho-technology" (Woolfolk and Richardson 1984) which saw its own value primarily lying in its scientific ability to produce results and to demonstrate effectiveness and utility, was clearly indictable, together with other technologies, for privileging rationality over reasonableness. By the mid-1980s the question to be asked,

according to some writers was not how *valid* but how *viable* was a psychology whose fit with the dominant cultural and ideological themes of the modern age rendered it increasingly irrelevant. (See for example Woolfolk and Richardson 1984, Lamal 1989, Smith 1992).

Conclusion

This chapter has traced changes in behavioural discourses on social improvement over a fifty year period from 1917 to the 1970s. These were marked by changing conceptualisations of the role of behavioural psychology as a social instrument, from radical social engineer to a psychology for "everyman", whose role was as cultivator of competencies. The discursive shift from environmental deteminism to personal determinism pointed towards a the broader set of potential candidates to whom this new, ethical psychology could be given away and a change of technical as well as ethical emphasis by the use of positive reinforcement. However, an examination of the emergence of behaviour modification as the constituting practical activity of behavioural psychology, suggested that whilst behavioural discourses during the 1970s might have been shifting towards self-regulation as the preferred mode and goal of behaviour change, behaviour modification practices during the same period continued to be known for managing the behaviour of people against their will. Nevertheless, inspite of pessimistic assessments of behaviourial psychology's intellectual and moral viability in the late twentieth century, authors both from within the field and outside have noted and charted the proliferation of its practical activities during this period, and the diversification of forms, settings, problems and practices that have accompanied this expansion (for example. Castel, Castel and Lovell 1979, Cohen 1984). However, the most notable expansions of the uses of behaviour modification in the U.S. of the 1970s that Castel et al described and which were to become increasingly apparent in the U.K., were not in closed institutions but in the community, not with captive "inmates" but with voluntary "clients", using "constructional" rather than aversive approaches. In Chapter 5 this expansion is discussed in relation to family welfare concerns; beforehand Chapter 4 examines the problematisation of self-determinism in behavioural discourses during the 1960s and the emergence of the social problem of helplessness during the same period.

Chapter 4

The Problems of Helplessness

"We believe the personal sense of powerlessness felt by low-income people is a major cause of their isolation and apathy.....To encourage education and social learning, therefore, it is necessary to decrease the sense of powerlessness." George Brager, Director of Mobilisation for Youth, quoted in Cruikshank (1994:37).

"High personal control is associated with intellectual, emotional, behavioral and physical vigour in the face of challenging situations and events; low personal control is associated with maladaptive passivity and poor morale" (Peterson and Stunkard, 1989: 819).

Introduction

The period 1960-1990 was marked by several associated transformations in behavioural psychology's interest and involvement in changing people's behaviour in the name of social improvement. One of the most significant of these involved a shift of conceptual, strategic and technical emphases away from using behavioural approaches to modify the behaviour of others, towards developing ways of enabling people to manage their own behaviour. In the course of the next two chapters I trace some of these transformations, in particular, the emergence of the autonomous, self-managing behavioural subject and consider how conceptualisations of personal control have implicated a sense of powerlessness as a threat to personal welfare and social cohesion.

Since the 1950s, behavioural psychology, in its various guises, has increasingly concerned itself with people's ability to control their personal environment. However, views on the importance of "instrumentality" to human existence - the strength of connection between acts and their effects, has not been confined to behavioural psychology. White (1959) for example, in his influential critique of drive theories of motivation, postulated "effectance motivation" as a biologically significant desire to have an effect on the environment; "effectance motivation" in higher animals and especially man, was seen as having high survival value and experiences of "competence" were viewed as being both adaptive and satisfying by producing a "feeling of efficacy" (White

1959: 329). Nevertheless, whilst the most evident interest in instrumentality came from behavioural psychology, this branch of the discipline was by no means homogeneous. Although, for several decades, the proponents of radical behaviourism continued to wage a campaign to re-establish its earlier dominance, it was no longer the most influential derivative of learning theory. As as I aim to show, a series of associated changes, generally under the rubric of social learning theory, extended the conceptual bases of behavioural psychology and broadened its explanatory powers, such that new problematisations of the social emerged together with new roles for behavioural approaches as social and political instruments.

As we saw in the previous chapter, of fundamental importance were changing behavioural conceptions of the types of power which might be socially and ethically desirable. These new conceptions emphasised self-determinism rather than environmental determinism and the role that psychology might play in operationalising this ideal. The demise of radial environmentalism was accompanied by a shift away from a view of the individual, whether child or adult, as essentially passive and subject to the shaping powers of external reinforcement, to interactional and transactional models which saw the individual as active, both affecting and being affected by the social environment. The "reciprocal determinism" of Bandura's Social Learning Theory (1971) laid emphasis on human agency in a new way, both by focusing on the mutually shaping, transactional nature of the person-environment relationship and by arguing for a line of inquiry which examined the connection between self-beliefs and behaviour, in particular, "how people judge their capabilities and how, through their self-percepts of efficacy, they affect their motivation and behavior" (Bandura 1982:122). The problem that psychology needed to address, according to Bandura, was that in spite of adequate knowledge, people "often do not behave optimally" (1982:122); the potential social contribution of psychology was to enable people, individually and collectively, to develop the capacity to produce and regulate events in their lives. The recognition and promotion of "self-directing capacities" in behavioural discourses, therefore not only represented a substantial departure from a belief in the power of environmental control, it also marked a changing conception of power, away from power as control, to power as productive. As I aim to demonstrate, mastery of the self became the object of concern

in psychological discourses not only for the purposes of self-regulation (that is subjecting the self to restrictions, adapting to requirements and so on.); self-management was seen to open-up the possibilities of personal determinism.

> "From this perspective, freedom is not conceived negatively as the absence of influences or simply the lack of external constraints. Rather, it is defined positively in terms of the skills at one's command and the exercise of self-influence upon which choice of action depends" (Bandura 1974: 865).

The ground for the reintroduction of the person into behavioural psychology, at the theoretical and the ethical level, was laid by the "cognitive revolution" of the 1960s, in which mentalistic constructs and explanatory models became reincorporated into mainstream academic psychology after almost half a century's exile, during the reign of radical behaviourism. Whereas radical behaviourists eschewed mentalism on ethical as well as conceptual grounds, exponents of social learning approaches drew on humanism, both to propose a connection between beliefs, actions and outcomes and to argue that individual and social change was best achieved through the promotion of capacities rather than by the elimination of deficits (Bandura 1974: 863) and by the adoption of explanatory models focusing on "competency" rather than "defect" (Albee 1980). The acquisition of behaviour and more importantly its performance, it was suggested, could best be understood in terms of its relation to the individual's beliefs about her or his own ability to make a difference to the outcome of a situation. Thus people's beliefs about the locus of causality and variations in their explanatory styles regarding the relationship between their actions and outcomes, began to be focused on as significant variables in learning, behaving and "coping" (for example, Rotter et al 1972, Seligman 1975, Kobasa 1982). Furthermore, as we shall see, these variables proved to be versatile explanatory constructs which identified and problematised a variety of human problems of political significance.

I begin by outlining three influential constructs of personal power and control: locus of control, learned helplessness and self-efficacy and then go on to examine the use of "locus of control" in the late 1960s, as a means of explaining the social problems seen to be posed by the educational under-achievement and militancy of poor black people in

the United States. However, as we shall see, whilst these were perceived by contemporary social scientists, as well as politicians, to be social phenomena that posed threats to social cohesion and stability, they located the cause of them not in the power structure of society but in the individual's sense of his or her own powerlessness. In the process of this analysis I aim to demonstrate that the deployment of these constructs did more than reformulate old social problems in new ways; these constructs enabled new social problems to be identified for which they could offer explanations and solutions which both appealed to political authorities and helped to shape their conceptions of the "problem".

Locus of Control

"Locus of control can be viewed as a mediator of involved commitment in life pursuits. If one feels helpless to effect important events, then resignation or at least benign indifference should become evident with fewer signs of concern, involvement and vitality" (Lefcourt 1976: 152).

The seminal concept in the new amalgam of disposition and situation was that of "locus of control", which distinguished between individual's characteristic ways of attributing causality as either "internal" or "external". According to Julius Rotter (1966), those with an internal locus of control believe that their own actions will, or can, make a difference to outcomes. Those with an external locus of control believe that outcomes are largely independent of their actions. Rotter's theory not only cast locus of control as a key variable in people's expectations about the outcomes of their own behaviour but also as a highly significant variable in determining whether they acted, or not. Thus internal attributions were found to be more associated with action taking, based on the belief that outcomes are directly the result of one's own behaviour, or relatively enduring personal characteristics. Whereas, external attributions are more associated with feelings of powerlessness and an inability to act, characterised as helplessness and by implication an inability to take responsibility for outcomes. Early work in the 1950s essentially in controlled laboratory settings was extended in the next two decades and applied beyond the psychological laboratory to explain more socially meaningful behaviour (Rotter 1966, Rotter et al 1972; Lefcourt 1966; Perlmuter and Monty 1979;

Kobasa 1982). This has more recently been associated with accounts of health and health-related behaviour; internal locus of control has variously been associated with, for example, health and happiness (Peterson and Stunkard 1989: 821) and with assuming responsibility for health, maintaining physical well-being and guarding against accidents and disease (Strickland 1978: 1194). In the late 1960s and early 70s, however, American psychologists invoked locus of control in their attempts to understand the social psychological origins of civil unrest, in terms of the "type" of person who might take part in political protest. These are discussed later in the chapter.

Learned Helplessness

The perceived "uncontrollability" or events also lies at the heart of Seligman's theory of learned helplessness. The concept originated in the psychological laboratory where in the 1960s Seligman's subjects included dogs, rats, cats, fish and eventually humans. By 1980 Seligman could report that "helplessness research has expanded beyond the experimental laboratory into the classroom, psychiatric clinic, medical hospital and nursing home" (Garber & Seligman 1980: xvi). Like locus of control, learned helplessness focused on the relationship between beliefs about the locus of causality and the likelihood of taking action. The individual who experiences learned helplessness is unlikely to act because he or she has learned through previous experiences that personal actions make little or no difference to the outcome of a situation. The individual's belief therefore in her or his own power is minimal, as is self-esteem; the existential position is one of hopelessness. According to Seligman (1975) experimental studies on learned helplessness in animals could explain human depression. However, criticisms that the translation of animal helplessness into human depression was simplistic, led to a reformulation of the theory in the mid-seventies (Abramson et al 1975). This sought "to cope with the more complex phenomena of helplessness in humans" and to apply it to "real-world", "real-human", "real-life" problems, to such diverse phenomena as depression and therapy, academic achievement and sex differences, coronary proneness and personality, ageing and death, and victimisation and bereavement" (Garber and Seligman, 1980:xvi). This was seen by these authors as just the beginning, with the potential of learned helplessness theory being applied to understanding the coping styles associated with "successful" and "unsuccessful" adjustment to life crises as diverse as

rape and life threatening illness. In addition Seligman raised the possibility that the alienating effects of learned helplessness might be reversed by teaching people that they could control things that had been previously uncontrollable.

As with locus of control, learned helplessness appeared to have explanatory powers at the social as well as the individual level and early studies in community psychology conceptualised community processes (and proposed interventions) in terms of the learned helplessness of disadvantaged groups, holding that a community cannot be defined without reference to control and power, and that "where individuals in a particular community lack control, psychological well-being and the psychological sense of community may be diminished," (Sue and Zane 1980: 121). This approach is echoed in current analyses, in this case a text for community workers which suggests that learned helplessness "can be seen when apathy develops among people who constantly experience deprivation and disadvantage," (Sutton 1994: 126).

In the view of Sarason (1976) and Dunham (1977) amongst others, the helplessness of communities, involving a loss in the psychological sense of community and a dilution in personal autonomy, was intimately connected with greater governmental and institutional control. The consequences were seen to be two-fold; the more powerful the state, the less choice and control people had over their lives, which in turn generated passivity and an increased reliance upon governmental and institutional intervention. However, according to others, for example Levine (1978 in Sue and Zane 1980:131), "The very solution to a problem of individual helplessness, the provision of public care, may itself become part of the problem by exacerbating feelings of helplessness and producing alienation" (1978:1). As I discuss in Chapter 9, the notion that the problems of community helplessness are caused by too much state intervention has more recently found vocal advocates in the "New Right" analyses of welfare dependency of writers like Charles Murray (1994).

Self-efficacy

Bandura's version of the connection between beliefs, actions and outcomes took the form of "perceived self-efficacy", a belief in our own capability to take effective action

to achieve a desired outcome. As "a central mechanism in human agency" with the possibility of wide explanatory powers, he saw self-efficacy helping

> "to account for such diverse phenomena as changes in coping behavior produced by different modes of influence, level of physiological stress reactions, self-regulation of refractory behavior, resignation and despondency to failure experiences, self-debilitating effects of proxy control and illusory inefficaciousness, achievement strivings, growth of intrinsic interest and career pursuits" (Bandura 1982: 122).

Whilst focusing on behavioural outcomes, inefficacy was seen as the product of a fundamental existential sense of futility. The sources of futility are two-fold, according to Bandura. On the one hand, there is our belief in our own ability to take action, on the other, there is our belief that particular actions will have the desired effect. Thus we may have a belief in our own capacities but see little point in exercising them because we believe that they will not make any difference. A disinclination to take action, therefore, is reciprocally related to a sense of futility and perceived self-inefficacy. As well as being able to predict outcomes at the personal level, Bandura believed that self-efficacy could be applied at a broader level of analysis, to understand contemporary social phenomena (Bandura 1982). Though internal factors were seen by him to be more powerful in determining efficacy than external ones, Bandura nevertheless suggested that "punitive environments" which prevent actions from having an effect, contribute significantly to the personal and collective sense of futility that he identified as *the* social problem of the period. As I discuss later in the chapter, for Bandura and others, this collective sense of pointlessness had serious social implications.

Solving the American dilemma

"The times call for a commitment of collective effort, rather than the litanies of powerlessness that instill in people beliefs of inefficacy to influence conditions that shape the course of their lives" (Bandura, 1982: 145).

As we have seen in the United States, during the 1950s, constructs of personal power and control emerged as new dimensions of individual difference to be theorised and measured. However, of interest to this discussion is the shift from this essentially

descriptive exercise to an explanatory one which involved not only differentiating between individuals in terms of their scores on locus of control scales but of using these differences to account for a range of social, educational and status inequalities. The impetus for social psychological analyses, including the invocation of locus of control as an explanation for these inequalities, appears to have come from a combination of liberal concern to ameliorate them and governmental alarm over the civil unrest and political protests that occurred in the U.SA. from the late 1950s onwards. This manifested itself most clearly in social scientific attempts to come to grips with what Allen described as, the "American dilemma - the disparity between democratic ideas of equality and the status of black citizens" (1970: 1).

Liberal concerns about the impact of Jensen's recently published claims regarding the hereditary components of intelligence, in particular their evocation of popular misconceptions about the relationship between race and intelligence, prompted both rebuttals of his position and attempts to demonstrate the importance of political, historic, economic and psychological factors. The social policy implications of Jensen's claims aroused further concerns (see Jensen 1969). The Council of the Society for the Psychological Study of Social Issues for example, issued a statement wishing "to take issue with implications that racial and class differences in intelligence render compensatory education programs ineffectual" (Journal of Social Issues 1969:1). These compensatory programmes employed behavioural strategies to, amongst other things, provide experiences of "mastery", to enhance perceptions of control and efficacy, in their attempts to redress the intellectual and educational inequalities that bore witness to the "American dilemma".

An influential version of the psychological impact of racism and discrimination, emerged in the language of "locus of control". Though the areas of concern have broadened in recent years to cover a range of disadvantaged groups in American society, the connections between locus of control and social problems, particularly the negative social implications of perceived powerlessness, have persisted in social scientific discourses. Twenty-one years on from Allen's editorial introduction to the issue of the *Journal of Social Issues* on "Ghetto Riots", in which a number of papers made use of

locus of control constructs in their analyses, a 1991 special issue of the same journal was devoted to "perceived control". In the introduction to this the editors suggested that a lack of perceived control remains "a critical social issue when it is experienced by individuals who already have little opportunity to exercise control" (Thompson & Spacapan 1991: 1).

Social scientists and government alike demonstrated anxieties not only about the moral dilemma presented by the unequal position of black people in American society: there was increasing concern that poverty and deprivation posed a political threat to social cohesion and stability. The dangers were seen to lie in the growing dissatisfactions of disadvantaged people and the ways in which these were expressed. Predictions of the fragmenting effect of social conflict, separatism and factionalism were accompanied by recommendations and strategies to prevent this. Thus Allen (1970), in stressing the frustrations of powerless groups, also emphasised the social benefits of identifying the common interest. Drawing on Clark (1965) he suggested that

> "social change in the United States is more apt to be acceptable if the majority group is convinced that continued subordination of the Negro harms not only the subordinate group but the entire nation - white citizens as surely as black citizens" Allen 1970: 17).

Bandura's call for "greater commitment to shared purposes" (1982: 143), rested on the same premise that "the strength of groups, organisations, and even nations lies partly in people's sense of collective efficacy that they can solve their problems and improve their lives through concerted effort" (1982: 143).

The creation of numerous United States government funded research projects and government commissions to develop preventative programmes in the 1960s, for example the Coleman Report on "Equality of Educational Opportunity" (see Coleman 1966), the Civil Rights Commission Survey, and the Kerner Commission reviewing riot studies (Kerner 1968), confirmed that it was in the national interest to investigate the psychosocial causes of both status inequalities and black reactions to them. If the amelioration of deprived social conditions was to the common good so the identification

of the psychological conditions that were thought to accompany them appeared to be equally promising. It is to these psychological conditions that we now turn.

By the early 1960s psychologists in the U.S.A were attempting to connect locus of control to new and politically pertinent forms of individual difference, as well as to more benign differences in coping, responding to pain and so on. The rise of civil protest, especially that concerned with the position of black people in American society, was accompanied by a series of social psychological studies, frequently funded at state or federal level, that attempted to come to grips with these new areas of social and political interest. Of interest to this discussion are those which focused on differences in perceived control, as both a social phenomenon in its own right and as a correlate and possible explanation for differences in educational attainment, economic status and so forth, (see for example Coleman et al 1966; Epps 1969) These studies pointed towards a consistent difference in "perceived control" between advantaged and disadvantaged groups, especially between American whites and "Negro Americans": the latter tended to perceive themselves as less able to influence their own fate (Battle and Rotter 1963, Coleman et al 1966; Lefcourt and Ladwig 1965). More generally it was reported that subjective powerlessness was related to age, economic status and intelligence (Easton and Dennis 1967). Though it was acknowledged that this perception might reflect a realistic appraisal of the opportunity structure in American society, the problems of continuing educational under-achievement and lower economic status were also attributed to the higher "externality" of black people and the fatalism that accompanied it. (The title of Lefcourt & Ladwig's paper illustrates a psychological version of this problematisation: "The American Negro: A Problem in Expectancies"). By the later 1960s Gurin et al could report that

> "the concept of internal-external control, originally used by Rotter and his associates in studying the effects of reinforcements in complex learning, has gained prominence in many diverse areas of research" and that of particular relevance was "the increasing popularity of this concept and a number of closely related ones in studies of low-income and minority populations" (Gurin et al 1969: 29-30).

In the United States of the 1960s strategies to deal with the problems associated with economic and social disadvantage took on a decidedly military tenor when President Johnson declared the "War on Poverty" to combat material and educational inequalities through a range of large and small scale community interventions, which were to be based on the recommendations of the government-funded reports outlined earlier. The Kerner Commission (1968) for example, recommended a wide ranging series of programmes designed to improve the living conditions of black Americans in urban ghettos: more and better housing, better jobs, improvements in the welfare system and better education. However, during this period federal resources, for example through the Economic Opportunity Act of 1964, became increasingly committed to educational and social projects for the disadvantaged through "Community Action Programs", in an attempt to create opportunity as well combatting the material aspects of poverty. Of the interest to this discussion is the continued use of concepts of personal control in these projects, at the levels of analysis and intervention. Cruikshank (1994:36) argues that the model of poverty operationalised in anti-poverty programmes presented a case "in which power was clearly intended to work through, not against, the subjectivity of the poor", specifically that the powerlessness of the poor was not posited as an objective fact, but as a subjective "sense of powerlessness". She argues that the "apathy" and political inaction of the poor, which were posited as the most significant cause of poverty, became the central target of attempts to improve their situation, and was later offered as the cause of failure of these programmes (Cruikshank1994:37). According to Cruikshank, it was not only liberal reformers who saw the problems of poverty lying in helplessness and hopelessness, even the most radical thinkers who identified capitalist class exploitation and racism as the causes of inequality, nevertheless traced poverty to the inactions, incapacities and the powerlessness of the poor (1994:36) .

Continued attempts were made to increase the capacities of individuals and to compensate for their "cultural deprivation" not only by providing supplementary education but also by changing the personal characteristics of poor, black pupils and students and others seen as disadvantaged. Some attempts to do this concentrated on pre-school children , for example "Project Head Start", which as one of the central components of the War on Poverty, was designed to provide compensatory and

supplementary, extra-curricular education for the very young. This project drew heavily on psychological evidence, from learning theory-inspired research, of the benefits of not only early intervention but later intervention to compensate for previous "deprivation" (Klaus and Gray 1964). In spite of a number of early setbacks, including evidence that these interventions were making little difference, "Project Head Start", as I describe in Chapter 5, not only developed off-shoots, in the form state-funded community projects but also persisted in these forms, in some cases for over twenty years. A key feature of these revised versions of the project was the strategic involvement of parents in the education of their children.

Others focused on "disadvantaged youth"; the Mobilsation for Youth as a Community Action Program was a project for the prevention of juvenile delinquency; the Demonstration Guidance Project, first initiated in New York junior high schools in 1956, aimed to "identify and upgrade students from backgrounds of limited cultural experience" by providing not only remedial academic instruction and a "cultural enrichment" programme but also individual counselling (Gordon 1968: 397). Project Upward Bound, a pre-college "enrichment program" was designed to generate the skills and motivation necessary for college success among young people from low-income backgrounds who had inadequate secondary school preparation (see Epps 1969: 9). Just as others had used locus of control measures as correlates of academic under-achievement in black and other disadvantaged groups, (see Gurin et al 1969: 29), evaluations of Project Upward Bound noted that the most important effects were "statistically significant increases on measures of Self-Esteem and Internal Control" (Epps op cit). Although the success of these interventions was held to be negligible particularly in terms of raising academic achievement, the scale and range of attempts to change self-perceptions of powerlessness extended over the succeeding decades such that strategies to enhance the personal power of disadvantaged groups also became part and parcel of a range of smaller scale, community-based interventions in the U.S.A (see for example Albee 1980; Fawcett et al 1984; Strickland and Janoff-Bulman1980; Sue and Zane 1980; Zimmerman and Rappaport 1989).

However, in the U.S.A during the 1960s, the social problems posed by material and social inequalities and the fatalistic powerlessness that was seen to go with them, began to take on new and more politically threatening forms which called for new explanations. But as we shall see, when black people themselves began to express their discontent in militant action, locus of control was not discarded as an explanation but adapted and extended. The social and political problems posed by the vocal dissatisfactions of "minority groups", in particular the black population, inspired a range of psychological as well as sociological explanations to account for the new social phenomenon of black militancy. The race riots of the late 1960s and the civil rights protests of the period not only stimulated concerns about the causes of educational under-achievement amongst black students they also prompted attempts to understand the "motivational dynamics of black youth" and their relationship with white society (see Epps 1969; Forward and Williams 1970; Gurin et al 1969). Such writers agreed that there were "psycho-social changes" taking place in the new generation of black urban youth, which could be best understood in terms of young black people's perceptions of their own efficacy. Extending earlier attempts to use locus of control as a correlate and predictor of social action (see Gore and Rotter 1963, Strickland 1965) they used Rotter's Internal-External Control Scale and Gurin's more complex version to gauge these psycho-social changes. Profiles emerged of new types of black youth, "The New Ghetto Man" (Caplan 1970), "The Young Black Militant" (Forward and Williams 1970) and the "Rioter" of the Kerner Commission (1968), who showed a willingness to use violence and a readiness to engage in collective action. The most distinctive social psychological difference between these new types and their predecessors, according to these authors, seemed to lie in their conception of themselves in relation to the world around them:

> "The young black militants, male or female, no longer accept the fatalistic stereotype that their ghetto existence is a result of their own inherent weakness or inability to improve themselves. Compared with non-militants, the riot supporters have very strong beliefs in their ability to control events in their own lives and to shape their future" (Forward and Williams 1970: 87).

However, this radically new sense of self-efficacy was seen as only one ingredient in this new, militant "ghetto man". A further key to understanding his willingness to engage in violent action was, to use Bandura's term, low "outcome-based efficacy". In other words, though the "young black militant" had new sorts of aspirations which he saw himself as capable of achieving, he also realistically perceived the blocking powers of a punitive environment, in this case, the "external barriers of discrimination, prejudice and exploitation" (Forward and Williams 1970:88). In the words of the Kerner Commission, "He feels strongly that he deserves a better job and that he is barred from achieving it, not because of lack of training, ability, or ambition, but because of discrimination by employers" (Kerner et al 1968: 129). This combination of high perceived self-efficacy and thwarted aspirations, according to these and other authors (for example Gurin et al 1969; Crawford 1970) produced a shift from self-blame to system-blame and a potent brand of frustration. Thus the problem posed by black people and associated with their locus of control, no longer lay in their fatalism and helplessness, that is in high "externality": the problem posed to social order and stability was one of high "internality" and perceived self-efficacy coupled with an inability to influence events.

Different versions of the "blocked-opportunity theory" sought to understand this apparent transition from external to internal perceived locus of control and from low to high aspirations by reference to broad scale social changes. Some , for example Caplan (1970), following frustration-aggression theories, saw this combination as sufficient condition for violent expressions of discontent. Others saw more complicated relationships between locus of control, high aspirations and an unresponsive social system. Crawford, for example, in his extension of "relative deprivation" theory discussed the "inflationary effect that education, the mass media and the city have upon aspirations and desires"... "producing their effects through a shift in social comparison processes" (1970: 216). Others envisaged future social problems because discriminatory environments would force a choice between individual expressions of effectiveness and "the necessity of collective confrontation tactics for achieving their goals", on the part of better educated and more highly motivated black militants (Forward and Williams 1970: 90; Gurin et al 1970). What seemed clear to these authors was that, contrary to the

predictions of Seeman's passive-alienation hypothesis (1958) and Ransford's study of the Watts riot (1968), willingness to use violence to effect social change, came not from individual isolation and powerlessness but from the collective efficacy and high motivation of those at "the vanguard of ghetto militancy" who were confident of their own ability to shape their future and angry at the discrimination that prevented them from doing so.

Twelve years later, Bandura in his analysis of the social and psychological conditions that generated feelings of futility and collective (in)efficacy was to echo the views of Forward and Williams (op cit) and Gurin (op cit), that it was in the combination of perceived self-efficacy and environmental (un)responsiveness that the potential for social problems lay. The cause for concern he argued lay not in either perceived powerlessness or environmental resposiveness but in various permutations of the two. Thus where a high sense of personal efficacy is coupled with a responsive environment, which rewards performance attainments, "assured, active responsiveness" is fostered. However, where high self-efficacy is combined with environmental unresponsiveness and negative bias, where competency goes unrewarded or is punished, then "resentment, protest, social activism and a desire for 'milieu change' are the most likely outcomes" (1982: 141). Like Gurin (op cit), Bandura differentiated two levels of control: control over outcomes and "control over the social systems that prescribe what the outcomes will be"(1982: 141). The potential for a further form of social unrest thus arises when collective efforts to change existing practices have little or no effect: "should change be difficult to achieve, given suitable alternatives people will desert environments that are unresponsive to their efforts and pursue their activities elsewhere" (Bandura 1982:14).

Whether Bandura was referring to metaphorical or physical desertion is unclear but he makes clear later in his paper that "unresponsive environments" endanger social cohesion by generating a lack of faith in social institutions to bring about change. As a consequence not only would it be more likely that people with high self-efficacy would take action for change into their own hands, particularly in the form of "narrow-interest groups flexing their factional efficacy"; where low perceived self-efficacy was combined with high environmental unresponsiveness the resulting resignation, apathy and

despondency would give rise to an equally worrying set of social problems. These mainly take the form of a relinquishing of control and a dependence on "proxy control", the price of which is not only a further restriction of one's own efficacy but "a vulnerable security that rests on the competencies and favours of others" (Bandura 1982: 140-142). He saw manifestations of this fatalism in growing public apathy and feelings of helplessness. In his view the disillusionment about the prospects of social institutions effecting significant social change, that both permutations gave rise to, further undermined the exercise of broadscale collective efficacy by obfuscating a sense of shared purpose and reinforcing social fragmentation (Bandura 1982: 144-145). Like Allen (op cit) and others before him, Bandura saw the solutions lying in a commitment of collective effort but, as collective efficacy was seen to lie in personal efficacy, remedial interventions were needed that would instill in people as individuals a sense of their own ability to influence events.

Conclusions

This chapter has examined the emergence of constructs of personal power and control and their incorporation into behavioural discourses on social improvement. This incorporation served to transform those discourses by providing a conceptual elaboration of the cognitive basis for self-regulation, and enabled them to coincide with and to shape contemporary political concerns about the psycho-social origins of the social and political problems posed by poverty and disadvantage, rather than the conditions which caused the poverty and disadvantage; many of these projects were funded by federal government and state sources. What we can see in these psychological discourses is the way in which locus of control and related constructs are credited with considerable explanatory powers. The inability of people to regulate events in their lives continued to be seen as self-debilitating, personally and collectively demoralising, and threatening to the social good in a number of ways. In most, objective and subjective states of powerlessness are reciprocally connected, even conflated. In some, the "problem" becomes at the one time multiplied and reduced: an ever widening range of human problems - low achievement, welfare dependency, poverty, poor mental and physical health, become understood as products of an underlying sense of powerlessness. The "problem" here is one of self-perception and the

solution one of instilling an enhanced *sense* of self-efficacy (see for example Langer 1983 on the Illusion of Control in which she argues that even where beliefs in internal locus of control are not reflected in external reality, the illusion of self-efficacy, having a *sense* of powerfulness, makes a difference to motivation and the ability to take action to be in more control of the situation). In others, conceptions of control or a lack of it are more complex, embracing the influence of social systems and their power to undermine personal and collective efficacy, in their analyses of controllability (for example, Bandura 1982, Crawford 1970, Forward and Williams 1970, Gurin 1969). During the 1970s the reciprocal relationship between psychological research and discourse on the personal origins of social problems, and political concerns about social cohesion and stability took on more and varied forms. Of continuing interest to both was the possibility of developing ways of intervening in family life to affect the up-bringing of children as a way of dealing with current problems of underachievement and delinquency and to prevent future social problems caused by these childhood problems in adult life. However, in these new strategies for intervention it was not the locus of control of children that was problematised but that of their parents.

Chapter 5

The New Behaviourists: parent training

Introduction

As we saw in Chapter 1, both orthodox and critical histories of psychology have viewed the late 1960s and 70s as a period marking the demise of behaviourism; in particular the cognitive revolution, of the late 1960s and 1970s, has been seen as shifting behaviourism from its preeminence in the discipline. However, as I have previously indicated, my reading suggests that whilst behaviourism might have suffered a serious decline in academic standing, this period saw not so much a relinquishment of behavioural theory and practice in favour of other approaches but a diversification of behavioural discourses which *extended* it both conceptually and practically. Rather than rendering behaviourism obsolete, the reemergence of mental processes in mainstream psychology ironically served to bolster it. Though consistently rejected by radical behaviourists, the involvement of social learning theory and aspects of cognitive and personality theory did not only broaden the conceptual bases of behaviourism, such that it became increasingly appropriate to talk in the plural of behavioural discourses, it also enabled a greater range of human activities and attributes to fall within the behavioural purview, to be problematised in new ways.

This conceptual diversification was associated with expansions in the practical activities associated with behavioural psychology, with a widening range of candidates and their problems being seen as suitable for behavioural interventions and the development of more techniques to be deployed by a broader range of behavioural technologists. During the 1970s, for example, the field of mental handicap was to be subjected to the conceptual and practical activities of behavioural psychology such that in due time the problem of mental handicap and mental subnormality, came to be replaced by those of "learning difficulties" and behaviour modification routinely applied to deal with them. As well as consolidating involvement in other fields, particularly mental health, behavioural psychology's claim to be a socially useful instrument was further demonstrated by

its expansion into the area of family life. This chapter traces and considers the incorporation of children and family problems into the behavioural sphere. Though, as we saw in Chapter 3, this was an old area of interest of behavioural psychology, in the United States this new involvement was marked by its programmatic scale and its connections with governmental concerns about the social dangers posed by economic disadvantage. Whereas community-wide programmes and research projects tended to typify U.S interest, in the United Kingdom behavioural attention to children and their families emerged slightly later, on a smaller scale (see for example Herbert 1980, 1981); piecemeal research was more typical of U.K. projects. Yule (1975) partly attributed this difference to the lack of a national health service in the United States and a consequent lack of readily available parents for research projects. This meant that studies were more often carried out from research bases, with federal or state funding, in contrast to the U.K. where studies had service bases, for example in particular health districts.

Nevertheless, in both countries the behaviouralisation of parent-child relationships illustrates both the continuity and change in the social project of behavioural psychology. As I aim to demonstrate, new behavioural conceptualisations and reformulations of the old problems of child-rearing described and recast these problems in the light of new behavioural solutions. However, these transformations were not only linguistic: new objects of knowledge and intervention emerged, as did new sites of intervention and new personnel to intervene. In the sections that follow I consider three important transformations which were associated with behavioural psychology's conceptual and practical interest in this area of the social domain:

- The naturalisation of behaviour modification: the shift of attention from restricted settings such as hospitals, special schools, prisons, to the so-called "natural environment"
- The behaviouralisation of parent-child relationships: the emergence of parent-training
- Changing professional activities and the emergence of the "new behaviourists" such as paraprofessionals and parents.

Naturalising behaviour modification

"Behaviour modification is an activity appropriate to almost any setting..... The natural environment is the more difficult field because controls are more tenuous, but it is the field that must be investigated if the work of preventative amelioration is to be perfected." (Tharp and Wetzel 1969:4)

Within the discipline of psychology and in behavioural psychology in particular, the twin preoccupations of scientific method and experimentalism had become signified by the psychological laboratory as *the* site of psychological enquiry. A key feature of the diversification of behavioural psychology were two shifts of attention beyond the laboratory; out of the laboratory and into the institution, and perhaps more importantly, out of the institution into the "natural environment" of children and adults, their homes, schools, places of work and public spaces. This shift of focus applied both to academic and clinical research and practice, for whilst the laboratory had been the essential site of behavioural psychology, the clinic had been the home of behaviour modification as therapy. During the 1960s both had begun to focus on the institution as a new site of behavioural intervention; this setting provided researchers with candidates in need of behaviour change and satisfied the scientific need for a controllable environment in which both inmates and staff could be managed through behavioural regimes.

By the end of the decade behavioural attention was extending beyond these "restricted" environments and their inhabitants (prisoners, the mentally ill and retarded, delinquents and so on) into the "natural" world of a wider set of potential candidates for behavioural interventions, who were characterised by the more "typical" and less obviously socially threatening nature of their problems - those whose behaviour jeopardised their health or had antisocial habits (like litter-dropping!), disobedient and disruptive children, ineffective parents and teachers, under-achieving school children. To reiterate, my analysis points not to an orderly, progressive shift or displacement of interest away from one arena to another, but rather a *widening* of behavioural focuses to simultaneously include highly controlled laboratory experiments at one end of the continuum, through restricted

environments and clinical case studies, to attempts to control human behaviour in the natural environment of the subject at the other. My interest lies in examining certain features of these new extensions into the natural environment.

A key, influential text, cited in many subsequent studies on both sides of the Atlantic, which served to lay the conceptual ground for this move was Tharp and Wetzel's "Behavior Modification in the Natural Environment" published in 1969. In this the authors described the "Behavior Research Project", their attempt to establish new, behavioural services for "problem children" - predelinquents - in southern Arizona. Certain elements of their rationale for extending behaviour modification are relevant to this discussion.

Behavioural approaches were held to have a wider range of application than approaches based on the disease models of psychiatry which enabled them to include those individuals with social problems (and who might constitute a social problem in the future) who were currently beyond conventional psychiatric categorisation and treatment:

> "Principles for intervention find application as readily to the delinquent as the neurotic.....thus the helping professions can extend their concern...to the delinquent, the culturally deprived, the behaviour disordered, the socially disarticulated - that vast sea of problem-beset individuals who are considered by psychiatrists as 'unmotivated'. In behaviour modification 'unmotivated' is not presented as diagnosis; rather the creation of motivation is the kernel of the enterprise" (Tharp and Wetzel 1969:5).

Secondly, the approach involved a depathologisation of "abnormal behaviour" in which deviance was held to be quantitatively rather than qualitatively different from normality: "the laws of learning, like the rains fall upon us all" (Tharp and Wetzel 1969:5). Most importantly the authors held that the best setting for therapeutic intervention was the individual's "natural environment", as it was here that the everyday contigencies (or reinforcers) of their behaviour occurred. In addition, if

the reinforcers lay in these natural environments then so did those who dispensed them: "Thus it may be seen that the potent reinforcers for an individual naturally lie within his natural environment, and these reinforcers are controlled by those people to whom he is naturally related" (Tharp and Wetzel 1969:3). The use of those with whom the person has a "natural relationship" and "talented subprofessionals" ("with their energy and idealism") as those who worked directly with the patients both placed the professionals into a new role and proposed a new relationship between them and the recipients of their expertise. In contrast to the traditional dyadic model of doctor-patient/psychologist-client they proposed a triadic model of consultant-mediator-target in which they caste the professionals (psychologists, psychiatrists, social workers) as supervisors and consultants rather than therapists. Their role as "contigency managers" was to rearrange environmental rewards and punishments which strengthened or weakened specified behaviours. However, it was parents or others in the "target's" natural environment who carried out the new reinforcement contigencies, who became the mediators or intermediaries between the psychologist and the target.

> "The dispenser of reinforcement is not the professional specialist, but is rather some person naturally articulated into the social environment of the deviant individual..... rarely a psychiatrist, psychologist or social worker,but is rather the individual's parent or teacher or spouse or ward attendant or sibling or friend or employer" (Tharp and Wetzel 1969:3)

A vital aspect of their approach, according to Tharp and Wetzel was the deprofessionalisation of the field of mental health that the triadic model allowed, in particular the rearranged relationships between professionals (psychiatrists, psychologists, social workers and so on) and others and their interchangeable roles, in which functional relationships not the occupants of positions were the vital characteristics. Thus not only was the model adaptable in that different personages might occupy the roles of supervisor, mediator and target (see below); it was novel in that the professional psychologist and others might at any one time reverse their functions as supervisor or mediator, such that a "nontraditional helping agent"

might be in the position of consultant, providing they had the behavioural knowledge.

The Consultative Triad (from Tharp & Wetzel 1969:48)

	Consultant	**Mediator**	**Target**
	psychologist	teacher	predeliquent
	behaviour analyst	father	mental patient
	social worker	employer	employee
	mother	wife	husband
	teacher	psychotherapist	mother
	anyone with the knowledge	anyone with the knowledge	anyone with the knowledge

Tharp and Wetzel regarded this model as "the organisational convergence of the thrusts of behaviourism, of deprofessionalisation and the utilisation of natural relationships". With its applicability to various natural settings and relationships, not just those within the family it fulfilled the "need for an organisational model which can avail itself of the full helping potential of the individual's social environment" (Tharp & Wetzel 1969:2).

Thus the conceptual ground was partly laid for behavioural approaches to be deployed in almost any setting, by non-professionals and paraprofessionals as well as psychologists, on new groups of problematic, but not necessarily psychiatric "targets". The social usefulness of this versatility was further enhanced in the United States by continuing governmental concern over the scale and range of social problems associated with poverty and social disadvantage, both as a moral problem and a political one. As we saw in Chapter 4, during the 1960s psychological and sociological research into the psychological and social consequences of powerlessness provided the grounds for political authorities to intervene socially with large and small scale experimental programmes of community intervention and

research projects, many of which were funded at federal and state levels. Through the War on Poverty, the Johnson administration and behavioural "scientists" combined to strategically intervene at almost every level of community life to reform the poor and to prevent the social problems seen to be associated with poverty: educational under-achievement, delinquency and criminality, social isolation and apathy. During the same period psychological researchers into the relationship between early deprivation and later personal stability and educational attainment indicated the need for social intervention in very early life. Some (for example Bloom 1964) argued that the power of early experience to determine later outcomes pointed to the necessity of pre-school intervention as a means of combatting the effects of social disadvantage. Others like the Early Training Project of Gray and Klaus (1965, 1970) which began in 1962, claimed that early interventions on their own were not enough and that they could only provide the basis for future interventions in homes and schools. Despite the lack of agreement in the field, Project Head Start was set-up in 1965 under the Anti-Poverty Bill, with the aim of providing pre-school experience to counteract previous disadvantage so that children from poor families could enter school better equipped to profit from it. By the end of the decade community intervention programmes for young children from low-income homes had become nationwide and even though assessment progammes such as the Westinghouse Survey of Project Head Start (1969) found relatively little evidence of its positive effects upon children, Project Head Start and its many local offshoots, for example, the Seattle Social Development Project and the East Tennessee Cognitive Enrichment Program, continued for over twenty years in adapted forms to play a central role in political strategies for social improvement. Techniques to operationalise and develop these strategies remained in demand and, as I go on to discuss, behavioural approaches continued to be incorporated into community programmes which were often accompanied by, or took the form of experimental projects into the most effective means of prevention through early intervention (see Dangel and Polster 1984; McCord and McCord 1992).

A prime consideration for Tharp and Wetzel was the use of behaviour modification with children in their natural environment, for the prevention of future, more

severe, personal and social problems: "the behaviourally disordered, underachieving, pre-dropout, delinquent and pre-delinquent youth"...."since mental disorder and social deviance are both predictable from childhood behaviour disorders" (1969:5). Involving parents in this preventative strategy seemed obvious as "working in the child's natural environment inevitably leads to the parents" O'Dell (1974:418). Parents as those who had "control over the contigencies of reinforcement in the child's social environment" were seen as proto-behaviourists, often more in need of retraining than training:

> "It is not a matter of whether parents will use behavior modification techniques to manipulate their children, but rather whether they will use these techniques unconsciously with an unknown, unchosen and unhappy result, or use them consciously, efficiently and consistently to develop the qualities they choose for their children" (Hawkins 1972:18).

Thus although parents might have some control over contigencies of reinforcement, after behavioural parent training they would become "contigency managers", able to systematically apply the principles of behaviour modification to family life. However instilling the skills of parenting was not seen as an end in itself but promoted as, at the least, a "promising technology", and possibly the most effective way of changing the problematic behaviour of children. Here it is useful to ask why this was seen as not only possible but desirable and necessary? Why were parents seen as needing special training? How had the problem of child behaviour (which was after all an age old one) come to warrant the development of new, scientifically based techniques and the establishment of laboratories to investigate their use, in almost every state of the union? What was the problem that needed these new sort of solutions? It is to these questions that we now turn.

The Behaviouralisation of parent-child relationships

> "When the objective is to change the behaviour of the child - that is, to help him make a new kind of adjustment to different situations - then the behaviour of significant people...father, mother, siblings, close relatives and friends has to change as well" (Bijou 1984:16).

Whilst the behaviour of parents and children has long been a popular concern and advice on child rearing has a long history (see for example Beekman 1977; Hardyment 1983) the 1960s saw a new kind of psychological interest in this area which I refer to as "behaviouralisation". That is, the introduction of behavioural and social learning theory into the area of parent-child relationships both as a new way of problematising these relationships and as a provider of new types of solution to the reformulated problems posed by parents and children.

The interest of American behavioural psychologists in parent-child relationships was nothing new; as we saw in Chapter 3 the behaviourist utopias of J.B.Watson and B.F.Skinner both rested on the unequivocal benefits that behaviourist psychologists were seen to bring to child-rearing. Indeed in his manual, "*Psychological Care of Infant and Child*", published in 1928, Watson advocated, advised and demonstrated behaviourism as applied to child-rearing. He saw behaviourism as a scientific way of enabling parents to fulfil their social obligations and responsibilities to rear happy as well as healthly children. It was not quantity of population that was important, but quality:

> "Not "more babies", but "better brought-up babies""will be our slogan..... there are too many people in the world now - too many people with crippled personalities tied up with such a load of infantile carry overs (due to faulty bringing-up) that they have no chance for happy lives"
> Watson (1928:9).

The problem lay in the fact that "no-one today knows enough to raise a child" (1928:12) apart from, that is, the behaviourist, for Watson stated in his introduction, parenthood is a science not an instinctive art, the details of which had to be worked out by the "patient laboratory methods" of the psychologist to produce "practical results that can be used in the home". Though he questioned whether there should be individual homes for children or indeed whether they should know their own parents, he resignedly acknowledged that "the behaviorist has to accept the home and make the best of it"(op cit:7).

By the 1970s, echoing these Watsonian themes, psychological and social interest in behavioural parent training was burgeoning, such that by 1974, O'Dell could report that he had found approximately 70 studies since 1965, pertaining to training parents to deal with their children's problems through the application of behavioural principles, including case study reports and experimental studies, as well as reports of broad research and development programmes. According to Goodall 1972 (in O'Dell op.cit) two-thirds of this research had been done since 1968. Within a few years O'Leary et al were to claim that "laboratories investigating the application of behavioural principles to children's problems now exist in almost every state" (1977:16)

As part of the new behavioural attention to children's problems two interesting transformations took place: the broadening of developmental and (family) therapeutic discourses to include behavioural discourses and the adapation and broadening of behavioural discourse to include child and family problems. (See for example Bijou 1977; Etzel 1972; Patterson 1968,1982 and in the U.K. Herbert 1980,1988). The behaviouralisation of parent-child relationships involved several associated changes: a reconceptualisation which enabled parent-child relationships to be described and explained in new ways, in particular a shift from *being* a parent to *doing parenting*; an emphasis on parental ability as as a set of *skills* based on the effective practice of the right know-how (as opposed to knowledge) which had been learnt or could be relearnt; research into new behavioural strategies and tactics to change parent-child behaviour which ranged from single case studies to experimental community intervention programmes; new or adapted forms of behavioural intervention, based on these, to change family relationships and functioning; the emergence of "new behaviourists" to implement behavioural interventions and a corresponding new role for psychologists and other professionals as consultants, supervisors and managers of the new behaviourists.

Focusing on parental behaviour as the locus of child behaviour involved a different way of construing the problems presented by difficult children. As might be

anticipated, these problems were seen not as the products of the child's inner psychological states or of the unconscious of the erring parent, in the form of unresolved Oedipal conflicts or bad objects, nor in intra-family psychodynamics, but in the maladaptive adjustment of both child and parent. This was acquired through faulty reinforcement and sustained through the continuation of "undesirable functional relationships" between the stimuli and responses in the child's current social environment and manifested in poor parental management techniques and problematic "coercive" interactions. These could be corrected without sophisticated therapeutic techniques which sought to explore the recesses of the unconscious or trawl the distant past.(See for example Patterson 1967). Indeed, a frequent claim on behalf of behavioural parent training was its apparent simplicity and suitability for "persons unskilled in sophisticated therapeutic techniques". Not only was the problem located in the concrete, visible world of parent-child behaviour, it was accessible to those without special training; parents did not have to develop insight, they merely had to follow explicit directives.

However, whilst these problems might be located in the parent's behaviour, some advocates of behavioural parent training saw their origins as not necessarily lying only in personal reinforcement histories but also in the social and economic changes associated with changing family structures (see for example Dangel and Polster 1984). Industrialisation, changing working patterns, economic pressures, the increase in single parent households meant, according to these authors and others in their volume, that many parents found themselves to be ill-equipped to deal with the problems of raising children; in addition to little parenting experience there might be no-one available to help. It was not education in the arts of parenthood that was needed but systematic training in the skills of "parenting", using the principles of behaviour modification, particularly "applied behaviour analysis", to do this. According to Bijou (1984:17) this meant that behavioural parent training as "parent training proper" could be distinguished from other typical parent training programmes by four "basic procedures": setting attainable goals in objectively defined terms, in the light of the child's competence and the programmed material available; helping the child to attain the objectives by means of behaviourally based

teaching techniques; monitoring progress by systematic record-keeping methods and modifying the teaching techniques on the basis of what the records show and lastly, modifying the conditions as necessary so as to maintain and generalize the desirable changes that had been acquired. In addition, not only were parents to be trained in the use of behavioural techniques, (to variously become described as "behaviour therapists", "teachers", "behavioural technologists", "primary change agents" of their own children); they were to be supervised in the implementation of the training with the child in the natural environment of the home, rather than in a clinical or educational setting.

To reiterate, although analyses of child rearing texts (op.cit) confirm that there has been a continuing preoccupation with parental management of children, with probably more emphasis on *know-how* than knowledge (with advice on *how to* instil obedience, *how to* put them to bed, *how to* feed them and so on), the behaviouralisation of parent-child relationships differed from previous versions. Firstly, although child behaviour continued to be problematised it was *parental* behaviour that was seen to the root cause of the problem and thus the primary target of attention. Parental management of their children became the object of intervention. Whilst, like Watson and Skinner's earlier behaviourist attempts to advise parents, it was held that the problem could best be solved with the assistance of scientific psychology and empirically derived principles and practices, in behavioural parent training the parent was to be cast not so much as a *recipient* of behaviour modification but placed in the role of trainee behaviourist. As mediator between the professional and the child (the ultimate but indirect target), the parent, who was rarely identified by gender in these discourses, would learn to effectively dispense reinforcement to the child with professional supervision. Effective reinforcing meant managing the contigencies (or outcomes) of reinforcement along empirically derived lines which were more likely to produce desirable behaviour in the child. The professional as the "contigency manager" in the triadic model would rarely if ever come into contact with the problematic child; it was the parent as the "dispenser of reinforcement" who became the "primary change agent". The

successfully managed parent would in turn become the successful manager of the child.

Misbehaving children

Who were the childhood targets of these scientifically-trained parents? There are several ways of answering this question: on the one hand, there were homogeneous categories of childhood targets, for example, the disabled, the autistic, the mentally retarded and on the other, specific behaviours like enuresis, tantrums, head-banging and so forth, or constellations of disordered behaviour denoted by terms such as aggression, coercion, or social withdrawal. In either form of answer we can trace an ever widening range of childhood behaviour coming within the scrutiny of behavioural psychology during the 1970s and 80s. Though initially developed in the late 1950s to train parents of handicapped, autistic, hearing impaired and learning disabled children, usually to change discrete behaviours, during the 1970s behavioural parent training programmes began to be directed at parents of much broader sets of children. Once again, I suggest that this was not a shift away from the original targets but a widening of the focus of behavioural attention .

The Portage Project, for example, originally funded in 1969 in the town of that name in Wisconsin, was intended to fill a void in educational services for mentally handicapped children in the state. It had been specifically designed to train the parents of preschool handicapped children to be involved in their education by teaching them at home. By 1980s numerous Portage programmes had been implemented in UK, Latin America, Canada, Asia with handicapped but also with normally developing but socially disadvantaged children (Shearer and Loftin 1984)

Another significant childhood groups referred to by Tharp and Wetzel (op.cit) were "the behaviourally disordered, underachieving, pre-dropout, delinquent and pre-delinquent youth", "anti-social children and their families" characterised by unruly, "oppositional behaviour" and academic under-achievement, coercive and violent interactions at home and at school. The latter were most associated with the work of G.R.Patterson at the Oregon Social Learning Centre whose approach from the

late 1960s onwards drew essentially on reinforcment theory and Bandura's social learning theory to change the "coercive" behaviour of children and their parents (Patterson and Gullion 1968; Patterson 1973; Patterson 1982).

A common theme in concentrating on this category of children was not merely their present power to disrupt but their potential to be an even greater social problem in the future. The potential social problem posed by behaviourally disordered children aroused interest and concern in researchers and funding agencies, both federal and state. As discussed earlier in the chapter this concern from the 1960s onwards gave rise to numerous programmes directed at disadvantaged communities, initially under the War on Poverty banner, but continuing for several decades in a series of smaller more piecemeal programmes. As we shall see below, in the U.S.A. parent training programmes formed an integral part of many of these progammatic interventions. Pragmatically, Patterson suggested that aggressive children were ideal candidates for research, not only because of their abundant supply in any community, where they often constituted the bulk of child guidance case loads, but also because the linkage between early antisocial problems and later careers in crime was such that it was possible to receive (financial) support for programmatic studies (Patterson 1982:1).

With the premise that children with behaviour problems tended to become adolescents and adults with even more power to be socially disruptive, the application of parent training took on a preventative as well as a remedial, therapeutic justification. Citing Lee Robins's "*Deviant Children Grown Up*" (1966) Tharp and Wetzel asserted that the behaviourally deviant child should be the principal target of the helping professions, since mental disorder and social deviance were both predictable from childhood *behaviour* disorders (Tharp and Wetzel 1969:5). As well as playing a potential part in preventing delinquency and criminality, a consistent theme in justifications for parent training concerned the mental health consequences for those children who were at present poorly parented. Parent training was advocated as an important feature of preventative mental health programmes and parents caste in the the new role of primary mental health agents

(See for example Tharp and Wetzel 1969;Glidewell 1971;O'Dell 1974). The dangers from parental mismanagement to the *future* wellbeing of children frequently appeared as a justification for new sets of child targets and new aspects of child behaviour to be added to those already considered in need of better parental management.

Whilst mental retardation and handicap had been an early target of behavioural management programmes designed to ameliorate these conditions through the education and training of retarded children, the *prevention* of retardation became a new area of concern for behavioural parent training in the 1970s (Bijou 1981).The restricting and limiting conditions of sociocultural disadvantage were held to be responsible for the retardation of a large majority of physically normal children. Though the relationship between social and economic deprivation and educational underachievement had been a major rationale for widescale intervention programmes in the 1960s like Head Start, later projects differed in the pivotal emphasis to be placed not only on educational compensation but on retraining parental behaviour and attitudes, and to involve them directly, as well as their children, in early intervention programmes. In particular developmental opportunities were seen to be restricted by,

> "families and teachers of these children who do not or cannot provide them with the physical and social experiences generally available to middle-class children; do not or cannot reinforce acquisition of academic skills, knowledge and effective work habits...." (Bijou 1984:23)

Prevention of this kind of problem, Bijou maintained, could most effectively be achieved through a comprehensive intervention beginning in the first year of a child's life and into elementary school. The essential part of such a programme would be parent training to promote early development of language, and social and cognitive skills. Indeed, the development of such programmes has continued to be a noticeable aspect of U.S strategies of social intervention since the 1960s; the Head Start programme established in 1965 to provide federal funds directly to local community agencies for early intervention projects was still doing so well into the

1980s, by which time it had been extended, developed and diversified to involve parents and others in the modification of the child's "total environment".

As might be expected, connections between child maltreatment and lack of proper parenting skills for managing and controlling children became the objects of parental training research and practice in U.S.A and U.K. though the scale and systematisation of the interest once again differed (see for example Burgess and Richardson 1984; Stevenson et al 1988). In both countries parent training interventions have been, and continue to be used in response to physical child abuse and neglect and as a means of prevention. In either situation there might be certain circumstances under which parent training might be imposed for example as a condition of a court order in child protection proceedings. In those situations where there were suspicions or evidence of child maltreatment, attempts would be made to provide parents with more "positive" self- and child-management techniques with the aim of rehabilitating the family rather than removing the child. As will be discussed in Chapter 8, in such "child protection" cases participation in parent training and subsequent "evaluation" of their parenting "skills" may be a condition of the child remaining with its parents.

A significant addition to the childhood targets of parent training schemes were those behaviours which were notable not by their abnormality but by their typicality and the late 1970s and 80s saw a rise in interest, both in the U.S.A. and the U.K., in more common or typical childhood problems especially those posed by the behaviour of normal *pre-school* children and in the use of behavioural approaches to solve them. The epidemiological work of Richman et al, started during the 1970s, which charted the prevalence of behaviour problems in this group, marked the emergence in the U.K. of the preschool child's *behaviour* as a new object of interest (Richman 1975; Richman et al 1982). Once again, a key concern and the basis for recommendation of professonal intervention was not only the scale of current problems and the difficulties they posed, but the future threat if they were left unresolved.(See for example Hewitt's repeated references to the future consequences of untreated early problems: Hewitt 1988; Hewitt et al 1990; Hewitt

et al 1991). Though generally non-specific in describing the types of future problem to be encountered if parenting problems were not rectified, the possible connections between poor parenting and child abuse were consistently alluded to by those advocating early professional intervention to train parents.

Ironically the inclusion of these everyday problems into the domain of behavioural parent training simultaneously both problematised and normalised them. This occurred in several ways: whilst the prevalence of the problems made them common or typical and therefore not abnormal, their power to disrupt family life (especially parental expectations) together with the possibility that they would not disappear spontaneously, posed them as problems in need of solutions. Though authors were not necessarily specific about the form or severity of these future possible problems:

> "Although common, the problems of normal children should not be considered unimportant by parents and therefore left to self-resolution. These problems need to be confronted and effectively resolved since neglect or mismanagment can lead to more serious difficulties" (Schaefer & Millman 1981:ix).

In addition, by posing them as a threat to the future health, welfare and sanity of the child, family and community, if left untreated, the status of "behaviour problems" as a problem in need of professional attention and resolution, even in two-year olds, became even more amplified. Thirdly, heightened sensitivity to and monitoring of these common behaviour problems meant there would be more referrals to existing psychological, psychiatric and social work services that were already "stretched" and "overwhelmed", creating a vacuum of need into which any solutions might be welcomed. The conditions were created for not merely more, but changed professional involvement with parents and their children.

Giving away behavioural approaches

There appeared to be several reasons why training parents to manage the behavioural problems presented by their own children was held by psychologists to

be an attractive proposition in the U.K. and U.S.A. of the 1980s. Though the effectiveness of behavioural parent training, either in terms of changing parental or child behaviour was by no means firmly established, the appeal of this type of approach was bolstered by other concerns.

Firstly, the scale of the problem: nearly all these reports of parent training projects in U.K. and U.S.A., at this time, included estimates of the high prevalence of child behaviour problems or the scale of child rearing difficulties associated with changing family structures and social conditions, as the basic rationale for the development of parent training. The strains of contemporary child-rearing were manifested not only in the frequency of child behaviour problems but also to be found, for example, in the incidence of child abuse and neglect and juvenile crime statistics (Dangel and Polster 1984:5). In 1972 Hawkins suggested that the number of American children with behaviour problems was so large that only a mandatory parent training programme in state schools could hope to reverse the trend. Some used parental complaint as an index of the scale of the problem, thus for example,

> "it has been estimated for one health district with a pre-school population of 14,100 that each year parents of 751 nine month olds and 1025 two-year olds may seek advice about what they regard as behaviour problems in their child", (Hewitt et al 1991:415).

Many U.K. advocates of parent training by health visitors cited epidemiological studies of prevalence in specific child categories, such as Richman's survey of behavioural problems in preschool children (Richman 1975,1982).

The problem was no so much one of an increase in prevalence of an existing problem but of a newly discovered "problem". Previous statistics did not exist and therefore current estimates of prevalence gave little or no indications of trends over time, either retrospectively or prospectively, but they did, as was noted earlier, threaten that present untreated troubles could develop in the future into much more serious ones. Thus an additional new problem became whether and how existing services might deal with these new categories of troublesome children who misbehaved from birth onwards. As early as 1975 the social problematisation of

childhood misbehaviour was being linked with the inadequacies of "service delivery", thus Yule argued that it was clear from recent epidemiological studies that "there are too many children with significant behavioural problems for traditional methods of service delivery to be effective" (Yule 1975:5); fourteen years later the theme persisted: Appleton et al argued that, "there is no escape from the fact that, with prevalence of moderate to severe preschool behaviour problems running at 7% (and mild problems at 15%) current service levels and service structures are woefully inadequate" (1989:761).

According to some authors the self-evidence of the inadequacy of tradional strategies of direct therapist-patient contact was best illustrated by the low ratios of psychologists to the population (Milne 1986:5). Some American writers too had complained for some years of the problems created in this field by the shortage of trained personnel (Dangel and Polster 1984).

The "vacuum of need" created by the shortfall in therapeutic and economic resources meant that new solutions were necessary which, preferably, met constraints of cost whilst increasing the availablity of therapeutic assistance. In such conditions, the appeal of giving behavioural psychology away to unpaid, motivated parents, or para-professionals in search of new professional roles, seemed very attractive; the scene was set for the emergence of the "new behaviourists".

The New Behaviourists

If parents could assume a therapeutic role, "then, at least in theory, they could become a cheap, continuous treatment resource" (Yule 1975:6) which not only dealt with current problems but which could anticipate future ones in the child and his siblings and deal with them with a minimum of professional advice. The notion of parents as a "resource" appealed to American authors too. In several American studies the resource value of parents was described not only in terms of their putative roles as teacher and therapist of their own children and triadic mediator but also as a trainer of other parents. An important feature of several experimental parent training programmes in the U.S. was held to be the ways in which they "capitalised on a relatively untouched supply of human resources within the

community boundaries. That is, parents assist and train other parents to become better managers in their role as educators of and models for their children" (Hall 1984:87). In Hall's "Responsive Parenting Program" there were seen to be numerous advantages in using parents to train other parents: new parents found them easier to respond to, could relate to them as having similar problems and perceived them with less awe than they did the professional. They were thus more amenable to the idea that they could define, measure and record behaviour or learn procedures. Having successfully completed the Responsive Parenting Program and further training, they might be selected to become apprentice group leaders, move on to become group leader themselves, training other parents both as child managers and potential parent trainers. Once again, the most obvious advantage of this scheme, according to this researcher was the cost: parents were not only enthusiastic, they were much cheaper to use than professionals.

Other projects extended the use of parents as both learners and trainers one step further. Starting from the premise that a lack of general social competence formed the "underlying deficit" in parents who not only lacked parenting skills but tended to use coercive child rearing techniques, "optimising positive neighbourhood interactions" was the goal of the Community Helpers Project in rural Pennsylvania. This sought to recruit "natural helpers" in the local community who could be trained by professionals to "deal more effectively with common problems brought to them by friends, acquaintances and family". These "indigenous trainers" were then used to train other local helpers in "basic helping skills" in the same way. According to the authors, in this way the movement of applied behaviour analysis could be continued by researchers and clinicians, but rather than using the parent as the primary change agent for the child in the "natural ecology" of the family, now the parent's friends, neighbours and relatives would be used as primary change agents for the parents (D'Augelli et al 1980 cited in Burgess and Richardson 1984). Behavioural training thus extended beyond the family enabling both personal self-regulation, regulation of others and community regulation and provided a continuous supply of new helpers to do this. In simultaneously helping others and

being helped parents could be both primary change agents and targets for change at the same time.

If parents as new behaviourists offered virtually free services and a strong personal motivation to engender behaviour change in their children, what were the advantages of giving behavioural psychology away to paraprofessionals? Whilst advocates stressed the potency of behavioural methods to help a wide range of people, they also stated that their deployment by psychologists and psychiatrists would only reach a small fraction of those in need of them. Day to day contact with large numbers of potential candidates for behavioural approaches placed paraprofessionals in an ideal position to help. Most importantly, according to those in favour of giving away behavioural psychology, the readily understandable principles and straightforward techniques associated with behavioural approaches made them highly suitable for this process. Not only did they meet the need for, "simple readily acquired and clinically effective techniques in a wide variety of settings", they could be taught to lay people or para-professionals "in short training periods with a minimum involvement from qualified professionals" (Milne 1986:3).

Furthermore, a key attraction of behavioural approaches, consistently referred to, from Tharp and Wetzel onwards, was their greater acceptablity to these new therapists because they assumed "neither the medical emphasis on disease or 'sickness' nor the analytic onus on unconscious motivation" (Milne op.cit:3). In contrast, the depathologising claims of behavioural approaches emphasised the continuity between normality and abnormality, which were seen to differ quantitatively rather than qualitatively and were governed by the same laws of learning:

> "Behavior modification brings another challenge and another refreshment: the laws of learning, like the rains, fall upon us all. There are no separate principles for abnormal behavior and for normal, and the 'mentally ill' are no longer supposed to behave, or learn by different rules from their brothers", (Tharp and Wetzel 1969:5).

In this way, principles for intervention, providing they followed the empirically tried and tested laws of learning, could find application to a whole new range of problems. Not only did this point towards ways in which professionals might extend their concern to different client groups, behavioural approaches could offer an optimistic view of the possibilities of change and therefore of the likelihood that professional interventions could make a difference.

In spite of the continuing concerns of some psychologists that behaviour modification was in danger of being used by the new behaviourists as a "mindless technology" divorced from any theoretical base (Berger 1979;Yule 1991), by the mid-1980s in the U.K. behavioural approaches had been given away to variety of non-psychologists, including teachers, nurses, social workers, nursery officers and occupational therapists (Carr 1988). During this period child and family welfare became a new area of behaviouralisation through interventions in the home, the school and the clinic. With regard to parent training the most significant enlistment of new behaviourists was that of health visitors; Chapter 6 examines this enlistment.

Conclusions

This chapter has demonstrated the ways in which during the 1980s, particularly in the U.S.A., the use of behavioural parent training to solve a range of "social problems" extended the deployment of behavioural approaches in the community in a number of ways. These extensions took the form of new targets of intervention which included an ever widening range of child targets and in particular their parents, new sites of intervention in the "natural environment" and new interveners, the "new behaviourists". Behavioural approaches in the field of parent-child relationships appear to have a useful flexibility. Their naturalisation has enabled more aspects of family life to be incorporated both into the domain of behavioural psychology and into the governed territory of the "social". This process has been accompanied by a "behaviouralisation" of parent-child relationships in which the parent is cast as "manager". We have seen how the new social problem space of child behaviour problems, constituted in epidemiological discourses, was to some

extent occupied by behavioural attention to "typical", as well as extraordinary childhood problems, which were identified as needing behavioural solutions if they were not to develop into more serious problems thus posing a greater social threat.

Though, through its own measures, the effectiveness of the behavioural training of new behaviourists had not been substantiantially established, either in terms of changing parental or child behaviour in anything other than the short term, the perceived scale of the problem created the conditions for behavioural parent training to thrive. In addition, and associated with this, changing patterns of financing and organising health and social care were conducive to the deployment of behavioural approaches. One of their "selling points" according to advocates, has been continual self-monitoring and evaluation. This had several advantages which rested in the scientific nature of behaviour modification and the empirically based strategies and techniques from which it was derived. As well as giving behavioural training a respectability these empirical bases have also given it a flexibility and optimism: if it works then this could be attributed to careful empirical testing, if it does not, the approach is not invalidated, merely in need of further refinement which is not only possible through further research but claimed as an inevitable part of the experimental process in which behaviour modification is rooted: "Most of the problems can be regarded as technical, and soluble." (Yule 1975:14).

The built in self-evaluation of behavioural approaches not only created and satisfied a need for scientific credibility; it has also appealed to the increasing managerial and fiscal demands for demonstrable effectiveness in service delivery, of which an important part is seen to be evaluation. In the process of naturalisation, behaviour modification showed a fit with the wider natural environment of the economy and social policy which was to serve as an important condition for potential expansions. The increasing stress on market principles in health care, which had been in existence in the U.S.A at the inception of the naturalisation of behavioural approaches in the 1960s, became a feature of "service delivery" in the UK in the 1980s. Whilst the advocates of behavioural approaches in parent training have

shown themselves to be concerned with "developing a technology to solve socially relevant problems" (O'Dell 1974:420) they have also been able to demonstrate a simultaneous interest in, and an amenability to be part of, the new natural world of efficacy, cost, availability of resources and efficiency (see for example O'Dell 1974;Yule 1975; Bidder et al 1982; Dangel and Polster 1984; Hall 1984; Carr 1988; Appleton et al 1989). As we will see in the following three chapters, whilst considerations of cost-effectiveness do not dominate current professional estimations of the worth of behavioural approaches, they nevertheless continue to be seen as an important advantage.

Chapter 6

Health visitors as new behaviourists: problematising preschool behaviour

Introduction

In the U.K in the 1980s, with regard to both parent training and changes in the deployment of behavioural approaches that involved new targets and new settings, the most significant enlistment of new behaviourists was that of health visitors. This chapter, which switches our focus to the U.K., examines this deployment of behavioural approaches with young children and their parents by health visitors. It is based on an analysis of texts spanning the mid-1980s to early 1990s in the field of child health and welfare (see Chapter 2 for details). As with the following chapters which report on the use of behavioural approaches by other professional groups working with parents and children, my interest here lies in examining the categories of children and parents that were identified as suitable targets for behavioural intervention, the kinds of childhood problems that were targeted, the settings in which the interventions took place, and the types of behavioural intervention that were recommended, as well as the value accorded them by the authors. In doing so I aim, firstly, to highlight the key features of the professional and conceptual ground that these approaches have come to occupy in the field of child health and welfare in the U.K. In addition the expansion of behavioural approaches into the family home and the "well" community, which the next three chapters discuss, has implications for the ways in which childhood, parenthood and parent-child relationships are thought about and acted upon in this field, and for the practices and relations of the professional groups involved. As importantly, this expansion also points to and illustrates, changing patterns of regulation in the government of the social.

Research in the U.K. exploring the possibilities of using health visitors to provide behavioural parent training to deal with pre-school behaviour problems was well under way by the early 1980s (see for example Hewitt 1981; Thomas et al 1982; Perkins et al 1984; Child Development Project 1984). By the end of the decade

health visitors were using these approaches with individual families, offering group sessions for parents and increasingly running parent training "clinics" to deal with common infant and toddler problems associated with sleeping, eating, crying, tantrums etc. As this chapter will go on to discuss, this deployment by health visitors appears to have been localised rather than nationwide and associated with the budgetary attitudes of different health authorities and health trusts, with the clinical attitudes of those responsible for providing primary care and in certain areas with the formation of professional alliances between health visitors and clinical child psychologists or child psychiatrists. Amongst these groups a mutual interest was expressed in training health visitors to use behavioural approaches with parents and children: it was believed that they were in an ideal position, through their routine contact with under-fives and their families, to both identify behaviour problems and offer the means to solve them (see for example Appleton et al 1989; Hewitt 1988; Hewitt et al 1990). They were not only seen to be ideally placed to identify existing problems in this group, in addition, as "the only professional group in the United Kingdom who are in a position to identify parenting difficulties in the entire population of pre-school families", they were "uniquely placed" to offer continual monitoring of parenting in this population and thus engage in preventive behavioural parent training strategies regarding child abuse, as well as remedial work (Stevenson et al 1988:124).

Hewitt (1988), a long time advocate of health visitor involvement with preschool behaviour problems, identified several possible opportunities for behavioural health visiting interventions at three levels of prevention: primary, secondary and tertiary. In the context of primary prevention prospective parents would be targeted antenatally (usually in groups) to pre-empt the occurrence of early behaviour problems and given information on behavioural methods of infant management. At the secondary level, parents would be provided with assistance not only to change the problematic behaviour of their infants but also in the early identification of these difficulties. Such interventions with babies of perhaps only a few months old could be necessary if their behaviour problems were not to develop into more serious difficulties affecting both their intellectual and social development and the mental

health and behaviour of the parent. If they had already turned into more serious, possibly intractable problems, then intervention at the tertiary level, aimed to help reduce the likelihood of child maltreatment. This might involve training parents (and siblings) in behavioural techniques that would enable them to cope with the impact of the unmanageable child, such as techniques to manage their own hostility to the child, relaxation methods to reduce the anxiety induced by the child's behaviour and cognitive strategies to deal with the depression caused by their perceived inablity to cope. The use of behavioural parent training to change the behaviour of already abusing parents was, however, seen to be the job of the more specialised expertise of psychiatrists and clinical psychologists.

Towards the end of the decade there was sufficient interest in the use of health visitors as new behaviourists for the Association of Child Psychology and Psychiatry (ACPP) to initiate a study on health visitor-based services for preschool children with behaviour problems. In this it was claimed that the need to train health visitors in psychological treatment techniques was endorsed, not only by epidemiological research, but also by health visitors themselves (ACPP 1989). A further critical consideration was that of economy and budgetary constraints which according to the same authors pointed to the need for "innovative service developments" involving the collaboration of health visitors and clinical psychologists or child psychiatrists to provide community based services for such children (see for example Appleton et al 1989).

Whilst interested parties might have been enthusiastic for such training the ACPP report also noted that it had yet to be demonstrated convincingly that, in general, health visitors could work effectively using behavioural techniques. However, this lack of "scientific evidence" was by no means seen to debar their involvement, but rather to indicate a need for more monitoring and evaluation of such training and interventions. Paradoxically, the absence of evidence was in behavioural approaches' favour; though negative results had been achieved in a number of studies the continuous demonstrable desire for self-improvement through monitoring and evaluation of efficacy and economy was put forward as a strength of behavioural

approaches in the prevailing conditions (see for example Appleton et al 1989; Hewitt 1990,1991).

Problems and Solutions

As might be expected, given health visitors' statutory duties, all the articles discussed the application of behavioural techniques to a very specific category of children bounded by age and stage: 0-5 years, the pre-school child; and by setting: in the community, a term which essentially is used to denote children who do not live in residential institutions but who live in their family homes. However, the term "the pre-school child in the community" does more than delineate the targets and settings of intervention for as will be seen later, it serves as an important territorial marker in this particular field of child health and welfare.

The pre-school behaviour problems that are the subject matter of these texts range from difficulties associated with sleeping (the child's inability to go to sleep at the desired time, on its own, in its own bed, frequent night time waking, the need for parental presence) to crying (too much, too often), eating ("food fads", food refusal), overactivity, bed wetting, "temper tantrums", "attention problems" (inability to concentrate on an activity for any length of time) disobedience and so on. Significantly, all the articles associate these difficulties with a parental behaviour problem: "ineffective child management". and changing *parental* behaviour is as frequent a topic as changing children's behaviour.

The site and context of the health visitor behavioural interventions that are described range from the family home and individual casework, to the clinic and group sessions for parents of children with a problem in common, for example "sleep clinics" and "infant crying clinics". In both, health visitors (ideally trained themselves in behavioural techniques) train parents to change their parental behaviour with a view to reforming their pre-school children, some of whom may be only a few months old. The "constructional approach" is favoured and advocated. As was seen in earlier chapters, in this approach the "positive" (that is the desired) features of the child's behaviour are "shaped" through the use of selective positive

reinforcement, in contrast to other approaches that focus on the elimination of negative and undesirable behaviours through aversive techniques. According to Hewitt and other authors, as well as being more effective, the constructional approach is more attractive to parents; because it is easier to apply and involves the use of positive reinforcement to encourage behaviour, parents find it more humane, less emotionally demanding and more ethically acceptable. As such the enlistment of parental support and active cooperation are more likely.

As with parent training programmes discussed in the previous chapter, this parental involvement extends beyond support for the professional; an essential feature of behavioural approaches in this context is that parents themselves become the therapists. As such they not only have to learn to systematically apply shaping techniques to their own and their children's behaviour; they have to conduct behavioural analyses in which they record in detail, their own and their children's behaviour before, during and after the treatment period. This enlistment of parents as "contigency managers" and the employment of the "triadic model", in which the parent becomes the active mediator between "consultant" and the child has several important implications. Firstly, it realigns professional-client relations such that notions of "partnership" and "empowerment" became more possible. At the same time, the enlisted parent, as behavioural manager, is held not only responsible but also accountable for the child's behaviour. However, advocates suggest, the key difference between this and other conceptualisations of accountability which draw on psychoanalytic approaches, is that, rather than being blamed retrospectively for their parental misdemeanors or pathologised, in behavioural approaches parents are offered "practical" and practicable means to correct themselves and to fulfill their parental duties, prospectively.

Health visitors as behavioural managers

Whilst the textual material used in this analysis was selected because it discussed the use of behavioural approaches by health visitors and was addressed to a mainly health visitor audience, it is interesting to note that three quarters of the authors were clinical psychologists. Later in the chapter the relationship between the two

occupations is explored further but for the time being it is interesting to note that the articles discuss the relationship between health visiting and behavioural approaches in terms of practice rather than theory; there was little or no discussion or debate about behaviourism or theoretical contextualisation but much about the effectiveness of behavioural techniques (despite the ACPP report of inconclusive evidence regarding health visitors' use of behavioural approaches), areas of application, amenable problems and suitable solutions, with the emphasis on technical details. It appears that an essential part of the process of clinical psychology "giving-away" behavioural approaches to health visitors is the concentration on them as pure technology.

In many articles the process of giving-away is more explicitly referred to in terms of training. That is, of clinical psychologists training health visitors in the use of behavioural approaches both at pre- and post-qualification level. Some studies, for example, Weir and Dinnick (1988), Hewitt and Crawford (1988), Scaife and Frith (1988), Hewitt, Hobday and Crawford (1989), describe pilot schemes for post-experience in-service training in the form of workshops, "shared care" with a clinical psychologist or supervision from a clinical psychology department, as well as evaluations of their popularity amongst the health visitor participants. This is unequivocally reported as high, with an expressed desire from health visitors for more information and training in behavioural approaches. The Association for Child Psychology and Psychiatry (ACPP) study group report on community-based health visitor services for pre-school children referred to previously and summarised by Hewitt et al for the "Health Visitor", conducted a consumer survey amongst health visitors which reported that over 95% of the respondents felt that additional post-qualification training in behavioural management should be provided for health visitors (Hewitt et al 1990:160).

It is notable that all the articles not only unhesitatingly promote behavioural approaches with children but also agree that health visitors are ideally placed to do this. Only one (Hewitt et al 1990) reports reservations, on the part of the ACPP, as to the suitability of present health visitor practice to carry out these therapeutic

interventions. However, the overall suitability of health visiting as the best site for the deployment of behavioural interventions with parents and young children is not in question here; rather, the doubts concern the appropriateness of general health visitor practice as the most productive setting (high case-loads, over-involvement with families) and of generalist practitioners with little behavioural training as the most suitable health visitors to fully exploit the potential of these approaches. Better suited and more effective, according to the ACPP, would be specialist health visitors with behavioural training who would take referrals from their colleagues. In some areas this new specialism has been in place for some years whilst in others behaviourally-trained health visitors work with clinical psychologists in providing early intervention services, for example, a 'Brief Intervention Service' described in Chapter 8, in which the two professions use behavioural techniques to deal jointly with the behaviour problems of infants and pre-school children.

During the 1980s there was a doubling in coverage of behavioural approaches in health visiting in the journals used in this analysis . Whilst this may be interpreted as indicating a spread of these ideas and practices, an analysis of authorship reveals that certain authors occur repeatedly in these journals as do their employing health districts. Thus the geographical distribution of these practices on the ground was relatively restricted and linked to particular clinical psychologists and the health districts where they worked, such that the numbers of health visitors being trained in, or practising behavioural techniques could be high within a particular health district and low or non-existent in others. The activities, as well as the ideas, of clinical psychologists employed by health authorities appears to have played a significant role in this respect.

For example, K. E. Hewitt, then Principal Clinical Psychologist in Child Health and his colleague W. Crawford, both of whom were employed by Southmead District Health Authority in Bristol, published at least ten articles associating behavioural approaches and health visiting over the last decade, seven of them between 1986-90. Both were also part of the ACPP study group referred to above. Together with a handful of colleagues, whose names as co-authors regularly appear in these

journals in different combinations, they produced the majority of the contributions in this field. However, though their output in terms of studies performed, reported and published may have increased, the geographical location of their work remained the same. The health visitor training schemes, workshops and pre-school intervention programmes mostly expanded within certain health districts rather than across them.

Prominent amongst these was Southmead Health District where Hewitt and Crawford worked for some years. This district was the site of a number of innovatory schemes involving the application of behavioural approaches to pre-school children in the community by health visitors and in the post-qualification training of health visitors in these techniques. These have been the subject of a number of articles by Hewitt et al (for example, Hewitt andGalbraith 1987; Hewitt 1988; Crawford, Bennet and Hewitt 1989; Hewitt, Hobday and Crawford 1989; Hewitt, Powell and Tait 1989). To a lesser extent, South Glamorgan where Hewitt previously worked at the Child Development Unit, University Hospital of Wales in Cardiff, with R.T.F. Bidder and O.P. Gray, was also involved in similar schemes, which were reported in the literature by these authors (for example Bidder, Gray and Pates 1981; Thomas, Bidder, Hewitt and Gray 1982; Bidder, Gray, Howells and Easton 1986). With this pattern in mind it seems more useful to consider how behavioural approaches extended inside such health districts than it does to look at the regional spread and increase in the number of health visitors practising behavioural techniques across the U. K.

In Southmead, it appears that with the help of health visitors, behavioural approaches extended into new areas of community and family life, as documented by Hewitt et al. The training of children with behavioural problems and the training of parents in the behavioural management of such children could (and did) take place individually in the family home (Crawford, Bennet and Hewitt 1989), in groups with others parents in sleep clinics and in infant crying clinics and "soilers" clinics and so forth (Hewitt and Galbraith 1987; Hewitt et al 1990). Behavioural interventions as was noted earlier could be deployed to fulfill preventive strategies

at different levels if prevention: primary, secondary and tertiary (Hewitt 1988). Thus in Southmead, it was intended that health visitors would increasingly be able to offer behavioural assistance in prempting the occurrence of behaviour problems, in the early identification of, and solution to, such problems. If all else failed, they would also be in a position to train parents to cope with the knowledge and consequences of being an ineffective manager, and moreover, all before the child was five years old. Furthermore, Hewitt (and others, for example Scaife and Frith, 1988) suggested that the stress of providing this kind of intensive support for parents meant that health visitors too should be able to apply behavioural treatments to themselves. It seems that at various levels and for various reasons, the managers as well as the managed need the assistance of behavioural techniques.

It is made clear that an essential element in these extensions of behavioural approaches into the community is the active cooperation of parents who need to be enlisted as allies and partners and trained as "therapists" for behavioural techniques to be effective. An important figure in the enrolment of parents is the health visitor who was seen by many authors as likely to become the key figure in these processes. According to Hewitt (1988), Hewitt and Crawford (1988), and the ACPP working party report, health visitors they were ideally placed because as well as having routine contact with the well population, importantly, unlike social workers, they visit families "in the absence of crisis". In addition, they are the only professional group who regularly see the pre-school child in the home setting, including many with behaviour problems "and as such are centrally placed to provide advice and assistance to parents" (Hewitt et al 1990). The health visitor's familiarity with her clients is on the whole was seen to be useful, for example, as enabling the socially disadvantaged to be reached, a group considered to be sometimes difficult to engage in treatment (Crawford et al 1989). According to some authors, parents who are unwilling to seek psychiatric attention for their children, because of the stigma attached, might find psychological attention more acceptable, especially when offered by or through their familiar health visitor or in groups run by a psychologist and a health visitor, where the presence of the latter might be seen to normalise the problem (Scaife and Frith 1988). Moreover one

paper reported that a familiar health visitor, as a regular family visitor, not only successfully applied behavioural techniques to the case in question but through her familiarity enabled other problems to be raised by the mother for behavioural attention. The successful solution of these problems led the mother to enrol a neighbour with similar problems, and so on. "Overall, the health visitor's reputation was greatly enhanced in a street where it had been difficult to gain acceptance" (Perkins and Linke 1984) and, significantly, behavioural approaches extended further into the community and into the lives of its constituents.

Others doubted the usefulness of the health visitor's familiarity with her clients. Hewitt (1988) and the ACPP report felt that this familiarity might actually work against effective parent training because of the possible difficulties in establishing the "detached rationality" deemed necessary for the successful implementation of behavioural techniques (and much favoured by J.B.Watson and other behaviourist-inspired pre-war childcare writers). However, it was suggested that the problem of familiarity could be overcome by training specialist health visitors (who are now employed by some health authorities) who would not only take referrals from generic health visitors but who would refer more serious cases to clinical psychologists, thus acting as a bridge between the two. This is an interesting move for although these writers are, on the one hand, advocating the de-specialisation and dissemination of behavioural approaches (see Hewitt and Crawford 1988), they are, at the same time, emphasising their higher-order skills and expertise by proposing a sifting process in which generic and specialist health visitors act as sieves, leaving the more difficult cases for the expert knowledge and attention of the clinical psychologist. Using health visitors as first-line behavioural therapists had other, increasingly important, cost advantages; some authors pointed out that health visitors' time was much cheaper than clinical psychologists' (for example Thomas et al 1982). Others went as far as costing health visitors' behavioural interventions : £7.70 on average per treatment in 1989, based on health visitor hourly rates at the time (Crawford, Bennet and Hewitt 1989). Once again the dual cost benefits of employing new (cheaper) behaviourists to implement (cheaper) behavioural approaches were held, by advocates, to be strong points in the changing economy

of health care in which health and welfare services had to be bought and sold (see for example Scaife and Frith 1988).

There are three aspects of these developments that are relevant to the broader discussion: firstly, the changing nature of the relationships between health visiting and clinical psychology; secondly, the changing patterns of health visitor practice and training; lastly the extension of clinical psychology into the well community. The conceptual and practical corollaries of these changes meant that young children's behaviour and that of their parents would become the typical concern of health professionals in primary care, who could be routinely involved in activities of behavioural surveillance and reformation. The existing and potential relationship between clinical psychology and health visiting was held up for examination by authors from both occupations, all of whom all saw close links between the two fields as being desirable and beneficial, though for not entirely similar reasons. Most of the health visitor authors saw the relationship between their profession and that of clinical psychology in terms of the professional advantages to health visiting of incorporating behavioural approaches into standard health visiting practice rather than in terms of the benefits of a professional alliance with clinical psychology. These new "skills" were seen to extend the domain of health visiting, to enhance professional status, and importantly to increase health visitor effectiveness. These benefits applied at the level of individual cases (helping parents and their children), at the level of community (reaching more targets who may have been previously unwilling) and at a broader social level by fostering the successful psycho-social development of children in the community and that of their parents, all of whom, it seems would not only be happier after a successful course of behavioural treatment but also healthier.

However, the significance of these related benefits for health visiting lay in more than their enhancement of practice and status or the improvements of service that were seen to accrue from their implementation. Though less controversial than social work, health visiting has also appeared to be going through crises of identity and legitimacy; with changing patterns of child health and reorganised health

services emphasising indicators of effectiveness, value and quality, many health visitors (and others) are unsure of what they should be doing and are uncertain about the usefulness of the traditional health visitor role, (see for example the keynote speech to the 1988 Health Visitor Association Annual Conference, entitled "Whither Health Visiting", (Goodwin 1988) and more recently in the Health Visitor during the spring of 1997). Perhaps it is here that the attraction of behavioural techniques lies, for they offer new ways of working, new aspects of child health and welfare to target and enable health visiting to provide a specialised but routine role in family welfare. Most importantly, they have built in demonstrations of their own effectiveness. A key issue, as we will see in the discussion of social work uses of behavioural approaches in Chapter 8, is demonstrable effectiveness; health visiting (like social work) needs not only to be seen to be making a difference to child welfare, but it needs to be seen, both from inside and outside the profession, to be having a positive effect. In a political and economic climate that favours more reductions in public expenditure there is a continuing, explicit imperative to justify professional existence by demonstrating tangible change within budgetary constraints. Once again, as we saw in Chapter 5, according to their advocates a strong recommendation for behavioural approaches is the way in which they can be easily evaluated in terms of cost-effectiveness. Theoretical or ethical questions about the foundations and implications of behavioural methods thus become of second or third order.

The proposed benefits to health visitors and to the profession of health visiting, of using behavioural approaches, exposed a gap in their occupational repertoire and created a need to acquire these new "skills". Moreover, according to some of the clinical psychology authors, particularly Hewitt and Crawford (1988) and Thomas et al (1982) many health visitors felt ill-equipped to deal with many of the childhood behaviour problems that they were frequently asked about by parents. However, they showed strong evidence of a willingness to learn; (Hewitt cites the number of articles on behavioural techniques published in the "Health Visitor" as evidence of this willingness). This desire to 'know more' opened-up a number of new possibilities for clinical psychology involvement in training health visitors in

behavioural training at pre- and post-qualification levels (some of which were already being put into practice by Hewitt and his colleagues in the early 1980s).

The incorporation of behavioural approaches into the health visiting repertoire had a number of repercussions; their deployment of these approaches extended the interventions of such professionals even further into the conduct of everyday life and enabled health visitors to develop new practices and roles. However, in addition to the designing and implementation of reinforcement programmes to deal with typical but troublesome infant and pre-school behaviour there was encouragement from other quarters for health visitors to play a more systematic part in monitoring such behaviour. The child health surveillance report "Health for all Children" (1989), whilst not recommending the routine use of behaviour checklists by health visitors, did propose that "staff should be aware of the high incidence of behaviour problems in young children and should enquire routinely about any difficulties with behaviour and management" (Hall 1989:81). Moreover, though behavioural screening was thought unnecessary it was suggested that with adequate support and referral services were essential if health visitors were to develop the confidence to "recognise cases that may benefit from expert treatmment and manage straightforward problems themselves" (Hall 1989:81). With the introduction of the Personal Child Health Record (PCHR) in the late 1980s, in which health visitors (and other health professionals) involve parents in the recording of health problems that might constitute areas of developmental concern, behaviour problems could be systematically and routinely recorded. In 1996 the revised "Health for all Children" reported that by the end of 1994 the PCHR was in use in more than 75% of health districts in England (Hall 1996:219). In addition the ACPP report (op cit) suggested that as well as recording pre-school behavioural data, additional space should be made on the card for the recording of infant behaviour problems. Thus the recognition, recording and correction of behaviour problems, from infancy onwards, in many areas has become routine health visiting practice, changing not only the job of the health visitor, but also her relations with parents and other professional groups, in which new alliances have been formed. Most critically it both transforms young children and their parents into the objects of behavioural

calculation and reformation thereby enabling new areas of their social existence to become within the professional purview.

It has not only been health visitors who have sought to establish more links between health visiting and psychology. In the 1996 "Health for all Children" report it was recommended that there was "little value in developing the skills of primary care staff unless they can call on the help of a psychologist or psychiatrist when faced with clinical problems outside their range of expertise" (Hall 1996:208). Clinical psychologists too showed a strong interest not only in making more links but in changing the nature of the relationship into an alliance of colleagues, characterised by closer liaison, collaboration and consultation rather than one of formal referrals. The wider intervention possibilities that this new alliance with health visiting afforded is cited by many of the psychological authors, particularly Hewitt and Crawford, who, as we have seen, developed the use of behavioural techniques by health visitors in a number of novel ways. However, their desire was not only for wider intervention, but for greater accessibility to behavioural techniques for those in need of help: "It is important that such skills do not become the protected skills of a few, perhaps inaccessible, specialist agencies" (Hewitt and Crawford 1988:2). Furthermore, as suggested earlier, the different combinations of levels of skill and accessibility were seen to create new possibilities for both health visitors and clinical psychologists.

Unlike the potentially insecure position of health visiting and social work, clinical psychology's professional and conceptual grounds have been strengthened in the 1980s and 1990s. This took place initially in the psychiatric domain where the incorporation of behavioural approaches into psychiatric treatment has served both psychiatry and clinical psychology, for it both widened the scope of psychiatric attention beyond the 'medical' without threat to either the role or status of psychiatry, whilst at the same time securing both sought after role and status for clinical psychology. During the 1980s the reorganisation of health and welfare services, in particular the provision of "community care" created new possibilities for clinical psychology to move beyond the psychiatric unit. Of interest to this

discussion was the prominence (and investment) given in that decade to the provision of "primary care" for this provided new openings for clinical psychology not only in work with adults but also in the arena of child and family in which as we have seen, health visitors were already key players.

As the discussion of parent-training in the previous chapter pointed out, defining and treating the new objects and subjects of behavioural attention involves an interesting paradox for it entails the normalisation of problems and the problematization of normal behaviour. Here normal might be better termed typical, that is, statistically frequent or prevalent. Whilst the prevalence of the problems made them typical or common and therefore not (statistically) abnormal, their power to disrupt family life together with the possibility that they would not disappear spontaneously, posed them as problems in need of solutions. These two associated processes of normalisation and problematization are critical for not only do they serve as a demarcation between the domains of psychiatry (the pathological/abnormal) and clinical psychology (the abnormal/normal), they at the same time identify areas where professional psychological assistance is needed, even if parents and other professionals concerned are unaware of the significance of the "problem", or perhaps even its existence as such, or the solution on offer. It seems that clinical psychology in the community (particularly through the Child Health and Development Departments that exist in some health districts) can, potentially offer help in all three respects but can actualise this help more thoroughly with the assistance of health visitors whose are enrolled as allies and partners but who also serve as instruments to make both clinical psychology and behavioural approaches more available and accessible. A case in point, a recently formed centre for child health and welfare services which uses predominantly behavioural approaches, (which is further discussed in Chapter 8), illustrates the enlisting, training and supervising of health visitors by clinical psychologists to deploy behavioural approaches in a "Brief Intervention Service" where they work alongside the latter. This service is designed to train parents to deal with early child behaviour problems and to prevent later ones, if necessary with "top-up" courses.

The successful extension of behavioural techniques into the community, to identify and solve both present and future problems depends in this approach as much upon the enlistment of parental cooperation and upon their enrollment as allies and partners as it does upon engaging other professional groups as new behaviourists. What advantages do behavioural approaches offer parents? In what ways is it in their interests to become effective managers? According to these authors successful behavioural treatment "enhances parent child relationships" (Perkins and Linke 1984), "stimulates a more positive relationship" (Glossop 1989), reduces parental anxiety and insecurity, annoyance and stress (Bidder et al 1981;Hewitt and Crawford 1988), "stimulates the abilities and confidence of mothers and extends parenting skills" and "teaches them a set of rules to use throughout their parenting lives" (Glossop 1989). Behavioural approaches it seems are on the parent's side, for they "leave the parents always where they should be, in charge" (Randall and Gibb 1988). It is interesting to note how this emphasis on the benefits for parents and children in optimizing parental knowledge, skills, confidence and control appears to run counter to that of psychodynamic approaches which, critics have suggested, undermine parental faith in itself, pathologise parent-child relationships and pathogenises motherhood. In contrast to the introspective, psychodynamic mother expressing sensitive responsiveness to her child's need for attachment we are presented in behavioural approaches with a form of "parent" (rather than "mother") who may legitimately put him or herself first, without endangering the mental health and future stability of their children: "Children who need their hands holding as they nod off demands time that busy parents may not always be able to spare" (Randall 1990: 328).

However, though this intended empowerment of parents may have positive repercussions for them in the terms of the objectives of behavioural approaches, the emphasis on the detached rationality needed to become an effective manager contributes to changing definitions of parenthood, expectations of parents and to the experience of parent-child relationships. Thus, according to Randall, "a child who is unable to go to bed whilst still awake and fall asleep naturally without parents being present"; or, as we saw above, one who needs his or her hand holding

as they fall asleep, "constitutes a residual problem" (Randall 1990: 328). The successful solution to these problems, residual or otherwise is seen by these authors to lie not in the feelings or subjective involvement of the parent, an essential psychodynamic theme, rather, it is suggested, that this subjective involvement is part of the problem: "step one" according to Randall and Gibb (1988) is "to discard all subjective information". Instead they propose that the solution lies in the "objective", "rational", "detached" assessment, treatment and evaluation by parents of their own and their children's behaviour. This is gauged in quantitative ways by recording the frequency and timing of the aberrant behaviour hourly, daily and weekly to provide the "objective" basis for a before and after assessment of change: more sleep, fewer wakenings, less crying, few tantrums and so forth, constitute the reality of parent-child relations in behavioural terms. In the process of becoming amenable to the calculation and order of this behavioural knowledge, the child is transformed from the psychodynamic host of oedipal conflicts and ego defences into a troublesome but rectifiable product of bad management practices. In the same way the insecure pathogenic mother of psychoanalysis becomes the incompetent "parent", who with the assistance of a detached, but concerned science may be transformed into an "effective manager".

Conclusions

In this chapter we have seen the ways in which during the 1980s in the field of child and family welfare, behavioural approaches could be used with young infants, pre-school and older children and their parents, together or separately, in the family home or with other parents in groups, in "well-baby" clinics, or in special centres (as Gill 1990 describes) or in "problem clinics" for soilers, criers and so on. These techniques could be applied in these various settings before birth or parenthood in the form of "parent education", for example, ante-natal classes on infant sleeplessness. Health visitors might use these approaches with or without other professional help (for example Pritchard & Appleton 1986) but often in alliance with clinical psychologists (Hewitt & Crawford 1988, Hewitt et al 1989) and sometimes with social workers (Gill 1989, Douglas 1987). In order to do this these practitioners were seen by both health visitors and clinical psychologists to need not

only advice but education and training in the application of behavioural techniques before and after qualifying.

However, the mutual ground occupied by behavioural approaches and health visiting was characterised by pragmatism. The emphases by all authors was not on converting or persuading resistant practitioners to change one set of ideas and practices for another, but to enlarge upon existing ones to the mutual benefit of health visiting, clinical psychology, parents and children, and the community. By incorporating these approaches into practice, it was thought that health visitors could improve their chances of being seen to be making a difference and improving standards of service; they could also be seen to be enhancing parental control and thus fostering the health and development of children. Good enough reasons, it was suggested, for more health visitors to adopt these techniques as part of their routine practices.

At the same time during that decade, the childhood targets of behavioural interventions broadened in range to include not only maladjusted or emotionally disturbed children but also normal children in the well community, whose behaviour might constitute a more or less typical problem but one that might, without professional intervention, hinder intellectual and social development, place an undue strain on family life, or further, might induce abusive parental responses. Whilst health visitors and others (including child care writers and broadcasters) had been paying attention to typical child behaviour difficulties for many years, the 1980s marked a systematisation of professional interest and attention to these, as problems that threatened healthy development and a behaviouralisation of them. In addition behavioural approaches might enable the engagement of socially-disadvantaged families who tended, according to some of these writers, for example Crawford et al (1988) and Randall and Gibb (1988) to be "difficult to engage" or "resistant to more traditional approaches". Thus behavioural approaches made it possible to intervene in new ways on a range of both new and continuing social problems in the community.

In association with these new ways of acting upon children, conceptualisations of their health and welfare were in the process of changing. Though behaviour problems were by definition the predictable target of these approaches, a significant extension of their regulatory powers was the behavioural surveillance of "well" children in the community (that is those without a psychiatric diagnosis) from birth onwards; this marked the emergence of a new species of health and welfare problem, the potential misbehaver and even the pre-delinquent, who could perhaps be identified in very early childhood. The types of childhood and parental behaviour that were problematised were not necessarily new but were recast by the behavioural approach, which, as suggested earlier, simultaneously problematises the normal and normalises the problematical. In order for certain types of childhood behaviour to be legitimate targets for psychological attention and behavioural intervention they have to be seen by parents and professionals to be more than troublesome, that is they have to be seen to be having a significant impact on parents, family life or the child itself. At the same time in order for them to be suitable cases for de-institutionalised psychological treatment, they also have to be seen as typical and probably "normal", but importantly, disruptive to others and potentially abnormal or pathological if not acted upon. Behaviour which parents define as troublesome, irritating, distressing or annoying but which is bearable because it is seen by them as probably passing with time becomes legitmated as a problem (worthy of professional behavioural intervention) because of the potential risks if left untreated and the benefits of managing it effectively.

For example, infant sleeping patterns have constituted a major theme in child care texts in the twentieth century and in common with these, behavioural approaches claim that parental behaviour is the key to solving the problem. However, the problem is framed from a detached, managerial position and takes the parental perspective. Sleepless infants are common but cause a new type of problem where "busy parents" have little time to spare or need to sleep themselves to ensure that they remain able to be busy (Randall 1990:328). Lack of sleep is seen to cause more problems for busy parents than for their offspring. Rational, detached management is called for, not parental soul-searching regarding either their infant's

behaviour or their own motives. This need for detached management is both created and fulfilled by the behavioural approach.

Linked to these new childhood problems are new parental ones. The "bad enough" mother of Winnicott who was unwilling or unable to devote selfless time and effort in the form of "primary maternal preoccupation" in order to guarantee the psychological health of her child and to guard against the effects of "cumulative trauma", may now become the irritated and impatient *parent* who is misguided and deficient, not in sentiment or affection, but in effective managerial skills and who suffers from the effects of ignorance and maladaptive learning, not from pathogenic inadequacy. Thus one might say that the solution of behavioural approaches has found not one but several problems: troublesome children, ineffective parents and uncertain and (behaviourally) unskilled practitioners in need of some problems that they can solve.

In addition, I suggest that the mutually dependent nature of these problems requires a realignment of relations between parents and professionals and between different professional groups if the solutions to them are to be actualised. The dominant theme in the descriptions of the relationships between these groups is that of "partnership"; thus, for example it is suggested that clinical psychologists enrol health visitors and social workers as allies and partners, and that parents too are enrolled by these groups as allies and partners. (Though it is noticeable that children do not figure as either). This theme of partnership has a number of critical features: whilst engaging the object of intervention in its own regulation, partnership does so by emphasising willing cooperation and involvement, not domination and control. Moreover, as one form of power is relinquished by the professional another is exercised. Thus, for example, whilst clinical psychologists like Hewitt promote the despecialisation of knowledge and techniques which were previously the exclusive domain of clinical psychological expertise into non-expert hands, in this process of "empowering" others by giving away psychology they simultaneously emphasise the specialist, higher-order nature of their own clinical psychology knowledge, expertise and skills needed to deal with more serious or

intractable problems. The latter therefore need clinical psychological rather than parental, health visitor, or even psychiatric attention whilst the less problematic cases need the behavioural "skills" of health visitors as well as parents.

However, this is not to suggest that this is part of some strategic plan on the part of clinical psychology to corner the behavioural market, rather, that behavioural approaches have the capacity to fit into diverse settings and the flexibility to be translated more or less simply between different agents, for example from clinical psychologists to health visitors, health visitors to parents and even from parent to parent. Thus, for example, Perkins and Linke describe the experience of a health visitor who found that an unexpected repercussion of her use of behavioural techniques to solve a client's problem was that they were spontaneously passed on by the parent to a neighbour, who passed them on to another neighbour and so on. "Overall, the health visitor's reputation was greatly enhanced in a street where it had been difficult to gain acceptance" and "non-clinic attenders" began to attend regularly (Perkins and Linke 1984: 109).

It is interesting to note that the partnerships and alliances that were seen to characterise these new relationships between professionals and parents during the 1980s also featured significantly in the 1989 Children Act where "partnership" was advocated as a pivotal feature of new practices in the field of child health and welfare, between the health and social services at various levels and between their respective practitioners and parents. These realigned relations are a critical feature of behavioural practices in the field, which, as we have seen in the two preceding chapters, involves not only the enlistment of parental support, which is to be found in other therapeutic strategies, but more importantly, their co-option as willing and active "contigency managers" whose goal , as new behaviourists, is the reformation of their own behaviour and that of their children. The surveillance and reformation of the child's behaviour also requires systematic self-examination, recording, self-reporting and self-regulation on the part of the trainers, and the collation of behavioural records about the minutiae of every day family life. Associated with this is a shift in thresholds of visibility such that not only do more features of ordinary

life become visible and hence knowable, that is, the range of visibility is widened, but the depth of focus is increased so that these newly visible features may be seen and known about in more detail.

The regulatory possibilities of these extensions into more aspects of everyday life are further enhanced by another recommended feature of behavioural approaches: their "transferability" to new situations and to new problems. Thus whilst the parent is enrolled as a behavioural problem-solver for the short term, he or she may transfer these "problem-solving skills" to more and more situations thereby, over time engaging in a long term process of self-reformation and normalisation by becoming more "effective" parents, having more "positive" relationships with their children and being "more in control" of their lives. In addition to the uses and settings of behavioural approaches that have been described in this chapter, in which parents generally sought routine professional help for typical childhood problems, other families, with less routine or more serious difficulties that were not yet deemed to be too severe, were also beginning in the 1980s to receive behavioural attention but from other quarters. The next two chapters examine the settings and purposes of such interventions by focusing on the work of social workers, child psychiatrists and community psychologists in the field of child and family welfare.

Chapter 7

Children and Families: problems of management

Introduction

This chapter and the following one continue my examination of the current uses of behavioural approaches in the the U.K. in the field of child and family welfare. As with Chapter 6, my aim in Chapters 7 and 8 is to chart the conceptual and practical features of the use of behavioural approaches in this field. In order to do this I depart from my earlier methodology by using interviews with professionals in the field of child and family welfare as my source material, rather than texts. Specifically, I wanted to explore contemporary uses of behavioural approaches "at ground level" by talking with those professionals who incorporated them into their work. This chapter draws on interviews with child psychiatrists and psychologists and Chapter 8 is based on interviews with social workers; the methodological details of this fieldwork are given in Chapter 2. As I discuss there, my reasons for using interviews at this point, are three-fold. Firstly, to document the practical fields in which behavioural approaches are deployed; secondly, to enable me to chart current and recent "surfaces of emergence", which are not yet fully visible in textual form. I thought that these interviews would provide a more sensitive gauge with which to detect transformations in the field and to collect details of them that are, as yet, subliminal in textual form. In addition this perspective would complement the map that I was constructing using textual, historical sources. However, though the nature of the sources is different, the analytic approach and guiding conceptual framework remain the same and continues to be informed by the research questions which drove the textual analyses in earlier chapters. This involves an exploration of the professional ground that behavioural approaches occupy in terms of the sites, settings, personnel and targets of these interventions and of professional perceptions of the place and value of these approaches in their work. In addition, I consider the conceptual ground that is associated with the deployment of behavioural approaches in this field with regard to key changes in behavioural discourses that have been described earlier. Finally, I discuss the relation between the conceptual and practical aspects of the use of behavioural

approaches in the field of child and family welfare and broader political and economic contexts.

Changes in the field of child and family welfare

To provide some background to the wider context of these interviews this section outlines some organisational and economic changes, that are pertinent to this discussion, that have taken place in the provision of child and family welfare services in recent years, that is, services which are funded and provided by health and welfare agencies and to some extent education agencies. It is not my intention to discuss policy debates but to outline the organisational contexts of the professional settings in which these interviews took place. To do this I have drawn both on textual sources and my interviewees' comments. The interviewees in this chapter were drawn from the field of child and family welfare, with particular emphasis on community child mental health services: these were mostly child psychiatrists and community clinical psychologists (some of whom were clinical directors) and included one non-clinical director of a child and adolescent psychiatry service.(In the discussion that follows they are referred to by number, see Appendix 1).

The most important economic and organisational changes in the health and welfare field took place during the Conservative administrations of the 1980s and involved the application of market principles to the fields of health, welfare and education and the creation of internal markets within each of these areas, as well as between them, (Education Reform Act 1988; National Health Service and Community Act 1990). This was accompanied by the adoption of the purchaser-provider model in which not only were health and welfare services to be bought and sold but done so according to whether the agency involved was defined as a "service provider" or "purchaser" (in which case they were a "budget-holder"). These fundamental changes in the economy of health care and welfare provision were accompanied by a number of organisational changes in the structure of the health service. The most notable of these was the creation of N.H.S. trusts (which might serve as both purchasers and providers of health care) which were reconstituted as collections of self-regulating units (for example mental health units). Whilst some units were exclusively concerned with the purchasing and

providing of intra-hospital care others like mental health units operated both within hospitals and outside in the "community". The new systems involved new managerial structures which distinguished between clinical directors and non-clinical managers of units who jointly made decisions about the buying and selling of health and welfare "services". Whilst the introduction of the internal market into the health service meant that the *cost* of health and social care became an explicit and primary criterion of its appeal to purchasers (and providers), the *quantifiably-assessable* and *cost-related effectiveness* of interventions became equally important requirements. The need to balance budgets meant that both purchasers and providers of services needed to find ways of calculating the worth of health and welfare treatment and interventions. At the sametime, the neo-liberal emphasis on consumer choice, both as a feature of citizenship and as a determinant of market value (and enshrined in the Citizens' Charter 1991 and in subsequent Patients' and Parents' Charters) became associated with the emergence of "quality" as the other vital criterion in buying, selling and providing care.

Changing settings for child mental health and welfare work

In the field of child mental health and welfare a significant manifestation of these changes has been the local and national phasing out of Child Guidance Services, over the last fifteen years or so and their replacement by a number of other services including Child and Family Consultation Services and Departments of Child and Adolescent Psychiatry. The causes of the phasing out of child guidance were seen by those interviewed to be both political and economic and were thought to be associated with the withdrawal, planned or unforeseen, of education and social service input as local authorities' budgets were put under pressure by reductions in central government's financial contributions. The local variations in the phasing out of child guidance, which interviewees reported, is probably related in part to differences in the degree to which local authorities have had to reduce their expenditure on education and social services. In some areas Child Guidance Services no longer exist, in others, clinics no longer have social work staff, which in one case reported to me meant that the clinic's establishment was reduced by 50%; in other areas, for example Worthing and Hampstead, Child Guidance Services are still in existence.

There are a number of changes associated with this phasing out which are relevant to this discussion. The new services are funded, structured and staffed differently from their predecessors and from each other. Whereas the Child Guidance Service was funded by health, social services and education and staffed by workers from the three areas (psychotherapists, social workers and educational psychologists), in many localities, according to several of my interviewees and to the report of the Royal College of Psychiatrists (1990), the new services are primarily established under the aegis of (and mainly funded by) health authorities and staffed by child psychiatrists, clinical psychologists, child and family psychotherapists and social workers.

Of interest to this discussion is the role of psychology in the new child mental health and welfare services. In child guidance centres psychology was typically represented by psychodynamic child psychotherapy, family therapy and through the work of educational psychologists and social workers who used psychodynamically influenced case-work. Educational psychology has been involved in this field since the inception of the Child Guidance Service in the 1920s. However, the phasing out of Child Guidance and associated withdrawal of education funding, together with the increased amounts of educational psychologists, time taken up by the assessment and statement of children's educational needs for Local Education Authorities and schools, has meant that a gap in the provision of psychological services in this field has emerged. Although there are still educational psychologists in this field, it seems from my interviews that this gap is increasingly being filled by clinical psychologists who occupy recently created posts in Departments of Adolescent and Child Psychiatry or Child and Family Consultation Services. In addition, this clinical psychology input, which according to many of those interviewed is much sought after, may come from separate and new autonomous community clinical psychology services set up by health authorities which go under different names, for example, "Child Psychology Service", "Community Clinical Psychology" or "Clinical Psychology Teams" in Mental Health Units, which are headed by the new post of "Consultant Clinical Psychologist". Social services too, have withdrawn funding and personnel from the field and according to several of my interviewees this has meant that long term psychodynamic work has fewer supporters in the new services. In addition, one (non-clinical) manager suggested, the cost of open-

ended, long term therapeutic work with few indicators (and indications) of effectiveness can no longer be sustained within the new funding arrangements (14). As I later discuss, these changes have implications for the use of behavioural approaches in this field.

These new clinical psychology services and units which were mostly established in the early 1990s, within health authorities or in new health trusts, are autonomous in the sense that they are self-regulating and run in parallel with other services, for example, the child psychiatric service. According to one interviewee, a clinical psychologist who runs such a service, there had been battles to establish Clinical Child Psychology as a separate service in a number of health authorities. In her view this was because child psychiatrists felt threatened in the face of budget holders like general practitioners, community paediatricians and schools, having a choice of services to "purchase" in the new system, rather than the automatic referral to child psychiatry or child guidance under the previous system. She welcomed "a break in this monopoly" and felt that it was "important for psychologists to extend their stuff" (15). Clinical psychologists have extended and developed their work in these new clinical psychology departments in several ways, to children from six months to sixteen years old. They essentially cover four clinical areas: child psychiatry (in which multi-disciplinary work takes place), paediatrics in the form of Child Development Centres and Teams, Special Needs, and Primary Care in the Community, which may extend from dealing with developmental and behavioural problems to child protection concerns. The clinical psychologists interviewed and a professor of child psychiatry identified this as a great growth area in the last five years, though a distinction was made between child clinical psychology in London teaching hospitals where it is not a recent development and the "community", where it is.

The changes in the structure and funding of child mental health services have also been accompanied by discussion within the profession of psychiatry as to the roles and responsibilities of child psychiatrists. One interviewee, a consultant child psychiatrist (3), told me that within the Royal College of Psychiatrists (RCP), as distinct from the field of child psychiatry, there have been moves to take and consolidate a leading position in the new forms of child mental health service. The latter, being predominantly health service

funded, are according to some the natural domain of psychiatric expertise and there are moves within the RCP to extend the organisational and professional involvement of psychiatry in this direction. Child psychiatrists see the new role lying not in specialist medical areas, such as neurological expertise (though this may contribute) but in their long, specialised training and general clinical expertise and their eclecticism. It is suggested, in the Royal College of Psychiatrist's report "*Child & Adolescent Psychiatry: into the 1990s*" (1990) that these attributes distinguish child psychiatrists from other professionals in the field and put them in a unique position to take referrals, assess need and allocate cases and to be the leading professional in this field. It appears from the report that child psychiatrists as well as clinical psychologists are not only keen to "extend their stuff" (15 opcit) but see the decline in child guidance as an opportunity to do this. Some, for example Dora Black (1983), have been publicly questioning the value of child guidance services for over a decade.

Who uses behavioural approaches?

As might be expected from the long association between behaviour therapy and clinical psychology, (see Chapter 3), the main users of behavioural approaches, both in departments of child and adolescent psychiatry and in departments of clinical psychology, were clinical psychologists, however, psychiatrists and other professionals inside and outside these contexts also used them. Whilst two of the psychologists (15,16) used them exclusively (though in slightly different ways) and one psychiatrist (1) used mostly behavioural approaches, they were otherwise used in conjunction with other approaches, particularly by the child psychiatrists. The relationship between the use of behavioural and other approaches is discussed more fully below. One clinical director of child and mental health services in a District Health Authority felt that they "should be part of everyone's work no matter what their original learning" and that it was "almost a matter of culture; behavioural principles are absorbed so one doesn't know when one is using them" (6). However he and most of the others interviewed stressed that this use of behavioural approaches did not necessarily reflect a commitment to behaviourism, and many wanted to disassociate themselves from such a commitment and from "over simplistic", "rigid" behavioural treatments particularly associated with residential settings.

Health visitors, teachers, social workers and community psychiatric nurses, as well as parents, were most often described as the other users of behavioural approaches. They would be trained to use these by clinical psychologists (and sometimes psychiatrists) who might also act as consultants to schools and school medical officers, general practitioners, health visitors and so forth. Whilst this could involve general training and advice, clinical psychologists also assisted health visitors to deal with particular cases. On the whole the allocation of cases seemed to be that the simpler problems needing behavioural solutions were dealt with by the health visitors, whilst the more difficult cases were referred to clinical psychologists working in primary care and to consultant child psychiatrists who were often "last resort". This allocation, according to several of those interviewed, was essentially cost-related: consultant psychiatrists' costly time was reserved for the intractable cases needing more specialised attention whilst cheaper practitioners targeted behavioural approaches at groups of parents, for example, as discussed in Chapter 6, health visitor clinics for sleeping, crying, and "wetting" problems in pre-school children, or at more straightforward individual problems on their caseload.

The value of the latter's behavioural work was seen differently by psychiatrists and psychologists; whilst several of the psychiatrists talked in (apologetically) critical terms about health visitor skills in using behavioural techniques, the consultant clinical psychologists (15,16,17) referred to health visitors much more as colleagues and seemed to place a higher value on their abilities. Whilst the use of health visitors is probably connected to the relative costs of different professional interventions, earlier discussions in Chapter 5 and 6 have shown how, since the 1970s, behavioural discourses and clinical psychologists have promoted behavioural approaches as being amenable to non-expert use and expressed the desire to "give psychology away" to "new behaviourists".

> "Not only are socially relevant behaviours tackled, but a deliberate attempt is made to train other people - be they parents, teachers, nurses or others - to act as co-therapists. Behaviour therapists recognize that the old model of restricting the numbers who can be treated by keeping the therapeutic skills in the hands of a few highly trained people is not a practical way of delivering services to many children who need help"(Yule 1985: 801 citing Rutter1970).

This series of interviews suggest that the use of new behaviourists has extended in a number of ways in addition to those described above. As well as recruiting teachers and parents as co-therapists for school-related behaviour problems, three of those interviewed, who specialised in behavioural work, described using dinner-ladies in school playgrounds to help implement behavioural treatments! Though, they added, this was not done on a widespread systematized way but on a case to case basis.

Problems

"Behavioural problems", "emotional problems", "emotional and conduct disorders", "educational underachievement" and "normative developmental problems" in children were identified by the interviewees as the kinds of problems that they had to deal with and which might warrant behavioural interventions, either offered on their own or as part of what was described as a "treatment package". In the latter case the identified behavioural problems might be seen as part of a more complex series of problems or as symptomatic of them. On the whole those who practised family therapy (who could be psychiatrists or clinical psychologists) took the latter view and some who specialised in behaviourial work tended, by their own report, to decontextualize the behavioural problem and to treat it as *the* problem.

In all cases these behavioural problems were defined in terms of their power to disrupt. This could range from disruption of family relationships, of the home itself, of the class room, to disruption of normal development and the child's ability to attain educationally. These powers to disrupt were seen as a key aspect of the problem which required behavioural treatment. The identification of the disruptive powers of behavioural problems was accompanied by perceptions that the essential problem lay in "ineffective child management" and that the referrers themselves (parents, general practitioners, health visitors, social workers, teachers) defined the children as very difficult to manage and to cope with. Thus children from 6 months to 16 years who are considered to be difficult to handle at home or at school are the explicit targets of these interventions but their parents, carers and teachers who cannot manage them are also seen to be appropriate targets for treatment as *their* problematic behaviour is seen as a pre-condition of the children's behaviour, whether this be the "wetting", "sleeping

problems", "temper tantrums" of pre-school children or the "educational underachievement" and "socially disruptive behaviour" of the school-age child.

The social context of these "management problems" and "management-skills deficits" and their repercussions for children's behaviour were referred to by all those interviewed, though most often at the micro-level of family relations. Thus parental relationships, parent-child relationships and interactions, parental psychological problems (for example "neurotic separation-anxiety and its amplification in the child") and "chaotic families" without "structure" are seen as corollaries of the "presenting problem" or as causes of it. For example, several practitioners, both psychiatric and psychological, referred to the underlying problem, or one dimension to it, as being one of parents not being able to, or knowing how to, enjoy being with their children and others of spoke of inadequacies in the parents' relationship with one another producing inconsistencies in child management.

The child's difficult behaviour was often described as a manifestation of "underlying problems"; this might be taken at face-value and treated behaviourally, or taken as symbolic, as serving a function in the family. The latter did not debar the use of behavioural approaches but meant that they were used in conjunction with other family systems approaches which were intended to contextualise the problematic behaviour in family dynamics. The child's behaviour was also seen by some interviewees as symptomatic of a more general underlying problem not of the family (though originating in family relations) but of the child itself; this problematic behaviour was described in terms a lack of self-control, or of the child's inability to manage or regulate itself, in terms of "a poor capacity to hold back" (3) or a "low tolerance of frustration" (10). Parental problems of self-regulation were consistently connected with difficult child behaviour. However, though the key problem was described in terms of parental inabilities to manage themselves or their control children, this was seen by six of the interviewees as the consequence of wider social and economic pressures on the family; psychiatrists and psychologists and the social worker connected these and other family problems with the pressures of poverty, social deprivation and unemployment, as well as to the long term "cycle of deprivation" in which many of these families found

themselves (2,3,4,9,11,17). In the view of one contributor, who wrote to me, "harrassed, mentally ill or low ability parents as well as carers and foster parents need advice on how to manage behaviour and develop children's abilities and adjustment." (19).

Solutions

Both parental and child behaviour problems were seen by all the interviewees to be amenable to behavioural solutions but not in a necessarily simple or straightforward way. These approaches may be used exclusively as the only form of treatment but only one practitioner who was interviewed, a consultant clinical psychologist, said that she did this (16); the other practitioners both in psychiatry and psychology, including those who favoured behavioural approaches, used them in conjuction with other approaches. They were used exclusively with either the child or the parents but generally were used with both, though the focus was primarily on changing parental behaviour in order to bring about a change in the child's behaviour. The only practitioner who described working either with the child or the parents and without reference to broader familial and social contexts was the consultant clinical psychologist mentioned above who used only behavioural approaches in her work. However, she did not consider all problems to have behavioural solutions, but thought that proper referring practice led to behavioural problems finding their way to appropriate behavioural solutions in her clinic. Other problems she believed were more appropriately dealt with by other approaches like family therapy. According to her part of the successful application of behavioural techniques lay in knowing the sorts of problems for which they were the solution and problems for which behavioural solutions were unsuitable.

"Problem solving" was the description most often given to the aims of behavioural approaches and the methods employed to implement these aims. The identification of a problem could be made by a professional referrer but according to all the practitioners interviewed, the professionals involved preferred to take their lead from the parents. Their task and the aim of behavioural approaches, according to these practitioners was to enable parents to not only solve the current problem but to solve future, similar problems. This might involve, according to one consultant clinical psychologist who

was interviewed, a "reformulation of a problem but not a diagnosis"(15). This reformulation was considered to be part of the process that enabled parents to use clinical psychology and child psychiatry resources to help *them* solve the problems that they had already identified but not necessarily in a "precise enough" way. Thus a consultant psychiatrist specializing in behavioural psychotherapy told me he encouraged parents and teachers to use new language to more precisely describe the problems they perceive and to use "behavioural assessments based on measurable components of change" to identify the type and degree of problem and their desired solution, rather than dealing in generalized descriptions of personality or behaviour like "unhappy" and "emotionally disturbed" which he suggested were associated with generalised imprecise treatments whose effectiveness was difficult to evaluate (1).

In an echo of Tharp and Wetzel's description of parents as mediators and contigency managers in their triadic model (see Chapter 5), parents were also cast as learners, teachers and therapists who are engaged in a process of changing their own behaviour and of inducing change in their children's behaviour. Their self-management became the key to the solution and improving their ability to use these techniques on themselves was a stated aim of these practitioners. This could involve a variety of strategies; offering advice to parents and providing opportunities for them to observe more desirable behaviour concerning management and interaction "skills" which would be "modelled" (demonstrated) by the therapist; giving them a "structured framework" to use to observe, record, monitor, measure and evaluate their own and their child's behavioural change. The latter involved the use of the so-called "ABC" framework of applied behaviour analysis which identifies the antecedents, the problematic behaviour and its consequences to enable a before- and after-intervention comparison to be done, as well as monitoring throughout the behavioural programme. This often consisted of diary keeping over a period of weeks in which parents recorded the frequency, timing and behavioural context of their own behaviour and that of their children. Parents were also taught how to reward their own but particularly their child's "good" behaviour and were encouraged by the therapist's example to build on their child's behavioural strengths by using positive reinforcement (the constructional approach) rather than trying to eliminate undesirable behaviours by punishment.

The use of star-charts, as a form of systematically registering and rewarding good behaviour with stars that could later be exchanged for a chosen "reward", was frequently mentioned by those interviewed, who also often described parents being encouraged to design these charts themselves so as to be actively engaged in the therapeutic process. This was intended to build up their behavioural strengths as well as their children's. Having identified and established the "ABC" of the problem and introduced new techniques for rewarding changes in behaviour, behavioural treatments also involved the provision of opportunities to practice the new and desired behaviour. This might apply equally to parents or their children; thus parents as part of their training would practice encouraging, rather than chastising their children, by "learning more effective praising" and received reinforcement from the therapist for "using more rational and logical ways of thinking and arguing" for "affectionate gestures and thoughtful comments" which they may have modelled on the therapist's example of how to use "a positive and empathetic type of statement as an alternative to their aggressive and demanding stance" (Kolvin 1987:350).

In one sophisticated programme described as an "intensive treatment package", mothers of young children were engaged in a variety of forms of systematic self-scrutiny: they were encouraged to think about and discuss in a group their own childhoods and their experience of being "parented" (18). They filmed their own parenting behaviour and then with the help of a professional (usually a psychiatrist or psychologist) they reviewed the film and identified "problem areas". These were then shown in the form of edited highlights to the group for discussion and used as a focus for practising new and more desirable sorts of "parenting behaviour". This might involve learning how to play with their child; how to get pleasure from its company; how to anticipate its responses, how to negotiate with it, how to facilitate the child to enable it to cope, and so on.

In this intensive behavioural approach as with other forms of behavioural work described, the improvement of parental self-management involved a systematic scrutiny of parent-child relations and behaviour at the micro-level and interventions which focused on learning new *techniques* and *skills of parenting*. Parent-child relations were formulated as relations of management. However, in line with the discursive shifts that

has been discussed in earlier chapters, most of these practitioners stated that their aim in using behavioural techniques was to equip parents with the tools and skills to change their behaviour and that of their children with "the emphasis on *parents* effecting a change" on them being "the architects of their own success" (4). The vast majority of those interviewed used the term "empowerment" to describe their general aims and objectives and in a more specific way, when referring to their behavioural interventions which they saw as facilitating empowerment. Several made a distinction between new behavioural methods and the new goals associated with them (that is constructional techniques using positive reinforcements to build on clients' strengths) and older methods of behavioural treatment and the settings and goals associated with them. They saw the aim of using these newer forms, which they saw as being more complicated than earlier ones, as that of "enabling" and "empowering" parents to take control of their lives in a positive way by practising more effective organisational and management skills. This was contrasted with older style behavioural techniques which they described as being over-simple, more rigid and aiming to control patients, particularly in residential settings, by eliminating unwanted behaviour and focusing on these as negative.

The relationship between behavioural treatments and other approaches

Apart from two of those interviewed, all spoke of using behavioural treatments as part of a broad "eclectic" approach, though a clinical psychologist was at pains to emphasise that his eclecticism was not a loose collection of possible approaches, but a thought-out and precise framework with a theoretical basis (17). Most practitioners used behavioural approaches as part of family work or family therapy especially the child psychiatrists, several of whom alluded to systemic family work as being "fashionable" at the moment. Only one, a clinical psychologist, used only behavioural approaches and, connected with this, described her work as deliberately not contextualising the child's behaviour problems in family relations nor interpreting them in any way, although paradoxically she described parent-training as a major focus of her work (16).

The other practitioners (even those who were keen users or advocates of behavioural approaches) said that they would not use them on their own, and did not see a behavioural approach as the only treatment modality nor did they embrace behaviourism

as a unitary model to be applied to all situations. They described their use of behavioural techniques as pragmatic: they used them where they deemed them appropriate as part of a package in which behavioural principles may inform their thinking along with other approaches. These other approaches may include family therapy, individual psychotherapy, groupwork, hypnotherapy and so on and may be woven together, or used consecutively as part of a problem-solving approach where possible solutions are tried until one is found that works. Where behavioural approaches were used, practitioners made a distinction between behaviour therapy, which they do not see themselves as doing and the selective utilization of behavioural principles to deal with the sorts of problems discussed earlier. All the psychiatrists made it clear that behavioural approaches were only a part of their broad therapeutic repertoires and that their psychiatric training made them unique in the field of child mental health as it had enabled them to be adept and practised at not only expertly using a variety of approaches but also knowing when to use them.

Although I have partly characterised both clinical psychology and child psychiatry as keen to extend their territories those from both professions that I interviewed did not give the impression of rivalry or conflict. From the way in which clinical psychologists and their work was described it appeared that they were not viewed as threats but as useful additions with a different territory to occupy in the field of child mental health which would complement not conflict with that occupied by psychiatrists.

The value of behavioural approaches

Three main sorts of value were attributed to behavioural approaches by these practitioners:

- their therapeutic value to parents and children
- their value to practitioners.
- their organisational value

Their therapeutic value

There was general agreement as to the type of value to parents and children that behavioural approaches offered but some disagreements as to the extent of this value.

On the whole the targets of behavioural approaches were seen to benefit from receiving advice and practical training on practical ways of coping and of solving problems such that they were seen to be "equipped" with "tools and skills", for future as well as current use. These "tools and skills" were held to be "enabling", that is making possible new assessments, analyses and solutions to the perceived problems. Thus parents were enabled to socialise their children in more humane ways, to manage them more effectively, to contain their own aggression or anxieties, to be more organised. This was seen to be empowering; according to many of the interviewees using behavioural approaches opened up new possibilities to empower people to take more control over themselves and their lives. In doing this they are seen to be optimizing their potential to develop, to make and maintain relationships, and so on and this is associated with an optimism, a sense of hopefulness, of something being able to be done. Furthermore, according to their advocates, this hopefulness is extended by behavioural approaches to "difficult, non-glamorous but socially relevant problems" (19) which they (unlike other approaches?) attempt to tackle, thus Yule writes that this is shown "in work with the mentally retarded, with delinquents and so-called 'pre-delinquents', with autistic children, with problem behaviour in the home and equally importantly in the classroom and school settings" (1985: 801).

These positive emphases were echoed in all the interviewees' views of the aims of using behavioural treatments, though the clinical psychologists in particular stressed the importance of behavioural approaches in "empowering", and "optimising" people's behaviour and contrasted the aims of these with those of other approaches. One talked of the equipping role of behavioural approaches, which he contrasted with the "critical undermining" associated with other non-behavioural approaches (17). Another wrote that "unlike traditional approaches the focus is not only on pathology. In addition the therapist actively seems to identify behavioural strengths and assets which may be later harnessed in therapy" (Yule 1985: 795). Four psychiatrists saw behavioural techniques as a way of "depathologising problems" (2,4,8,18). Even to those who were not self-avowed proponents of behavioural psychology, behavioural approaches, in their newer forms, compared favourably, not only with older behaviour modification approaches but also with other therapeutic models. However, the perceived value of behavioural

approaches concerned benefits to practitioners and managers as well as their therapeutic value to parent and children.

Their value to practitioners

The main value of behavioural approaches according to these practitioners lies in their power to enlist, engage and involve parents (and children) in the therapeutic process. They are seen to do so in a number of ways and for a number of reasons and may be seen as instrumentally as well as intrinsically valuable therapeutically. In other words, client involvement might be seen as therapeutic in itself, but it might also be seen as a necessary or desirable condition for the "real" therapy to take place. Thus several practitioners, mainly "eclectic" psychiatrists rather than clinical psychologists, shared the view of the senior child and family social worker that behavioural approaches "are a vehicle for getting people involved with the therapist, the therapy and each other" (11), whilst the clinical psychologists perceived more intrinsic worth in the techniques themselves.

However, all agreed on the features of behaviour treatments that enlisted, engaged and involved clients. Behavioural approaches were frequently described as "very practical ways of working", that give parents and children "something tangible and concrete to do": "they generally involve less of the advice thing" (4). In getting parents to make observations, keep diaries, make modifications to their behaviour and note and measure the change in their own and their children's behaviour, "parents are acting as therapists, working with the professional as to how to sort things out. For these parents woolly interpretations are often unwelcome and not seen as helpful"(3). This practical involvement, according to a clinical director makes behavioural approaches "user friendly" (6), and others talked of them as being "less stigmatising", and in association with this, "depathologizing". Parents were seen as more likely to keep coming for treatment; these approaches were described as motivating parents and providing them with an optimism that something could and was being done.

This motivation to keep coming for treatment is useful, according to these practitioners, as it helps to maintain and develop the therapeutic relationship between practitioner and

client, which may be formalised in a contractual agreement, but which either in its informal or formal state, is dependent on the agreement and co-operation of parents. All those interviewed thought that behavioural approaches were a good way of getting this co-operation and maintaining it because as one clinical psychologist put it, a behavioural approach involves less "critical undermining" of the client as compared with some other approaches (17).

Whether other more interpretive, "more complex" therapeutic approaches are used depends, apparently, to a large extent on parental wishes. Thus according to the interviewees the use of behavioural approaches may be a vehicle for involving parents and their children and a way of encouraging them to commit themselves to family therapy. However, they may not be followed up or accompanied by other more "interpretive work" unless the parents make the first move, though parental agreement may not be sought in the pursuit of therapeutic goals. Several practitioners described their use of behavioural approaches, as part of family therapy, as enabling parents to relate to one another in a more desirable way; for example, parents might be set or even set for themselves a task, whose ostensible therapeutic aim is to work out various behavioural strategies to use on their child. The "underlying" therapeutic reason for this task, however, would be to "work on the parental relationship", for example to "develop their ability to relate more positively to each other". This example was described to me by a practitioner who suggested that the advantages in doing this were that "the child benefits indirectly but in a more permanent way, so does the therapy and so do the parents" (3).

Others, not all of a behavioural persuasion, found behavioural techniques to be a useful way of systemizing therapy. They felt that they provided a necessary and often lacking framework, which involved detailed observation, description and analysis of the problem (functional analysis) and a detailed follow through. It was suggested by one interviewee that these are the hall-marks of any good therapeutic approach and that although they may be clarified in behavioural approaches, "good therapists" of any persuasion would probably do them any way (18). Thus there are in this view valuable aspects of

behavioural techniques that make them intrinsically fit the descriptions of "good practice".

Others welcomed the changes in practitioner-patient relationship that they associated with using behavioural approaches. Their value here is seen to lie in changing the balance of power between professional and patient: the latter are more likely to be called "clients" and in an echo of Tharp and Wetzel's triadic model, the professionals seen as "facilitators", "advocates" and "advisers", who are participating in a more democratic relationship: a partnership with shared goals.

It was suggested that although behavioural approaches might oversimplify "complicated problems" and were not complex enough to deal with "relationship issues", they nevertheless, by focusing on "good behaviour" brought an optimism to the therapeutic field by "enlivening people's notions of what's positive", "building on their strengths" and so on (11). This was seen to be useful and important for practitioners and clients: a behavioural psychotherapist (15) and a psychiatrist who specialises in behavioural approaches (1) told me that behavioural assessments enable practitioners and clients (psychologists, teachers, health visitors, children) to see problems in a new and more optimistic light, using new language to describe them as specific (rather than generalised problems) with specific, effective solutions.

Organisational value

Half of the interviewees thought that behavioural approaches had a positive value in the newly organised services, for example, in terms of their potential for evaluation and the implications for "service provision" in the newly emerging economies in this sector (1,2,5,6,7,10,15,18). The main interest shown in the evaluation of treatments came from the non-clinical manager, the clinical directors and from those (psychiatrists and psychologists) who specialised in behavioural work. They linked the scientific basis of behavioural techniques and their built-in emphasis on evaluation with what they saw as an increasing demand for service evaluation in the "new world" of purchasing and providing, where evaluation might produce measures of effectiveness and cost-effectiveness, in terms of "quality assurance", "performance indicators" and so on. In

their view, evaluations showed behavioural techniques to be more effective in meeting their stated goals, and more cost-effective. "Goal orientedness", "goal stating" and "setting targets", they suggested, was part of "good practice" as well as being of benefit to audits, particularly medical audit, and to "consumers". These factors, according to a child psychiatrist (5), a clinical psychologist (14) and a non-clinical manager (16), meant that clinical psychology and the use of behavioural approaches in particular had "a lot to offer audit conscious managers", whether they were purchasers or providers.

Thus it was the self-avowed advocates and users of behavioural approaches who were most interested in the power of these approaches to be evaluated and saw this as a strength in terms of their scientific credentials and credibility, their therapeutic objectives and their therapeutic roles. They thought that the scientifically demonstrable effectiveness of behavioural techniques was important for clients, purchasers and for themselves as therapists. One psychiatrist who specialised in behaviour psychotherapy thought that evaluated behavioural techniques enabled him to feel that he was "doing something worthwhile and precise" and that this gave him job satisfaction (1). Another talked about the importance of "actually helping patients" as "that is what we're here for" (7).

According to several of my interviewees, (referred to above), in the reorganised health service, terms such as "targets" (dates, costs, outcomes) "performance indicators" and "quality assurance" were becoming of increasing explicit interest to purchasers who not only wanted cheap services but value for money. This was thought of in terms of effective treatments with a "faster processing time", where cases can be "turned round more quickly". One consultant clinical psychologist, who used behavioural approaches exclusively, described how these could meet purchasers needs (16). She saw each case for 6-8 weeks, as compared to 12-18 months in family therapy; her rolling weekly programme involved thirty families and her yearly caseload consisted of 240 families. According to her, in a field where net resources have gone down, that is, more referrals and static funding, this kind of "faster processing" is seen by managers as "very attractive".

As important in this cost-context as the "price" of the techniques themselves is the cost of practitioners to implement them. The amenability of behavioural techniques to being learned and practised by secondary and non-experts (para-professionals and parents) makes them perhaps even more attractive. As was pointed out to me quite often in these interviews health-visitors cost much less than either psychiatrists or clinical psychologists and can and are being used to deal with "more simple" pre-school behaviour problems using behavioural approaches. This accessibility to non-experts is seen to be connected to two factors: firstly the systematic and practical basis of behavioural techniques, which means that para-professionals can be easily trained to use them and secondly the willingness of clinical psychology experts to do so. The suitability of behavioural approaches for non-expert, as well as expert use, together with the fact that "a deliberate attempt is made to train other people - be they parents, teachers or nurses or others - to act as co-therapists", means in the view of many of my interviewees, as well as Yule (1985), that not only is it possible to reach many more people but to do so more cheaply than with other less cost-effective approaches.

Another professional in the child mental health field, whose work in Child Guidance formed a significant part of the service and its approaches, is the social worker. With the withdrawal of social service input from Child Guidance and its associated decline, not only has staffing changed in this field but there has also been a changed emphasis in treatment methods. A variety of those interviewed saw social workers (and educational psychologists) as favouring psychotherapeutic techniques which involve long-term work with clients; descriptions of "long-term" varied from 18 months per case to "open-ended cases that are never closed", and although all of those interviewed stated that individual psychotherapeutic work had its part to play in multi-disciplinary team work they did not think it should be the only or the main method of working. A few saw problems with child guidance work and spoke of open-ended cases and individual case-work that was not formally evaluated as "out-moded", "not part of the modern world". The corollary of this characterisation of Child Guidance, and its psychotherapeutic methods, as old-fashioned was that behavioural approaches were "modern" and "up-to-date" because they were more in tune with new organisational and economic rationalities as well as therapeutic pragmatism.

Several of the interviewees (who used behavioural approaches as part of their work) were either uninterested or sceptical of evaluation in general and of behavioural techniques' scientific credentials. Some thought that the notion of evaluating any work in this field ignored the complexity of the work and suggested that measuring the qualitative changes in marital and family relationships was impossible. They knew the arguments for evaluation but thought that they reflected a naivety and an oversimplification of science: "It's a bit daft to think of child psychiatry and the mental health field as 'real science' when even in pharmacology things are not straightforward; the scientific nature of behavioural treatment is illusive" (3). Others made it clear that evaluation, for purposes of assessing cost-effectiveness, was not a concern of theirs not did they think it should be.

Conclusions

These interviews indicate that behavioural approaches are widely used in this field to change the behaviour of parents and children but in a limited way. They were seen, particulary by child psychiatrists, as one of a number of possible approaches, the choice of which depended upon various factors. This may be called the "kit-bag approach" where behavioural techniques are some of the tools kept in the eclectic repertoire of the psychiatrists "kit-bag" and are brought out when a particular problem needs "fixing". This pragmatic use of behavioural approaches is in contrast to an espousal of *behaviourism*, which no-one that I interviewed expressed. It is also linked to an instrumental value placed on these approaches, where they were seen to be useful therapeutically because they were good at enlisting, engaging and involving clients. However their therapeutic value to the client as opposed to their value to the therapist, was seen as more limited by half of the psychiatrists, who felt they oversimplified complex problems. Clinical psychologists, managers and other psychiatrists, on the other hand, saw more value in them both therapeutically and economically and used them for a clearly defined range of problems. They emphasised the importance of meeting the demands imposed by more referrals, smaller budgets and the need to demonstrate effectiveness. In their view, using behavioural approaches enabled them to meet these demands.

The empowering and optimizing qualities of behavioural approaches were emphasised to different degrees by all those interviewed but particularly by the clinical psychologists. All interviewees spoke of the importance of being able to build positively on people's abilities, which behavioural approaches enabled them to do. Enabling clients, particularly those who were perceived to be "disadvantaged", to improve their management skills, both of the self and others (especially children), was seen to have important consequences for being more in control of family and everyday life and as improving the quality of their lives. These were held to be important features in terms of the benefits that would accrue to "weaker more vulnerable members of society" and "people in need of help". For these reasons it was suggested by one contributor that "any agency responsible for delivering quality services to children and their families that does not incorporate, for example, parent training in their services is in dereliction of their duty" (19). Although most of those interviewed may not subscribe to this behavioural prescription for the "delivery of quality services" it seems likely that the changes in the structure and funding of services in this field and the emergence of autonomous clinical psychology departments will enhance the attractiveness of behavioural approaches to "consumers", "purchasers" and "providers" and to practitioners, both expert and non-expert and increase the likelihood of their use. In Chapter 8 this possibility is considered in relation to social workers, who are the other main professional group working in the field of child and family welfare.

Chapter 8

A Useful Tool: the power to produce effects

Introduction

Social work represents a key form of professional intervention into family life. As part of my examination of the current uses of behavioural approaches in the field of child and family welfare I therefore aimed to find out about the ways in which social workers who specialise in working with children and families used these approaches. As with the previous series of interviews discussed in Chapter 7, my aim in this series of interviews was to explore the professional and conceptual ground that these approaches occupy in terms of the sites, settings, personnel and targets of behavioural interventions. I was interested in social worker perceptions of the place and value of behavioural approches in their work and how their descriptions of these might be related to behavioural discourses and to the changing economic and organisational contexts of social work. In line with the object of this project, to look at more recent extensions of these approaches in the community, my interest in these interviews was to consider the use of behavioural approaches by field social workers and staff in day-care settings, rather than in residential children's homes, where the use of behavioural approaches has been well-documented. In order to map the use of behavioural approaches in social work with children and families I aimed to interview a range of workers in different settings in the community.(Interviwees are referred to by number in the discussion that follows, please see Appendix 2 for details). Given the diversity of contexts in which social work with children and families takes place it is useful to describe these before discussing the ways in which behavioural approaches were used in them.

Settings

The settings included several family centres which varied in terms of organisation, funding and models of working. Some are run by voluntary agencies like Family Welfare Association and the National Society for the Prevention of Cruelty to Children (NSPCC) and act as "providers" of services to a particular local authority or other "purchasers". Some of these are day centres, others have a residential

facility so that families may stay in the centre for weeks or possibly months. Typically, these residential centres deal almost exclusively with families whose children are on the child protection register and who are deemed to be still "at risk". Their stay in the family centre may be for assessment purposes or for parents to have intensive interventions as a last resort to postpone or prevent residential and foster placements. Either type may be based on a therapeutic model which uses psychotherapeutic intervention as the mainstay of its work, for example, family therapy, counselling, play therapy and so forth.

Other types of family centre are funded and managed by local authorities and function as "resource centres" for children under twelve and their families, often with particular remits for under 5's or under 8's. These frequently offer a range of "activity based" resources during the day and evening. Their work is generally described as aiming to give support and help to parents and children who are experiencing difficulties in coping with family life. Such families may be referred by health-visitors, general practitioners or social workers. Or they may refer themselves. These family centres are staffed by social workers and nursery officers (trained as nursery nurses), sometimes with part-time access to family therapists and child psychotherapists. Unlike the centres operating on a therapeutic model, they do not necessarily describe or define their work as therapeutic, even though they may, for example, run group sessions for parents and a range of other quasi-therapeutic sessions, for example "anger management" groups for parents or as in the case of one such centre I visited, anger management groups for boys from the age of eight onward (2).

Families attending these centres may have children registered as "at risk" on the Child Protection Register, but not necessarily. In some cases the work was described as "preventative", both therapeutically and in terms of preventing children from being registered. A relatively new aspect of this is "outreach" work. Here, through informal requests for help, perhaps through health-visitors or self-referrals, rather than through statutory channels, staff, usually nursery officers or family support workers, regularly visit families in their homes to give advice and guidance

usually in the form of parent training both to expectant and existant parents. These sessions may be for a limited total number of hours spread flexibly over several weeks. In one centre, for example there was a 15 hour limit, with the possibility of "post-outreach" work, which would depend on parental self-referral to the centre for more "intensive work" (1).

Whilst outreach work is a relatively new feature of family centre work (in one case the scheme had been running for 18 months) the use of "family aides" and "family support workers" (FSWs) by local authority social services departments has existed for some time. Their role is to assist families in the daily aspects of family life. Though like outreach work families may request help themselves, typically they are already receiving social work attention and may be candidates for the child protection register. In one Children and Families team that I talked with, the family support workers had only in recent years changed from being part of the home care service (formerly home-helps) to social services. This change, according to one FSW interviewed, had been accompanied by an shift of emphasis in their work away from practical household support to child rearing matters (12). According to all those interviewed in both of the teams that I talked to, much of the "direct work" with families was now being done by family support workers rather than by social workers. The latter who are professionally qualified, constitute the bulk of the membership of these children and families' teams. They are each responsible for managing a number of cases. By their own accounts most of their work is "statutory", that is involving child protection cases where the registration of a child as "at risk" entails a sequence of statutory procedures, for example case conferences and case administration, rather than working directly with families.

As we will see below, these ground-level changes in the roles and responsibilities of the personnel of such teams, which appear to be associated with organisational and economic features of the purchaser-provider model, have repercussions for the kinds of social care interventions taking place. My interviewees were drawn from settings which reflect the different economic models currently in existence. In some cases Children and Families teams act as purchasers, buying-in social care and

therapeutic "services" from a variety of "providers", which may include family centres, family consultation services, psychiatric units, special clinics and private agencies and consultancies. The development of the purchaser-provider model has seen the emergence of a range of private agencies, as providers, whose various "care services" are increasingly being bought by "purchasers" in health and welfare including general practitioner fund-holders, local authority social services departments, and health authorities. These services may include direct work with families and case assessments, for example of "need" and "risk", in child protection cases. Family centres also sell these services. Other local authorities continue to operate the older system in which though budgets are not devolved, budgetary considerations influence referral decisions. However, whether authorities have or have not implemented the purchaser-provider model, the increasing emphases on statutary procedures laid down in legislation, for example the Children Act (1989), have also affected the nature of social work. In particular, according to these interviewees, by prioritising procedures for case assessments in terms of risk and need, these statutary requirements have actually diminished the amount of time that social workers can spend working directly with children and their families.

As discussed in Chapter 7, organisational change in the health and welfare services has also been manifested in the decline of the child guidance service. In its place are child and family consultation services funded for the most part by the health service (rather than jointly by social, education and health services as were child guidance clinics) and staffed by multidisciplinary teams. These are generally headed by a child psychiatrist (particularly if funded by health) and made-up of child psychotherapists, family therapists, social workers and possibly a clinical psychologist. Children and their families are referred by general practitioners, schools, social services and so forth, or they may refer themselves. The work is as likely to be therapeutic as statutory with the focus on treating the emotional, social and behavioural problems of children. Three of the social workers interviewed worked in this type of setting. In one case organisational change, where child guidance had been merged with a department of child and adolescent psychiatry, had had a number of significant repercussions which are relevant to our discussion. These will be considered below.

Who uses behavioural approaches?

The uses of behavioural approaches reported by these interviewees suggest that they are employed by a range of professionals from expert to non-expert and that in line with earlier discursive and practical moves these approaches are being practised in this field by "new behaviourists". All those interviewed used behavioural approaches in some form, either themselves, or as managers they described their use by staff - social workers, nursery officers, family support workers, even cleaners and cooks (as part of a behavioural programme for a child that might involve all centre staff) and by others, foster carers, health visitors, staff in special schools and those employed by private "care" agencies to manage cases. This use ranged from the exclusive use of behavioural approaches in one particular setting (see below) to their deployment in others as a small part of a "mixed package". Sometimes the use of these approaches was informed by (behavioural) theory as in the former example but most practitioners were keen to distance themselves from behaviour modification and saw their own deployment of the behavioural approaches as selective or pragmatic. There was explicit reference to behavioural terms and principles for example, "positive reinforcement", and an explicit emphasis on the importance of using positive reinforcement to build on people's strengths and an apparent familiarity with key principles of the "constructional approach", even though this was not named. Of interest to this discussion is the extensive use of behavioural approaches by these family support workers and nursery workers, who use them either explicitly or implicitly as the mainstay of their work.. Two interviewees (a family support worker and the nursery nurse trained manager of a family centre), though using behavioural techniques and principles, were unwilling to use the language associated with them, not so much through antipathy as through lack of formal knowledge, "I couldn't give them a name, that's not my field but staff use them a lot" (3).

Problems

Most of those people interviewed described the main problems of the families that they worked with in very similar ways. At the first level this was put in terms of parents having great difficulties "coping", particularly with children and family life.

Most practitioners contextualised these difficulties in social and economic terms, some more explicitly than others. The manifestations of these difficulties in coping took various forms: parental inability to manage their children, either in specific ways or more generally, figured very prominently as did "interaction problems". These problems were frequently accompanied by descriptions of delayed development and problematic child behaviour where the child was "too much in control": tantrums, swearing, aggression, anger, bedwetting, soiling and sleeping problems were the most common descriptions of pre-school children, whilst older children's school attendance, anxiety, aggression, defiance and anti-social behaviour were the main causes of concern.

All those interviewed made strong connections between child behaviour and parental behaviour: the problems were typically attributed to a lack of "parental skills" or "family skills" which were seen to be caused by disadvantaged parental background, parental youth and inexperience, or mental health problems. In describing parental difficulties in managing their children certain phrases consistently cropped-up: parents showed little or no consistency, daily life lacked routine, they set no boundaries, they were over-punitive, relying on anger and physical chastisement to control their children. Only one or two interviewees referred to the problem as being one of "abuse" or "neglect". As with those practitioners interviewed in Chapter 7, these social workers saw the problems of child and parental behaviour as strongly connected to problems of attachment which were often mentioned as a key feature of these parent-child relations. In particular they cited a lack of attachment as an underlying problem. However, though they cited attachment (an object-relations construct) they conceptualised it in terms of parental *behaviour* rather than in intra- or inter- personal psychodynamics. Thus parental behaviour problems were thought of in terms of a lack of *parenting skills* which was manifested in parental behaviour towards the child. Attachment problems meant that parents did not know how to talk to their children, how to play with them, how to praise them or how to enjoy their company (1,2,4,5,14,16).

At one professional level the social workers' problem was how to help parents and children to become better attached and, in particular, how to assist parents to improve their parenting skills. At another professional level their problem was how to keep children off the Child Protection Register and how to demonstrate that the child's needs were being met. In addition they felt that they had to demonstrate that they were fulfilling Department of Health recommendations that child protection work should demonstrate preventative rather than reactive strategies (Audit Commission 1994)

Solutions

Just as practitioner definitions of the problem tended to causally connect parent and child *behaviour*, so did their solutions. Most saw changing the parents' behaviour and attitudes as a key to changing their children's behaviour and improving the quality of family life. They saw the solution to be one of "putting parents back in control" of their children and this phrase was frequently used to describe the purpose of their (behavioural) interventions. They saw their job as providing these parents with the "skills" to humanely manage their children, both in terms of general know-how and particular techniques.

All the practitioners interviewed used behavioural approaches to provide the main techniques for "parent training". A variety of practitioners mentioned and described established behavioural techniques. These included the use of systematic observation of parental behaviour. This is designed to set a baseline for defining the "problem" and agreeing goals and for the assessment and monitoring of progress in which feedback may be given to parents (and sometimes to case conferences). Practitioners described their strategy of "building on strengths" by using positive reinforcemnt and praise (the constructional approach discussed in earlier chapters which focuses on the reward of existing "positive" behaviour rather than the aversive elimination of "weaknesses"). They emphasised the importance of breaking down the behavioural solution into more easily attainable "small steps" and "realistic goals". The use of practitioners to demonstrate or "model" particular techniques of playing with one's child and praising it, or role-modelling key

features of "good-enough parenting" such as being consistent, setting boundaries and so forth, were frequently referred to by interviewees. Many fewer mentioned the use of reward systems, star-charts for example, but all talked about the importance of focusing on "positives" both in training parents and in parental management of their children. Some nursery officers doing outreach work also referred to the use of guided and supported practice, for example of accompanying mothers in difficult situations, to build-up their confidence by enabling them to feel that they were capable of dealing with them.. A family support worker whose work is discussed in the next section, described her use of many of the above techniques to help a family establish both early morning and evening routines.

The relationship of behavioural work to other approaches

Most interviewees described their use of behavioural approaches as being integrated into a broader "eclectic" approach or plan of work which might also include counselling, family therapy based on systems theory, group work, play therapy and so on. Behavioural approaches were described as a "useful tool" with which to do certain kinds of work, but rarely used on their own. Where they were used it was not as a "behavioural package" but much more often as part of, what was described as, a "tailor-made" strategy for the particular case, which involved a number of different ways of working.

Some with a preference for psychodynamic approaches and who described their work as being underpinned by them, said that they would and did use behavioural techniques for particular problems or as part of a broader strategy. Thus, for example, a social worker with a Children and Families' team who worked mainly with children and adolescents with emotional and behavioural problems said that although he did not use rewards and punishments systematically, he did try to "model" "good-enough parenting" by "reinforcing good behaviour" and using praise and "positive feedback" (9); in his professional view the use of external structure and control to establish boundaries was necessary for some children and behavioural approaches could help to establish these. However, the use of behavioural techniques to change behaviour was only warranted, in his view, if one

was also aware that the problematic behaviour was symptomatic of other, deeper problems. Whilst this social worker's use of behavioural approaches could be described as selective, their use by some others, working mostly with child protection cases, would better be described as pragmatic, sometimes desperate. Nearly all of the social workers from the two children and families' teams described their professional desire to make a difference, to improve the quality of their clients' lives, but also the pressure they felt themselves to be under from their managers, from heavy case-loads and from the child protection system which they thought, since the 1989 Children Act, had become heavily proceduralised (8,10,17). Behavioural approaches were seen by these practitioners as being generally useful but also having particular qualities when pragmatism was called for. In the face of these pressures they reported sometimes feeling desperate to do something; this meant according to one social worker in a children and families team, whose colleagues agreed with her, that "I'll try anything that works.....you have to use any tool that you can" (17).

Those who most typically used behavioural approaches as a mainstay of their work were staff in family centres and child resource centres, social workers, nursery officers and family support workers. They were especially used in "outreach" work in which para-professional workers such as nursery officers and family support workers would visit families in their own homes to advice and assist them with child-rearing problems and the organisation of daily living. As described earlier in this chapter this was most likely to happen to families for whom there was professional concern regarding child welfare, perhaps where there were child protection concerns, although both of the family centres that did outreach work said that they also aimed to take self-referrals from parents who felt that they could not cope. Families targeted by outreach work were defined as socially disadvantaged but in particular they were seen as lacking in the "skills" of parenting and home management. The outreach work was seen as a way of providing parent training and usually involved behavioural interventions in the minutiae of everyday living arrangements. One worker described her work with one family in which the "goal" was to enable the parents to establish a "routine" (12).

To this end she arrived at the family home at 7.30 a.m. in order to help the parents to practice getting-up the children, giving them breakfast and getting them to school on time. She returned in the evening to provide supervised practice of the meal time, bathing and bedtime. However, it was not only the general activities that were attended to but the *techniques* of *doing* them, whether it was the sequence of dressing a child, how to respond to and manage its disobedience or how to show that you were pleased with its behaviour. The behavioural focus was at the micro-level of both family activities and of parent-child relations.

There are several interesting features of this deployment. As well as reflecting the recommendation, by behavioural discourses and clinical psychologists, that has previously been alluded to, that there should be wider availability of behavioural approaches both in terms of new behaviourists and new targets, the cheaper cost of time-limited behavioural interventions, especially when carried out by para-professionals, has been referred to as a recommending feature by both textual and interview sources. In addition, the use of behavioural approaches in the home permits both closer monitoring and intervention in increasingly intimate features of family life. This applies particularly to the *practice* of family life, which has joined the inter-psychic aspects of family functioning as an object of professional social work attention. In some cases, these interviews indicate, the behavioural practice of family life is the main focus of direct work even if the professional hope is that there will also be relational and emotional changes.

Whilst the vast majority of settings and practitioners reported the integrated use of behavioural approaches as part of broader therapeutic and managerial strategies, one setting used them more or less exclusively. Though it is difficult to tell how typical or rare this exclusive use of behavioural approaches is, this setting illustrates some of the tensions which play a part in the deployment of behavioural and other approaches in the field of child and family welfare. This service, which was the product of a merger of a department of adolescent and child psychiatry and a child guidance clinic in 1992, was well-known, locally and regionally, as one specialising in the use of behavioural approaches. The senior consultant child psychiatrist, who

was the lead clinician in the new service, is a vocal advocate and teacher of these approaches, which she holds to be quicker, cheaper, more effective and more scientific than any others. According to several social workers from the locality who were interviewed, this specialist reputation was mixed and the merger viewed more as a take-over, especially by social workers and child psychotherapists working there, who, in the child-guidance tradition had operated on a psychodynamic model (17). As a result of the creation of the new (behaviourally dominated) service, according to the interviewees, these workers had all subsequently left, apart from one who I interviewed on a separate occasion. She was the only remaining social services contribution to the centre and described her own approach as essentially psychotherapeutic, but she also saw a place for behavioural approaches in her work. This social worker confirmed the "very definite" behavioural ethos of the department, which extended to most of the staff, who tended to join because of their own interests or to shift ground once they had joined. The range of pre-school and childhood problems described were very similar to those discussed above though, she suggested, "more complex abuse and trauma cases" tended to be passed-on to her. She felt that she was used like a "troubleshooter" to deal with difficult problems, without explicit acknowledgment of the failure of behavioural approaches. She suggested that by only dealing with those cases that were amenable to behavioural diagnoses and treatment the centre kept up its effectiveness ratings and kept down its costs. As we saw in Chapter 7, the successful application of behavioural approaches (in terms of cost-effectiveness and therapeutic success) lies in the precise delineation of the type of problems for which they are suitable and a systematic avoidance of others.

This suggestion was repeated by the team of local social workers (16,17) who for funding reasons had to refer all child and family cases to this centre for assessment. According to them the exclusive concentration on behavioural work there meant that child and family problems were either defined as behavioural and treated behaviourally, or they were not recognised by the behavioural psychologists and psychiatrists as problems that required intervention. In the latter cases the department would neither treat nor refer-on to other services, especially those with

a psychodynamic orientation which were viewed as being both too costly and scientifically unproven. These social workers felt that unless they identified a *behavioural* problem their referrals to the department would "lead nowhere". Some reported that antagonism between social services and the department (funded by health) had been so great at one point that a social services area officer, two years previously, had told them not to refer any more cases there. If the problem was defined behaviourally the centre, unlike most other settings referred to, worked in behavioural "packages", that is where the problem rather than the particular case is assessed and a ready-made treatment package applied instead of one that is "tailor-made". This strategy was also perceived to have economic advantages and as will be seen later, organisational ones. Other cost-related benefits accrued to the other main avenue for behavioural approaches that this centre pursued.

As well a the day-unit attended by school-age children, a new development in recent years has been the establishment of a Brief Intervention Service (BIS) operating from several different clinics in the borough. Its purpose is to deal with early problems in pre-school children, working for example with young mothers using "problem-centred" parent-training. Ten sessions spread over three months are offered in the first instance with a follow-up and then optional top-ups. The BIS involves a psychologist, behavioural community psychiatric nurses and, increasingly, health visitors for whom special training is available at the department of adolescent and child psychiatry. Echoing earlier recommendations from psychologists that these skills should be "given away" to non-expert groups, including health visitors, (Hewitt et al 1990), the use of health visitors in this type of preventative behavioural work with parents has been strongly promoted by this chief consultant psychiatrist who sees them to be in an ideal position to detect and correct very early problems. As was discussed in Chapter 6, in recent years health visitors have increasingly used these approaches, such that for many they are an established part of their professional repertoire. Often this has come about through the enlistment and training of health visitors by clinical psychologists who, in this example, act under the auspices of child psychiatry. As well as being strategically placed because of their routine contact with large numbers of parents and pre-school children,

health visitors cost much less than either psychiatrists or clinical psychologists, as was noted by a number of interviewees in Chapter 7, both in terms of the basic level of cost per intervention and as a comparatively cheap investment in the prevention of future, more severe and more costly problems.

Whilst cost may be a determining factor in the use of behavioural approaches by para-professionals in these child and family welfare settings, these uses are also associated with other organisational changes in the field. A consistent comment from social services department social workers in children and families' teams was that they spent less and less of their time doing what they had understood to be social work, in particular, working directly with family members in a "therapeutic" way. For many of those interviewed, case management and administration took up most of their time leaving little for direct work. According to interviewees, in some areas and teams direct work was being done increasingly by private "consultants" and "care agencies" who employ a range of social workers and para-professionals as well as by family support workers and nursery officers (4,5,8,16). In both cases the pattern is not universal but localised and variable. In addition where social workers had little time or opportunity to do direct work it appears that behavioural approaches were more likely to be used, sometimes by them but often by para-professionals.

To summarise the key points so far, behavioural approaches and specific techniques were used in six main ways by the people that I talked to:

- to deal with specific behaviour problems in pre-school and school age children for example, sleeping problems and tantrums.
- to teach parents and older children how to manage aspects of their own behaviour for example, anger management.
- to train parents in the "skills" of child care and child rearing, either specifically , for example, how to manage tantrums or bedtimes, how to stimulate your child, how to play with your child; or more generally concerning what were perceived to be key features of parenting, such as establishing consistency and "boundaries", and pleasure in your child's company. These often formed the

main focuses and techniques of outreach work which was done by paraprofessionals like family support workers and nursery officers.

- to establish and maintain a general atmosphere within a centre to reflect various principles which were held to be vital for "good-enough" parent-child relationships and which provided a model of more desirable ways of being with children. This could entail the setting and maintaining of explicit ground rules for attendance and behaviour at the centre and sanctions if these were broken; the behaviour of staff towards parents and their children to demonstrate "consistency, boundaries, mutual respect and trust, focusing on positives"(3); the use of non-physical sanctions and so forth.
- behavioural approaches were typically used by social workers in conjunction with other approaches and are seen as part of their professional tool bag.
- all those who used then, either on their own or as part of a broader approach, used the constructional approach, in which they referred explicitly to the strategy of building on clients' strengths.

The value of behavioural approaches

All those interviewed saw behavioural approaches as having some positive value, to a greater or lesser extent, and described benefits to families, to themselves professionally and to the broader organisational features of social work..

Therapeutic value to parents and children

Many of those interviewed thought that behavioural approaches could be effective in contributing to "real change" in the lives of children and their families, either by using them for specific problems or, in a complementary way, as part of an eclectic approach which might involve a mixture of psychodynamic, behavioural and systemic work. There was general agreement about the kind of value that behavioural approaches offered to children and their families, particularly the perceived benefits for parents in the present and the future and very similar language was used to describe these. Many spoke of the way in which these approaches provided parents with "much needed support and back-up" and "tangible relief". Practitioners consistently alluded to the appeal of behavioural

approaches lying in their concrete, visible or tangible effects and that they applied to families' everyday life and problems.

According to these practitioners, who often used identical terms to describe the benefits of behavioural approaches, these approaches offered clarity, structure and "visible" benefits for parents, many of whom "want to go out of the door with something" (10); many parents wanted "concrete" help to cope with very difficult lives. The main form that these benefits took was that children were found easier to manage and parents were thus helped to be "more in control" of their children and of everyday life. In echoes of earlier behavioural discourses the emphasis here was on enabling parents both to be more in control of their children, the situation and so on, but also to *feel* more in control. Encouraging a *sense* of powerfulness was seen as an important ingredient of their work and behavioural approaches were seen to enable them and their clients to focus on the positive aspects of clients' lives by identifying the latters' strengths. Many described their job as one of empowering their clients and that enabling parents to learn how to be more in control of their children and the day-to-day features of family life was an important part of this. The value of these approaches was seen to lie in their potential for changing things in the future as well as the present, both personally for parents and for the family. Thus seeing themselves and the situation change meant that parents were getting "positive messsages about what they can do" (11,15,17). This was not only viewed as building parental self-esteem but also as motivating them to make other changes in their lives. According to many of these practitioners behavioural approaches offered families hope.

There were certain features of behavioural approaches which they thought contributed to these benefits. Most reported that parents found them clear and simple to follow and appealing because they dealt practically with the "here and nows" and "concrete aspects of everyday life". "Clear goals" provided a structure and direction which many parents wanted. One worker suggested that though they were rather directive, they satisfied some parents' desires to "be told what to do" (11). Several social workers in children and families' teams compared them to

psychodynamic approaches and had found, inspite of their own preferences for the latter, that clients found behavioural approaches more accessible and more understandable. In their view parents found them less mystifying, less alienating and less stigmatising. These qualities were seen as not only benefiting the clients; many practitioners saw these as advantages to their work, as I discuss in the next section.

However, whilst all those interviewed thought that behavioural approaches could be beneficial, this approval was not unconditional. Some social workers felt that, although they used behavioural approaches, they were of limited value therapeutically both to families and to practitioners, and that "they only get you so far" (17). Several of this team and others, who preferred psychodynamic models but who also used behavioural approaches, referred to the existence of "deeper problems" which needed "unblocking" by other techniques and approaches. One worker suggested that their superficiality meant that "parents can often say and do the right thing but their attitudes don't necessarily change"(17). Some saw little use for behavioural approaches in the face of the huge and numerous problems that some families faced. In these cases behavioural approaches were described as not being enough: "families often want more". For these families the gains were usually short-term, "they keep coming back"(17). According to this children and families team, the scale of the problems often meant that they felt that there was little that could be done to make a real difference, whatever approach was used. However, in spite of their doubts, these social workers and the others interviewed, used behavioural approaches, often with the sentiment reported earlier that in the face of a number of pressures they would try anything that had some effect.

Value to practitioners

In spite of perceptions of their concrete but limited therapeutic value for parents and children, the practitioners and managers interviewed described the usefulness of behavioural approaches to their work. It appeared that these approaches were seen as instrumental in aiding the professional to do his or her job. As such behavioural approaches were frequently described as a useful tool. This might be to engage, involve and assess families. In the light of the emphasis on "partnership"

and "working with families" in the 1989 Children Act, there is an explicit onus on social workers to "get families on side", as one training officer put it (7). Behavioural approaches would not necessarily be used as the only way of attempting this; according to this training officer, social workers wanted more training about strategies than techniques. In addition, statutory requirements for assessments of cases, in terms of risk and need, favour techniques of assessment and working that incorporate measurements of effectiveness and evaluation thus creating the conditions for behavioural approaches to be used increasingly used in this field. However, it seems that their concreteness had a number of additional values to the professional: "because they can often have a visible effect they can serve as a way in"(5), "they can open-up families" (7), "they help to build up trust and self-esteem" (8). In addition to "giving parents positive messages" (14) about what *they* can achieve, it appears that behavioural approaches can also give parents positive messages about what social workers can achieve, making involvement with them more attractive. Interviewees consistently suggested that because parents found behavioural approaches to be more accessible, less threatening and less stigmatising, they were less suspicious and more willing to be involved. This meant that "parents' views about seeking help can change.... there are fewer fantasies about seeking help leading to your kids being taken away and this can lead to self-referrals for more intensive work" (11).

As well as the capacity of behavioural approaches to act as "a way in" they were also seen by some practitioners as a means of doing preventative work. This meant helping families to deal with their difficulties before they became problems that needed more extensive interventions, especially those deployed under child protection legislation. This was seen as a key purpose of the outreach work done by family support workers and nursery officers. Interviewees stressed the importance of being seen to be implementing the directive from the Department of Health contained in the Audit Commission Report (1994), that child protection work should increasingly focus on preventative rather than reactive strategies.

In a job that is increasingly under pressure from various quarters, the capacity of behavioural approaches to make a *tangible* difference, however limited, appears to offer social workers a useful professional tool in a number of other ways. Not only does this capacity go someway towards satisfying parental requests for help; it can also make it possible for social workers to feel that they can do *something*. With the increasing demands for demonstrable effectiveness coming from purchasers, managers and central government, as well as from families themselves, any tool that might make a difference was deemed to be worth using, especially if it could help to restore professional confidence (and help to improve a tarnished professional reputation?) One social worker who described his work as being essentially psychodynamic in approach described behavioural approaches as a "flexible tool". Though he felt uneasy that they were more directive than psychodynamic approaches, he nevertheless thought that because of time and cost pressures they were more usable, "at least you feel you're doing something" (9).

Organisational value

With the purchaser-provider model cost, effectiveness, and time have emerged as important variables in assessment. Most of those interviewed alluded to the usefulness of behavioural approaches as assessment tools, both initially and to gauge the progress or success of interventions. For managers this was primarily for audit purposes, though the cost-effectiveness of behavioural approaches was only directly referred to on two occasions, both of which were in settings funded mainly by the health services (13,14). In one of these, which specialises in the use of behavioural approaches, their (virtually exclusive) use is reportedly based on the premise that they are quicker, cheaper and more effective than any other approach. In addition they are promoted by the lead clinician as being scientific, quantifiable and based on empirical evidence. Unlike the psychiatrists and psychologists interviewed in Chapter 7, none of the social work interviewees referred to these latter characteristics in their evaluations of behavioural approaches although they did emphasise that their practical and practicable features made them appealing both to them and their managers as well as to parents. Making a difference, however small was important to all of these groups, they suggested. Being able to

demonstrate the difference was particularly important professionally and organisationally. As previously discussed, changes in the organisational structure and funding of the health and welfare services in recent years have been associated with the increasing demand for demonstrable effectiveness. The necessity to show others (families as clients/consumers/users, managers, purchasers, central government) and your self, that you can make a difference, appears to be becoming a critical feature of professional life. For social workers being able to demonstrate professional effectiveness not only justifies professional existence by satisfying managerial and organisational demands and families requests for help, it probably also bolsters flagging professional confidence.

These practitioners used behavioural approaches because they were seen to work, to a greater or lesser extent. All interviewees talked about them as a "useful tool", though some seemed more pragmatic, possibly desparate, than others. For some the scale of the problems to be faced, both of families and of social work, meant that *any* tool that might help was valuable; enabling practitioners to *do* something, rather than nothing, was a vital criterion of behavioural approaches worth. The practicability of behavioural approaches was even more enhanced in the eyes of some because they fitted the time and cost constraints of purchaser-provider model.

Conclusions

In considering the use of behavioural approaches in social work with children and families, several important points emerge. The use of such approaches is widespread; different types of practitioners, in a range of settings, routinely employ behavioural approaches as part of their work. These practitioners, like those discussed in Chapters 6 and 7, see behavioural approaches as being particularly appropriate in dealing with "parenting" problems, pre-school behaviour problems and for certain problems in older children such as school phobia and attention problems. Parent training is seen as a key to solving a variety of childhood problems, especially at the pre-school stage. This suggests that there has been both a conceptual and professional redefinition of family difficulties. This redefinition is three-fold: not only has attention shifted away from the child as the problem, to the

parent; parental *behaviour* is identified, either as problematic in itself or as a symptom of more deep-seated problems. In addition, the parental behaviour problems are conceptualised as problems of *management skills* and the parents thought of as managers of their own and their children's behaviour who need training in effective management skills.

Though there may be discussion from a psychodynamic perspective of "deeper problems", perhaps originating in parents' own childhood experiences, or descriptions of a problem using object-relations concepts like "attachment", this did not debar the use of behavioural approaches either on their own, or in conjunction with other approaches. Behavioural approaches were rarely used on their own. They were most often deployed as part of an eclectic approach which encompassed a range of therapeutic techniques, drawn from different theoretical bases under broad professional strategies, for example, aiming to "work cohesively with families", to prevent children from being registered as at risk and to help them to deal with their problems of living. This suggests that behavioural approaches are not so much replacing previous psychological problematisations as joining them. There are exceptions to this as one setting, described above, has demonstrated. However, on the whole these shifts involve *extension*s of both the use of behavioural approaches and of new ways of thinking about and acting upon child and family problems, rather than relinquishing one approach in favour of another. A notable feature of their deployment in these settings was their use by new behaviourists and the micro-level focus on the practices of daily family life which were conceived as systematically manageable, given the right behavioural training. The self-management of parents to which this was designed to lead, was seen to be a vital condition of their ability to "take control" of their situation and an essential part of the process of "empowerment" in many of these practitioners saw themselves being engaged.

The use of behavioural approaches in social work with children and families does not appear to be associated with the ideological or therapeutic leanings of practitioners or their managers. Indeed, many of those interviewed said that their

therapeutic preferences lay in psychodynamic approaches. Rather, I argue, their use is governed by a number of pragmatic and instrumental considerations which are associated with new organisational and economic rationalities of health and welfare. In their ability to be accessible to parents and a range of practitioners including para-professionals and in their perceived relevance to the difficulties of everyday life they give both parents and social workers confirmation that something can be done. In their promotion of self-regulation and personal power they fulfill ethical and political notions of autonomy and empowerment, which as the next chapter discusses are associated in various ways with neo-liberal discourses. Their flexibility as a tool means that they can be used pragmatically with other approaches without ideological commitment. In particular, their appeal to parents, practitioners and managers amongst others, lies in their power to produce effects and to demonstrate their own effectiveness, however limited these may be. However, whilst organisational changes may have created the conditions for behavioural approaches to thrive, this chapter has also shown that behavioural approaches are themselves contributing to changing these conditions and the nature of social work in this field.

Chapter 9

Empowerment as Professional Practice

Introduction

In the preceding chapters I have examined certain shifts in emphasis in behavioural discourses, in particular, the move away from the use of aversive techniques to eliminate undesirable behaviour, towards the production of new capacities by constructional techniques, which are intended to build on strengths rather than focus on inadequacies. As we have seen, the cultivation of competence has become seen as a pivotal feature of the cognitive and behavioural changes involved in the transformation of capacities to act. In these discourses, competence, as a behavioural corollary of self-efficacy is placed in reciprocal relation to the development of skills of mastery and self-management and as prerequisite to the development of personal potential. Accompanying these shifts of emphasis in favour of competence and self-regulation, there has been an increasingly explicit valorisation of autonomy as an ideal ethical state and of internal locus of control as a virtue. Both have been equated with health, vigour and happiness and, as such, moral states that every modern citizen should not only aspire to but also strive towards, if necessary with the help of experts. On their part, as we saw in Chapter 5, by "giving away" behavioural psychology, advocates of behavioural approaches saw an opportunity to enable or empower parents and others to regulate themselves and to exercise more control over their own lives. Moreover, as the interviews with practitioners in Chapters 7 and 8 suggest, it is not necessary to be a proponent of behavioural psychology to believe that, by cultivating competencies and instilling autonomy, behavioural approaches have a potentially useful role to play in the empowerment of "clients" or "service users"; nor does one have to be a "believer" in order to use them for that purpose in health and welfare interventions.

An interesting feature of this desire to instil autonomy and enhance personal power is that, whilst it is a key feature of current behavioural discourse and practice it is by no means peculiar to them. Indeed, as the interviews in Chapters 7 and 8 demonstrated, one may see the use of these approaches as part of a wider will to

"empower". During the last decade or so empowerment has emerged as a socially desirable construct and as an organising principle for various forms of personal and social change which focus on exercising the ability to take control of one's life. One notable feature of this development is the appearance of empowerment in a range of views, from the Right as well as the Left, and its espousal as a quasi-moral principle by a range of fields from human resource management to nursing and social work. Whilst user efforts for self-empowerment continue as a "counter-discourse", a new ground has opened up during this period for professionals, particularly from the fields of health and welfare, who seek to empower others.

Though this will is particularly evident in health and welfare discourses, the language of empowerment has also begun to appear in the discourses of organisation and management. Given the permeation of health and welfare systems by organisational change and new managerial practices it would therefore be a mistake to isolate behavioural approaches both from other psychological strategies to empower and from the organisational and political contexts which frame their deployment. This chapter therefore steps outside the field of behavioural psychology to consider certain features of the interest shown in empowerment by health and welfare professionals, their managers and policy makers. In doing this I aim to highlight the changing regulatory contexts in which behavioural approaches amongst others are deployed.

In 1990 Robert Adams wrote that "empowerment has come of age in the late 1980s" (1990:2) and judging by the increase in the number of abstracted articles and books on this theme over the last few years one may be tempted to agree. However, a reading of the recent, burgeoning literature on empowerment in health and welfare has led me to believe that in spite of its perceived salience to these fields, there is a noticeable lack of analysis of the meanings and practices that are associated with empowerment. Although it is a construct of high social desirability, which professionals and writers in a range of fields use with fluency and familiarity, my suggestion is that this use is largely linguistic and rhetorical, relying on taken-for-granted meanings that need more careful scrutiny. This chapter therefore

attempts to clarify the conceptual ambiguity that surrounds the term empowerment, not by reducing its meaning to a single definition, but by fleshing it out. In my view, the empowerment literature points towards a number of interesting changes in the way that power is conceptualised. As I am to demonstrate, these changing conceptualisations have some important implications for potential empowerment "candidates", for professional health and welfare practice and for the relationship between these two. In addition, the recent explicit incorporation of empowerment rationales into social policy in the U.K. points to the need for further scrutiny (see for example Department of Health and Social Services Inspectorate 1991). As well as telling us something about current policy and practice in these fields, such an analysis raises questions about changes in the exercise of professional expertise and power and also about broader changes in the government of the social, which have implications for the individual citizen; paradoxically, practices and policies of empowerment may have regulatory as well as liberatory potential. An analysis of the implications, for recipients of "empowering practice" and for the professionals concerned, suggests firstly, that empowerment involves a more complicated set of processes than its invocation as a moral imperative implies. Secondly, though it may have the potential to free citizens from a network of professional, bureaucratic regulation, empowerment is at the same time becoming a social project that is intimately connected with the exercise of government.

Empowerment: Who Needs It?

One of the most noticeable themes in recent empowerment discourses is the prominent position which they give to the individual; the various conceptions of social problems and the person that they employ see her or his personal relation to control and power as being central to the solution of these problems. As we saw in earlier chapters, it is not the power to control the behaviour of others that is promoted in these discourses but the power to "take control" of one's self, one's behaviour, one's life and so on. In other words self-regulation here points towards developing the capacity to act on behalf of one's self, both in the judicious exercise of self-management and in the name of maximising one's potential. Nevertheless, whilst the control of others is not the explicit objective of exercising personal power

it is likely to be an important consequence of it and possibly even an indication of our success at doing so. However, the development of personal power, in the form of exercising the ability to take control of one's life, rather than being seen in opposition to the collective good, is increasingly seen as being a necessary prerequisite of it and as such is valorised; typically:

> "(Empowerment) can be defined as the process by which individuals, groups and/or communities become able to take control of their circumstances and achieve their goals, thereby being able to work towards maximising the quality of their lives" (Adams 1990:43).

Accompanying this, and of significance to this thesis, is the emergence of notions of empowerment candidature which share a more or less explicit conception of these candidates as psychological subjects who heretofore have been lacking in the competence and confidence to take action on behalf of themselves, to exert control over their own destinies, either personally or collectively. Instilling the competence or at least the confidence to do so thus becomes the purpose of empowering interventions. In some cases, though the language used to identify empowerment candidates may take on a politically radical tenor, where authors, for example, speak of the necessity to accompany empowerment by "a commitment to challenging and combatting injustice and oppression" (Ward & Mullender 1992:22), suggestions for the empowerment of these "oppressed" rest on characterisations of the "problem" as being implicitly amenable to psychological solutions. In this case the proposed solution is groupwork, in another, counselling: "helping people to think through a situation that troubles them and in doing so to link the external world in which they live with the internal world of their feelings" (Stevenson & Parslow 1993:50). Others emphasise behavioural and cognitive components of empowerment, as skills which may be aquired. For example, in his discussion of empowerment and health promotion, Tones (1991) advocates the teaching of "lifeskills" as a means of enhancing self-efficacy and internal locus of control. A lifeskill especially related to empowerment, according to Tones, is assertiveness, a "skill" which "includes both cognitive competences involved in understanding the

meaning of assertiveness and the social interaction skills needed to transfer theory into practice" (Tones 1991: 23). Aquiring the skill of assertiveness, it appears, enhances self-efficacy, self-esteem and internality, which in this concepualisation are held to be the vital psychological conditions for empowerment. However, Tones distinguishes between lifeskills teaching "as part of a system of social control" and that which is primarily concerned to "critically appraise" aspects of society, involving, for example, "being taught to be assertive or learning how to organise in groups to protest against injustice" (Tones 1991:23).

The significance of this is not that these authors are deluding themselves or others by speaking in the language of radical politics but then resorting to orthodox, individualising psychology; it is that the possibility of these two being conflated in such a way indicates a shift in conceptualisations of the relationship between the "personal" and the "political". Thus working with individuals according to Tones does not mean that the social determinants of health are ignored. On the contrary, he proposes lifeskills teaching as part of a "critical consciousness raising" strategy to empower which is not in competition with community development but complementary to it.

The relationship between personal competence and control and community participation and involvement in these conceptions of empowerment candidates is, generally, not explored though it does seem to be taken for granted that they are connected. In the more explicit conceptions of these candidates as psychological subjects, which are mostly to be found in the literature of health promotion and community psychology, particularly from the U.S., "psychological empowerment" is seen as distinct from, but intimately connected to, community or collective empowerment (for example. Fawcett et al 1984, Parsons 1991, Rappaport 1984, Smith et al 1991, Tones 1991, Wallerstein 1992). Since the early 1980s, studies by Rappaport and his co-workers, in the field of American community psychology, have made attempts both to explore psychological aspects of empowerment and to examine the nature of the relationship between psychological empowerment and community involvement and participation. They suggest that the two are

reciprocally related, (for example, Zimmerman and Rappaport 1988). Clearly, the reciprocity of this relationship has implications for the development of "empowering practice" by professionals; for example, it might provide a "scientific" rationale for the psychological approaches that are currently recommended as empowering, but notably with little discussion as to *how* they might be so.

Some behaviourally-oriented writers in the U.S. have suggested that empowerment, as a construct of social action, is one still associated more with rhetoric than technology, which in practice relies on the artistry and general recommendations of relatively few community organisers (Smith et al 1991). In these authors' view, empowerment, as a form of social action would benefit from the systematic approach of applied behaviour analysis which would, as its first task, specify the behaviours that might be critical to a process of (community) empowerment and then not merely promote these but develop cognitive strategies and behavioural skills which would enable people to experience themselves as being in control, of being able to make a difference to their own lives. Not only, they suggest, would a behavioural approach to empowerment enable more effective "technologies for empowerment" to be developed ; as accessible technologies they would also "permit successes by larger numbers of citizen activists who may lack the experiences of professional organisers" (Smith et al 1991:5). Once again, as we have seen in the last four chapters, the simplicity and straightforwardness of behavioural approaches gives them, in the eyes of their advocates, a built-in democratising advantage because they are more understandable, user-friendly and available to non-professionals. They thus provide the technology to make possible in practice the principle of empowerment.

However, taking control of one's life, or particular aspects of it, is not only seen as being intimately connected with the psychological formation or reformation of the self as empowered, it is increasingly becoming an ethical obligation of the new citizenry. Not being in control of everyday living arrangements, your time, your diet, your body, your health, your children, and the satisfaction of your needs suggest that there is something seriously wrong with your ethical constitution.

Empowerment is not only good for you; it seems to be becoming essential to leading a better life. Therefore if you are unable to do it for yourself you may need professional assistance to do so. Furthermore, you may need professional help to recognise that you are in need of this type of professional assistance: you may not have realised that you need empowering. An important part, therefore, of the process of becoming empowered and empowering others is the identification of needs; this is, apparently, not only a necessary condition for taking control of one's life but also an indication of success at doing so (see for example Department of Health/ Social Services Inspectorate, Stevenson and Parsloe 1993). My reading of current professional empowerment discourses, discussed below, indicates that the verb "to empower" has lost its reflexive meaning. "Empowerment" has become something that is done to you by professionals, or that you, as a professional, do to others who thus become empowered by your actions not their own. Furthermore, if empowerment has an ethical meaning then empowering others is not only good for them it is also good for you, the "empowerer".

As we have seen in earlier chapters, those who do the empowering are increasingly likely to be health and welfare professionals: social workers, health visitors, nurses, clinical psychologists, psychotherapists and managers in a variety of organisational settings. Those to whom empowerment is done are most likely to be users, clients, patients or employees. These are "candidates" for empowerment because in professional estimations they need it doing to them, or perhaps have a right to power. They may be, for example, clients or patients who as "consumers of care" should be able to exercise choice or rights, as new forms of participation, as in the free market analysis of the New Right or in the needs-based consumerism analysis of the liberal left. Alternatively, these empowerment candidates may be clients or service users who as "oppressed" are subject to and objects of the power of others, have been systematically deprived of power by professionals and need to reclaim it as a (citizen's) right. Also emerging in the literature are candidates who as employees are ineffective, underperforming operators and demotivated, underconfident, undervalued organisational resources (Liddle and Kaye 1991, Nixon 1992, Putnam 1991, Thiagarajam 1991).

Empowerment discourses both from the Left and the New Right share certain common features: they both see solutions as being ground level, bottom-up, localised strategies to increase user choice, participation and, the key theme, personal control. They also, to different degrees and in different ways, emphasise individual responsibility as a corollary of these. Though most clearly associated with the New Right's critique of post-war welfarism and the notion that individuals can and should be "weaned-off" chronic, inter-generational dependence on the state (for example Marsland 1995, Murray 1994) critical analyses of "welfare dependency" may be found elsewhere (see for example Fraser and Gordon 1994, Cruikshank 1994). These various observations lead me to suggest that there are several interesting and inter-related questions that one might usefully ask here that focus on the emergence of empowerment as a feature of professional health and welfare practice, and on the implications for both practitioners and users of services.

Empowerment as Professional Practice

How has empowerment come to be seen as a professional task and duty? One analysis of current professional-client power relations might be to characterise these in terms of a colonisation of ordinary life by professionals in which there has been a transfer of power away from the citizen to the professional, either voluntarily on the former's part or not. This accumulation of power is manifested in the expansion of professional and state bureaucratic power, in increased occupational aspirations for professional status and by a rise in expert problematisations and solutions of everyday problems. Empowerment in this case might involve power being taken out of the hands of professionals and restored to ordinary citizens. This theme is reiterated by a number of writers; for example in their discussion of radical social work in the 1980s, Langan and Lee suggest that the key concept to come out of the movement was the "empowerment of the consumer", which was the process of transferring the power of social workers (in particular their access to information and resources) "into the hands of people who were systematically deprived of it within the framework of the welfare state" (1989:9). In discussing empowerment in the psychotherapeutic context Bell states that "mental health services which

addressed people's need to rebuild their personal power would require a radical shift away from expert-dispensed procedures including psychotherapy, to services in which people actively participate" (1989:13).

The power deprivation of service users from this perspective may not only come about through the actions of professionals: Ramon claims that "for real empowerment to happen, power would have to be diverted way from a number of groups, including professionals, informal carers, friends, central and local government, and voluntary activists" (1991: 17). These views appear to depend not only on a reification of power, but also on the associated conception of power-relations as essentially zero-sum. Not only do they imply that empowerment is somehow independent of relationships (a point that will be considered later), but the empowerment of citizens or service users is seen as inevitably involving a relinquishment of power on the part of professionals and others: thus the corollary of an increase in the power of ordinary citizens to take control of their lives is seen to be a lessening or loosening of the regulatory ties that policy makers and health and welfare professionals, as their agents, have come to depend on in the exercise of government.

However, my reading of the empowerment literature suggests that although empowerment in this context may have liberatory potential, it also simultaneously opens up new sorts of regulatory possibilities. As I aim to demonstrate, far from being left roleless, or less powerful, by the process of user empowerment, professionals are increasingly being seen as central to it in a number of ways which extend rather than reduce their involvement and interventions in the everyday life of citizens. Furthermore, whilst professionals are becoming an essential ingredient of empowerment, empowerment is increasingly being seen as central to their professional raison d'etre and legitimacy, thus Milroy and Hennelly hold that, "if our professional power limits or prevents people who experience mental distress from gaining control over their own lives, as we believe it does, it challenges our legitimacy" (1989: 177).

In this revised empowering role for the health and welfare practitioner are two closely associated features which confirm the mutual dependence of the professional and empowerment: firstly, the detection of suitable candidates who are in need of empowerment and secondly, the empowering of them. If the Social Services Inspectorate 1991 Manager's and Practitioner's Guide to Care Management/Guide for Practice is any indication, then these two features become not only essentially professional tasks but also a professional duty, for it describes the rationale for the re-organisation of the delivery of community care as being "the empowerment of users and carers" (1991:7). It appears that a view is emerging that shares Milroy and Hennelly's belief that empowerment is at the heart of health and welfare professional legitimacy. In addition, if social work is "based upon moral imperatives", as Stevenson and Parsloe claim, (1993:50), then not only is "empowering practice" an ethically worthy exercise; it is one that the social worker has a moral duty to perform.

These kinds of change may be seen as creating the conditions of possibility for new types of professional knowledge and know-how to emerge, both to identify these new sorts of problems (as yet undetected empowerment needs) and to offer solutions as to how these needs might be met. The solutions may take the form of, firstly, general strategies (for example increasing personal control) and secondly, technologies, techniques and skills to implement or operationalise the general strategy. For example, empowerment is variously described as a "social technology" (Fawcett et al 1984), as a "mental health technology" (Swift and Levin 1987) and as a "human performance technology intervention" (Thiagarajan 1991). However, although the U.K. professional health and welfare literature on empowerment appears to be eloquent in identifying and naming these new sorts of need and forthcoming on general strategies, often under the rubric of principles such as "people should have more control over their lives", writers, as yet, seem rather less clear and specific when offering suggestions not only as to how these general solutions might be translated into actions but how these actions might make a difference to the lives of empowerment candidates concerned. This vagueness is reflected in the interviews discussed in Chapters 7 and 8: though many of these

practitioners also voiced a professional desire to empower and saw the use of behavioural approaches as part of a general empowerment strategy, there was little analysis of whether actions designed to empower might be experienced as empowering or how they might make an identifiable difference to certain user-defined outcomes.

At a wider level the possible connections between professional actions to empower and the solution of social problems is under-analysed in professional discourses on empowerment. A key theme in these discourses, sees the citizen's lack of control over her or his life as the major social problem of our time; in which case, by implication, a dose of empowerment should provide a solution that is both panaceaic and prophylactic. There appears to be a taken-for-grantedness that empowerment is socially useful because it is associated with autonomy and with taking (or being) in control of one's life and a taken-for-grantedness that independence and autonomy are socially and ethically desirable. Their value is rarely questioned. In their analysis of dependency discourses in the U.S.A., particularly those related to welfare dependency, Fraser and Gordon (1994) argue that these discourses are based on a presupposition that dependency is "obviously" problematic or undesirable to the extent that welfare dependency has become a form of postindustrial pathology (1994:25). In addition they, like Cruikshank (1994) suggest that during the post-war period the problems of "the poor" have become more and more psychologised and individualised. The problems of poverty thus become located subjectively, in the individual's apathy, dependency and *sense* of powerlessness, not in the objective features of their circumstances.

With empowerment becoming increasingly central to professional legitimacy and if as discussed earlier the "expert" role of empowerer is accorded to practitioners, what are the implications for them and for users? Though already heralded as a "star to steer by" for the structure, management and work of organisations (Stevenson and Parsloe 1993:9), the possibility that empowerment may become incorporated as a "core task" into job descriptions and contracts does not seem too far off. An advertisement for a project manager for The Camden Society which carried the

slogan "Empowering People with Learning Difficulties", implied that the empowerment of users was both a principle of the society and a key duty and priority for the project manager, (Guardian: 16.2.94). Another, for an advocacy agency, placed empowerment as the explicit role of the advertised post of "Empowerment Worker", (Guardian:5.3.97). The indication from these advertisements, that empowerment has become a central role and responsibility in certain jobs, together with increasing emphases on "evaluation" in the health and welfare services, raises the possibility that professionals could face penalties for not fulfilling their professional responsibility to empower: practitioners could be reprimanded by their managers for not empowering enough clients, managers could be held to account by employers for not ensuring that their staff were engaged in empowering practice, departments and agencies might be sued by users, clients or purchasers for not fulfilling their empowerment claims satisfactorily, or have their contracts withdrawn.

Although this may seem far-fetched, the calls for cultural change in the structure and functioning of services suggest that empowerment is already being incorporated as an organising principle for institutional changes in both private and public sectors (see for example Audit Commission 1992 (in Stevenson and Parsloe 1993), Department of Health/Social Services Inspectorate 1991, Liddle and Kaye 1991, Nixon 1992, Putnam 1991, Stevenson and Parsloe 1993). An essential part of this cultural transformation of the organisational climate is the empowerment of employees, who it seems cannot empower others without being empowered themselves. As in the service-user context this is not seen as a reflexive act; it is the task and responsibility of managers to empower their staff, (although they may need to learn how to "manage for empowerment"). Once again there appears to be a confused and confusing irony in these discourses: deciding who should be empowered is in itself a sign of power. The situation of the empowering manager is analogous to that of the empowering practitioner. Far from user empowerment limiting the intervention of professionals into the lives of citizens, in current empowerment discourses we see the space being created for new sorts of professional expertise to emerge and for new or transformed "client groups" to be

identified as the objects of this new type of professional attention. So too for the manager who empowers; the required cultural change involves not the diminution of roles and responsibilities but the acquisition and implementation of new and extended ones.

What kinds of impact will these changes have on those who are targeted as being in need of empowerment? A question which has been consistently overlooked in professional empowerment discourses, apart from a few exceptions (for example Beresford and Croft 1993) concerns the views of putative empowerment candidates; is their desire and need to be empowered as strong as the professional imperative to empower them? This question points to two important issues; firstly, the dearth of research on users' experiences and views of empowerment and secondly, the implications of empowerment-as-professional-practice for the users of health and welfare services who, for example, may desire empowerment but whose ideas may be at odds with those of professionals; who may feel that they do not need the services of the latter and would prefer to empower themselves; and of course those who may not wish to be empowered. For example, could one be legally obliged to undergo "empowerment"? This situation may seem implausible but the example of parent training may serve as an illustration of the possibilities here.

As we saw in Chapter 5, parent training emerged in the late 1970s as a solution to a range of social problems; enabling parents to effectively , but humanely manage their children was seen to a vital part of both ameliorative and preventative strategies for social improvement. The desire (of academics and professionals) that parents should be in control of their children was translated into practical training which would provide them with the "skills" to do this. However, from the interviews discussed in Chapters 7 and 8 and from an analysis of professionals' views expressed recently in the child health and welfare literature it appears that parent training has taken on another socially significant role: it is advocated by various sorts of practitioners, (social workers, health visitors, child psychiatrists, community clinical psychologists) not merely as a way of enabling parents to

manage their children more effectively but also as a way of empowering them to take control of their lives.

However, whilst the identification of parental needs to be empowered in this respect and the provision of solutions to meet those needs may be offered on a more-or-less voluntary basis, it can also occur in a rather more compulsory way. In the realm of "semi-compulsion", as we saw in Chapter 8 some parents may be more or less obliged by social workers to receive parent training, which the workers see as empowering these parents, as a way of preventing their child from being put on the child-protection register as "at risk". Others whose children are already registered, may have to follow a parent training programme as a condition of a court order, in order to decrease the chances of their child being removed from the family home. An edition of the television programme QED entitled "Is Love Enough" (February 1994) followed the training programme of just such parents who had been given an ultimatum by a social services department that their baby would be removed into social service care unless they underwent parent training. It has become increasingly common that, following a formal assessment of their parenting abilities, parents like these receive parent training sessions and then are reassessed for signs of "improvement" in their "parenting skills". Recommendations are then made to the court or the case conference.

Although apparently, on the one hand, fulfilling the empowering remit that the practitioners described, the key feature here of parent-training as empowerment is the legal or quasi-legal context in which it takes place. Furthermore the suggestion, in the 1994 "Start Right" report of the Royal Society of Arts (Ball 1994), that eligibility for child benefit should depend on evidence of "good-enough parenting" and if necessary a course of parent-training to ensure this, means, by implication, that the obligation to be "empowered" in this way would carry a state sanctioned financial incentive or penalty. In addition, recent party political debates about possible ways of detecting early signs of future criminality in the behaviour problems of young children and of legally implicating and involving parents in their

control, suggest that being empowered to "take control of your children" could take-on new legalistic meanings.

It seems possible in the new economies of health and welfare, where "evaluation" is a prime indicator of the value of interventions, that empowerment "practices" will be subject to assessment. This raises questions as to the kinds of criteria that might be used for evaluating empowerment-as-professional practice. There are at least two important issues here: firstly, there is a lack of discussion in the U.K. professional empowerment literature about the issue of evaluation; secondly and closely connected with this, is the ironic invisibility in these discourses, of the continuing existence, as forms of "counter-discourse", of user perspectives on empowerment (see for example Campbell and Oliver 1996, Morris 1996, Beresford 1997). With pressures to evaluate services, for example by the use of audit, there is the strong possibility that empowerment will, like "quality", be assumed to be amenable to organisational appraisal and calculation. This would not only entail identifying desirable "processes" and "outcomes" but would necessitate a sort of empowerment specification for use by practitioners, managers, auditors, purchasers and, presumably, customers and service users. In this respect, as I have noted elsewhere, the deployment of behavioural approaches, in this case as tools for empowerment, has been advocated on the basis that they use built-in evaluation criteria that fit both empowerment specifications and organisational ones. For example, in Chapters 5, 6, 7 and 8 we saw that the perceived amenability of behavioural approaches to evaluation has made them ideally suited, in the eyes of researchers and practitioners, to the organisational and fiscal imperatives of the new "service delivery" of health and welfare. Though the precise formulation of behavioural approaches' empowering qualities is rarely described, it appears, nevertheless, that they are seen to satisfy some of the broader strategic and managerial demands of the health and welfare system and an increasing ethico-political stress on autonomy and self-regulation.

In highlighting the difficulties of recognising and assessing professional acts of empowerment, some writers have considered the diversity of meanings of

empowerment. Rappaport (1984) for example, writing from the field of American community psychology, suggests there are often different and sometimes conflicting empowering solutions discovered by different people in different settings, using a wide range of strategies over different time spans. The developmental, diachronic dimensions of empowerment are rarely discussed in U.K. empowerment discourses, (c.f. Kieffer's discussion of time and practice as constituents of "empowerment as a transforming process constructed through action" 1984:27). If empowerment is a process that takes place over time then it seems highly likely that the timespan will vary according to the needs, situation and disposition of the candidates concerned. Moreover, the experience of being empowered, or the effects of it, may not be felt until sometime after the "empowering" intervention has taken place or may have unexpected, long term repercussions, thus rendering "empowering practice" even more difficult to assess. The synchronic and diachronic diversity of possible empowerment scenarios suggests that successful empowerment cannot be defined or evaluated in a single, objective way without reducing it to a form that may bear little resemblance to subjective experience. This diversity of meanings raises the question as to how and when empowerment is to be recognised and evaluated and from whose perspective, the empowerer of the target of their intentions?

Whilst I have suggested that auditors may want to gauge the effectiveness of the "empowering practice" of social workers, health visitors and so on empowerment candiates may want to scrutinise their empowerment claims. Rappaport (1984), for example, suggested that indicators of empowerment should be defined by the latter. The specific, contextual meanings of empowerment would thus be privileged over a universalising approach which tends to reify and conflate empowerment with its measurement such that the measurement becomes seen as the only authentic indicator of its presence. However, how this might be done needs more examination. As Adams (1990) points out, the rationale, purpose and source of the evaluation will determine what is being evaluated as well as how. Although a particularising approach might detect empowerment, or its failure, where blunter instruments would not, the diversity of empowerment applications also calls for the development of more thematic, comparative gauges.

One dimension of this diversity, the simultaneous "needs" of different deserving candidates to be empowered, raises a number of important questions, which I suggest, have not been adequately considered in empowerment discourses, for example, concerning the relationship between different constituencies of empowerment candidates with possibly conflicting needs and interests. These texts rarely consider the ways in which "rights" and "needs" discourses might be employed in the identification of suitable candidates. If a professional's duty is to empower service users on what basis would their respective needs or rights to be empowered be recognised and acted upon, for example, in relation to their carers? Ramon's definition of "real empowerment", quoted earlier, seemed to be correlating the empowerment of people with disabilities with the disempowerment of carers (amongst others), yet the exercise of personal power depends as much on others as on the self. Not only does this kind of analysis employ a zero-sum version of power relations that reifies power, once again dependence is seen as obviously undesirable, both ethically and socially. Thus setting disabled people in potential opposition to carers as Ramon does, not only oversimplifies the nature of dependence, it also fails to recognise that, as Brown and Ringma (1993) point out, empowerment is not independent of our relationships with those who provide care, or with the wider community in which we live. They maintain that the support that is needed for the person with a disability is different only in degree from the way that we all need others to provide us with a range of services (1993: 158).

The question as to what form the structure/institution/service/citizen relationship would take in an "empowering" society is rarely discussed in empowerment discourses. This needs to be considered at a number of different, but interrelated, levels. For example, the degree and ways in which service infra-structures might change is connected with the development of user-provided services. The latter offer ways in which citizens might exercise more control over their own lives both locally and nationally, though what the role and status of these would be is uncertain. At a more micro-level, how is the relationship between personal control and responsibility of the individual conceptualised in empowerment discourses? For

example, the degree to which a broadening of individual responsibility is seen as the natural corollary of an increase in personal control holds implications for the provision and receipt of health and welfare services, especially for those who are targeted as being in need of empowerment. It is likely that these targets would be expected to be more accountable as well as being more in control. In addition to the parent training examples cited above, there are an increasing number of examples from the health field which point to a shift in this direction. The desirability of personal control over health is frequently voiced by health promoters as a rationale for empowerment, but the possibility that individuals will be held accountable for their own health status, for example, in terms of the "risky behaviours" they engage in, has a number of implications. Not least of these is that resources in the form of treatment and care might be withheld from those who have acted "irresponsibly" by refusing or failing to be "empowered" to change their *behaviour*. Thus in the context of health as well as welfare, the power of professional judgements not only to "empower" but in the process to also assess "need" and assign categories of empowerment worthiness suggests that "empowerment-as-professional-practice" opens-up new possibilities to extend the range of professional attention and interventions into more aspects of life. (Perhaps this is what Adams means in suggesting that empowerment has "considerable liberating potential" for social work practice, 1990:2). It also provides conditions that favour the expansion of behavioural approaches as strategies and techniques that claim to promote personal power and control.

Empowerment and behavioural approaches

The association between the emergence of empowerment as policy and professional duty and other changes, such as the recent and continuing reorganisations of the health and welfare services, which have reformulated "care" in terms of demonstrable economy, efficiency, effectiveness and "quality" give rise to questions that focus on the conditions of existence of empowerment as professional practice. Though radical approaches on the Right and Left have for some years emphasised the need for a changed professional-user relationship, characterised by the side-by-side realignment of "partnership" so central to empowerment discourses, it is

possible that this new relationship is organised as much by accountability as ideology. Professional accountability has changed over recent years. Whereas in the past accountability was mainly to employers, the professional's actions are now also accountable to users, consumers and clients either directly, or by proxy, through purchasers and providers; to communities; to social and political institutions, and to central government. In addition, accountability has taken on new forms in terms of consumer satisfaction, health and welfare outcomes, cost effectiveness, quality of care, and so on. The common feature of these different forms is their ability to render health and welfare practice visible and calculable, that is, to show whether it makes a noticeable difference. In this respect as I have noted previously, behavioural approaches are seen to "fit the bill".

However, it is not only those bodies listed above who have an interest in this: I suggest that professional insecurities and crises of identity over recent years have contributed to a search for legitimacy and a continual revision of purpose and task that seeks to reassure practitioners that they do count. At a time when professional expertise and skills are under persistent scrutiny, empowerment and those practices that make it possible, may provide practitioners as well as policy makers with just such affirmation. As the preceding three chapters have shown, by enabling professionals to demonstrate their own effectiveness (however limited) behavioural approaches are seen by them as being a useful professional tool. If, in addition, as my interviewes reported, they can be used as tools to "empower", they can both enlarge the professional kit-bag and enable practitioners and managers to fulfill their professional duty to empower. Moreover, these approaches can do this in ways that satisfy organisational requirements. Empowerment is ambiguous and flexible enough in its meanings to allow many possible interpretations whilst, at the same time, carrying with it a stamp of ethical creditability that rubs-off on those who "empower". The potential usefulness of behavioural approaches-as-empowerment lies both in their adaptability in meeting these empowerment demands and at the same time shaping these demands into manageable, practicable forms. They thus enable health and welfare professionals to respond to the multiple and sometimes conflicting demands of clients, managers, and policy makers. The potential of

behavioural approaches-as-empowerment to play a key role in making possible a government of the social that is responsive to the diverse nuances of civil society in the late twentieth century gives them a social potency. Whether or not empowerment survives as a construct with critical potential that can give voice to the vital personal and collective dissatisfactions that are salient features of many people's lives and which are frequently associated with experiences of exclusion, invisibility and powerlessness to exert control over one's destiny, my researches suggest that, like behavioural approaches, it has already become another tool in the kitbag of the professional.

Chapter 10

Continuity and Change

Introduction

The aim of this thesis has been to examine the ways in which behavioural psychology may be thought of as a social project, that is, as a set of ideas, strategies and practices which are designed to improve society by acting on the capacities and conduct of individual citizens and family relations. It has done this by tracing internal changes in the social discourses of behavioural psychology since the 1920s and by examining their involvement with practical attempts to achieve social change by changing the behaviour of individuals. This involvement has ranged from the radical behaviourist fantasies of J.B.Watson and B.F. Skinner, who saw the best opportunities for social improvement lying in the wholescale re-engineering of society according to behaviourist laws of learning, to the interest shown in the 1960s and 1970s in recasting and redefining the problems of social and economic disadvantage into problems of helplessness, for which there were behavioural solutions. In more recent years, behavioural psychology has not only diversified its social interests into the field of rehabilitation but, echoing those early utopian themes, behavioural approaches have been offered as solutions to the problems posed by family life, which themselves have become recast in the process.

In the first part of this final chapter I draw on earlier chapters to identify some key aspects of this involvement and relate them to certain discursive and practical shifts in behavioural psychology. I suggest however, that these shifts show evidence of both continuity and change. In the second part of the chapter using some of these shifts as illustrations, I examine the relationship of behavioural discourses to government, in the sense of diverse programmes for the regulation of conduct. I argue that, whilst at one level the potency of behavioural approaches as a social instrument lies in their ability to transform people's capacities to act, it also lies in their ethical and economic appeal. Their regulatory potential and power is associated with their versatility, that is, the ways in which changes in behavioural discourses and practice have matched changing ethical, economic and political

conditions. In addition I argue that in becoming useful they reframe certain problems such that they continue to require behavioural solutions if they are to be dealt with effectively, economically, rationally.

Change

This examination of behavioural discourses began in Chapter 3 with a consideration of radical behaviourist notions of the potential usefulness of behaviourist psychology as a social instrument. This was characterised by confident progressivism; firstly an optimism that social improvement was possible and secondly an unfaltering faith in the power of behaviourist strategies and techniques to achieve it. The strength of behaviourist psychology's claims to be able to bring about social change was seen by proponents to lie in its scientific credentials . The rejection of mentalism and subjectivism in favour of objectivism and experimentalism meant according to them that the prediction and control of behaviour could now be a scientific process. A further critical recommendation was that in addition to scientific knowledge, behaviourism could also supply technical know-how. However, the contribution of these did not stop at shaping the behaviour of individuals according to rationalist principles, their value according to the radical behaviourists lay in giving scientific assistance to the reorganisation of society, both at the level of social institutions and at the level of the individual who in this light was reconceived as a citizen. Thus we can identify both the beginnings of the behaviouralisation of the citizen and the introduction of the citizen into behavioural discourses, processes which can be traced in successive conceptualisations of behavioural psychology's social contribution and recognised in contemporary deployments of behavioural approaches in the 1990s.

Whilst these social re-engineering strategies of the radical behaviourists for the most part lay in the realms of fantasy, post-war developments in the practical activities of behavioural psychology, in the form of behaviour modification, provided it with opportunities to be directly involved in social improvement, particularly through its deployment in closed, residential instituions but also through the clinical uses of behaviour therapy. However, in spite of claims of moral neutrality and of the

benefits of a scientifically based therapeutic approach by proponents, the emphasis on the control of behaviour and in particular the elimination of "deviant" or "socially undesirable" conduct through the use of aversive techniques, aroused public concern . As we saw in Chapter 1, these uses of behaviour modification were seen by critics outside the field, to threaten the rights of the individual citizen and aroused fear that they could serve and perhaps were already serving, as instruments of wider social control.

There are however two aspects of this issue that need further examination; both concern "events" within behavioural discourse which question the notion that behavioural psychology consisted of a unitary, and apparently uncontested, version of behaviour modification as necessarily socially beneficial. As Chapter 3 demonstrated, dissention with the prediction and aversive control model of behaviour was manifested in two ways, both of which centred on moral doubts and the desire to make behavioural psychology both more socially responsive and responsible. On the one hand, there were those from within the field who publicly expressed their doubts on both counts (for example, Miller 1969, Bandura 1974, Davidson 1976, Krasner1976 in Erwin 1978). On the other, were attempts to construct a behavioural psychology that not only fulfilled these moral and social responsibilities but also explicitly espoused an egalitarian position. Thus Miller (1969) in his presidential address to the American Psychological Association proposed a psychology that rather than serving "powerful elites", would be at the service of "Everyman, every day", by "developing programs to enrich the lives of every citizen" and significantly, by being "given away" to non-psychologists to "people who really need it - and that includes everyone", (Miller 1969:1070). Bandura too, as we saw in Chapter 3, used his presidential address to the association to disassociate contemporary behavioural psychology from the "anti-humanistic" position of radical behaviourism. Once again expanding behavioural alternatives, this time by "cultivating competencies", was seen to lie at the heart of the behavioural social project (Bandura 1974). For their part Tharp and Wetzel construed the egalitarian foundations of behavioural psychology in metaphor: "the laws of learning, like the rains, fall upon us all" (1969:5). What their vision of

psychology's social role shared with Miller was a desire to deprofessionalise psychology, to give it away to non-psychologists.

Whilst Tharp and Wetzel, as discussed in Chapter 5, developed their own strategies for creating new forms of socially useful behaviour modification, Goldiamond responded to civil libertarian doubts by proposing a change that involved both a significant conceptual and a technical shift in the orientation of behavioural psychology; this involved using positive reinforcment to "build on strengths" (however minimal initially) as the key strategy in behaviour change. The discursive significance of his "constructional approach" lay in the way in which it created the conceptual and technical conditions of possibility for behavioural psychology to operationalise, as well as recommend, the cultivation of competencies as its new social project. With this approach, rather than concentrating as its raison d'etre on the elimination of incompetence or deviance through aversive techniques, behavioural psychology could align itself "with the basic principles of human rights" (Goldiamond 1974:14).

However, the conceptual ground for the move away from behaviouristic notions of social improvement had also begun to be laid by another conceptual shift: the incorporation of cognition into learning theory, particularly in the form of social learning theory. Constructs focusing on locus of control (that is, where the power to affect and effect outcomes is seen to lie by the individual), emphasised the critical importance of self-perceptions of power and efficacy as the necessary conditions for actions through which competence might be established and confirmed. The reciprocal determinism of self-beliefs and behaviour, which the concepts of locus of control, learned helplessness and self-efficacy embodied, pointed to new problematisations of the social domain and to new types of solutions that a *behavioural*, rather than a behaviouristic, psychology might offer. As the discussion in Chapter 4 demonstrated, in its earliest social deployments in the field of social disadavantage and civil unrest in the United States in the1960s, locus of control proved to be a versatile construct in the service of social improvement discourses. In subsequent decades, as this thesis describes, and in other fields,

notably health, this versatility was confirmed, in particular, the power of "locus of control" both to fit prevailing political and governmental problematisations and to shape them. For example, the behavioural problematisations of parent-child relations that have formed the focus of the second part of the thesis, depend on the conceptualisation of such relations in terms of the desirability and necessity of parental power, control and competence and the technical ability of behavioural approaches to instill these, through parent training. Good-enough parenting in these discourses in inextricably linked to parental internal locus of control.

As the chapters looking at recent and current uses of behavioural approaches in the U.K. demonstrated, professionals in the field of child and family welfare employ very similar conceptions to these, of the problems posed by their clients and of the appropriate solution. Enabling, even empowering parents to feel in control and to take control of their lives, was a consistently stated professional aim and behavioural approaches appeared to many to provide a useful tool with which to put the aim into practice. Whilst this apparent mutual compatibility would be unthinkable in earlier critiques of behaviourist psychology, by tracing these internal changes in behavioural discourses we can can see how it has become possible for them to be thought of as compatible with empowerment discourses. The discursive shifts from deficit models to those emphasising the cultivation of competence and new self-directing capacities, by using constructional rather than aversive strategies and techniques, laid the conceptual ground for behavioural approaches to be thought of as empowering. This is not to say that behavioural approaches are, or are not, empowering but to demonstrate the discursive shifts that have made it possible for them to be both conceived of as such and to be practically employed in strategies to empower.

Accompanying these changing notions of behavioural strategy and intervention and of critical importance to this examination of behavioural discourses were the changing conceptualisations of suitable candidates for such interventions. As I have attempted to show, these transformations were characterised by expansion and diversification such that more aspects of living became behaviourally

problematised and a wider range of people came to be constituted as behavioural subjects. In Chapter 5 these expansions were examined in the field of parent-child relations; new childhood candidates for behavioural attention extended in age , back to early infancy and in range, to include both a broader range of problem categories and a wider range of childhood behaviours. These extensions I have characterised in terms of a shift of interest towards the "typical". This shift, which simultaneously involves the problematisation of the normal and a normalisation of the problematic, also made it possible to delineate a new problem space in the terrain of the social that needed attention. This point will be returned to in the last part of this chapter. Importantly, it was not only the range of suitable objects for intervention that expanded in these discursive shifts but also the range of possible interveners - the "new behaviourists", para-professionals and non-professionals, particularly parents, to whom behavioural psychology was to be given away. Parents, as both candidates for behavioural intervention and as behavioural managers were subject to new constructions in which "skills" and "training" were the salient concepts and "parenting" the new term to describe their role. In addition to these expansions in suitable candidates and interveners, the sites and contexts of both problems and interventions extended and diversified beyond the laboratory, clinic and institution into the home, the school and new sites such as "family centres"and "children's centres".

The descriptions of contemporary uses of behavioural approaches in the field of child and family welfare, which were presented in Chapters 6, 7 and 8 suggested that in the U.K. the practical activities associated with behavioural approaches also indicate similar transformations to these discursive shifts. As we saw in all three chapters, it is more fruitful to ask not how much but in which ways have behavioural approaches had an impact in these fields? The impact was described in terms of those intersecting dimensions along which behavioural approaches have been deployed. These included a range of new sites and settings from family centres to the family home, where detailed, systematic scrutiny of the practice of family life was carried out, most often by "new behaviourists". These interventions in the field of child and family welfare pointed to extensions of behavioural targets in terms of

age and the types of behaviour considered to be problematic and the kinds of problem that are seen to be amenable to this sort of intervention; preschool and even infant behaviour have become the new childhood focuses of this professional attention. However, parental behaviour reconceptualised as "parenting" or "parenting skills" forms the key target for these professional behavioural interventions. In conjunction with this emphasis on parenthood as a set of skills, changing forms of intervention, in which parents are enlisted as behavioural managers trainers, now involves "training" in not only the application of selective reinforcement to their children but also in detailed monitoring and recording of their own behaviour before, during and after behavioural training. Whilst the welfare of children continues to be linked to parental (though apparently not exclusively maternal) behaviour, this link has been systematised by behavioural approaches such that parent-child relationships have been simplified and reduced to more manageable forms.

In addition, the analysis of current uses of behavioural approaches suggests that they have a new ethical appeal. The frequently stated aim and purpose of these practitioners to empower clients was consistently coupled with professional emphases on the constructive features of behavioural approaches, their value in developing potential, building up self-esteem and so forth and with the view that these approaches enabled and empowered clients to take control of their lives. Not only does this suggest that the behavioural approaches exist in reciprocal relation to the ethics of self-regulation and autonomy, such that in this field they make each other possible. This ethical rationale for using behavioural has advantages for practitioners as well as clients. The ethical appeal of using these approaches may lie in the perceived benefit to clients however they have an important value to practitioners, who by using behavioural approaches can feel that they are engaged in an ethically worthy exercise.

So far in this chapter I have focused on tracing discursive changes. This has highlighted certain key transformations in behavioural discourses on social improvement: from radical behaviourist notions of social engineering through

behaviour shaping, using aversive techniques where necessary, to an interest in "enabling" and "empowering" the individual to change not only his or her behaviour but also self-perceptions, by cultivating competence and internal locus of control, through the use of constructional approaches using positive reinforcement. However, my argument is not that one set of conceptualisations replaced another but that behaviourist discourse broadened and diversified such that it became more appropriate to talk of a plurality of behavioural discourses. Nevertheless, whilst a unitary characterisation of this field is unhelpful I suggest that another significant feature of the history of the social project of behavioural discourse and practice has been certain themes marked, not by change, but by continuity. It is to these that I now turn.

Continuity

Although I have previously described the involvement of behavioural psychology with the social domain in terms of expansion and in particular the extensions of behavioural problematisations to an increasingly wide range of settings, targets and personnel to deploy them, a dominant theme in the social project of behavioural psychology has been the improvement of society through the application of science to family life, especially to child-rearing practices. Thus interventions in the *practice* of family life at the micro-level of everyday behaviour have remained a continuing focus for behavioural discourse and practices concerning social improvement, as Chapter 6,7, & 8 demonstrate. There are two related themes in this persisting interest. Firstly, that changing child-rearing practices along the lines of empirically derived principles and techniques will change society for the better and secondly, that the value of behavioural psychology as a useful social instrument lies in its roots in science and in its ability to use these to produce practicable techniques in the form of behavioural approaches.

The most marked continuity in behavioural discourses on social improvement is their consistent invocation of their scientific basis as a recommending feature. This scientific basis has been used both as a sign of credibility and worth but also as a means of differentiating between behavioural and other approaches, in terms of the

principles from which they are derived (empirically and systematically tested), qualitative differences in technique (practical and practicable) but particularly with regard to claims of effectiveness and evidence of effectiveness; thus, as the interviews in Chapters 7 and 8 confirm, the power to demonstrate their own effectiveness continues to be seen as a strong point in favour of their use. For these practitioners the power to demonstrate effects was of critical concern; the scientific origins of such powers appeared to be of little interest. However, for active proponents of these approaches a unique feature of behavioural approaches is that this power of demonstrable effectiveness is grounded in the experimental, empirical approach which, it is claimed, provides behavioural approaches with continuous self-improving qualities through built-in self-monitoring, self-testing and self-evaluation. As we saw in Chapter 5 and Chapter 6, even in the face of demonstrable ineffectiveness these stakes in empirical bases made possible a sort of optimism: if behavioural approaches do work this can be attributed to careful empirical testing, if they do not, the approach is not invalidated, merely in need of further refinement. This is not only possible according to advocates but claimed as an inevitable and integral part of the experimental process in which these approaches are rooted. To quote William Yule, a long-time proponent of behavioural approaches: "most of the problems can be regarded as technical and soluble" (Yule 1975:14).

However, the science in behavioural psychology did not only make it possible for its effects to be demonstrated; a continuing theme in these discourses concerns the scientific power of behavioural psychology to produce the desired effects, as well as to demonstrate this ability. In order to make progress, according to J.B.Watson, the phenomena of human behaviour had first to be made an object of scientific study (1917:336). However, the frequently stated goal of radical behaviourists, the formulation of laws and principles to enable the scientific prediction of individual behaviour and adjustment was only part of the overall strategy according to him: "It is equally a part of the function of psychology to establish laws or principles for the control of human action so that it can aid organised society in its endeavors to prevent failures in such adjustments" (Watson 1917:329)

For Skinner too the strengths of behavioural principles lay in their empirical, positivist roots but like Watson, Miller, Bandura, Eysenck and others, the important social value of these principles lay in the *techniques* that were derived from them empirically, that could reliably operationalise them. The scientific know-how of behavioural psychology was as important in its social project as its scientific knowledge; Skinner's behaviourist "technology", Watson's "practical psychology" and Eysenck's behaviour therapy were each held up by their authors as holding out the the possibility of not only changing behaviour, but changing it in the direction of greater social usefulness. Even Miller (1969), who saw psychology's contribution to the promotion of human welfare as lying in more than a "technological fix", nevertheless thought it had an ethical onus to provide "a workable set of practical techniques" that would enable people to solve "real-life problems". Thus a fundamental recommending feature of behavioural approaches according to their advocates was their "ontology" as *technique*. They provided the technological know-how to put into practice their own scientific laws of behaviour.

This technisization of human problems, which gave them the status of being solvable and the associated emphasis on the instrumental value of behavioural psychology in doing this, remains a continuing theme in behavioural discourses and of those who use behavioural approaches. However, in contemporary valuations of behavioural approaches instrumentality is perceived rather differently. In the versions above, the social usefulness of these different versions of behavioural psychology was seen to lie their practicality and practicability in solving human problems. Whilst a consistent theme in the perceptions of the health and welfare professionals who were interviewed for this project was that the main worth and usefulness of behavioural approaches lay in their instrumental role as a "tool" to deal with certain kinds of problems, these were mainly with *their* professional human problems rather than those of their clients. Apart from those who explicitly espoused behavioural approaches, they were not seen as solving the "real", "deep-seated" problems of clients but they were found to be useful to practitioners, by enabling them to engage parents in the therapeutic process, to deal

with certain concrete or practical problems, as a way of "giving parents something to go out of the door with" and of showing themselves (together with managers and purchasers) as well as their clients, that they could make a difference. The instrumental value of these approaches thus persists but has taken on new forms that are responsive to changing external conditions that require new forms of professional effectiveness and evidence of it.

My literature and interview analyses suggest that the appeal of behavioural approaches for practitioners, managers and policy makers lies not in the theory or ideology of behaviourism but in the pragmaticism and practicability of behavioural techniques and in their ethical appeal as "empowering". Far from any movement to proselytise on behalf of B F. Skinner or any utopian social experiment to put his "Walden Two" into practice (most of the current users of behavioural techniques probably have not heard of him) it appears that the extension of these approaches into the everyday lives of parents and children in the "well" community owes more to changing organisational imperatives in the field of child and family welfare, to new networks of alliance between professionals and between professionals and parents, as well as to ethical emphases on autonomy, manifested in the professional desire to empower. This coupled with the desire for demonstrable effectiveness that is manifested in the actions of policy-makers and professionals suggests that, in the coming years, behavioural approaches will occupy an essential place in the routine practices of professional groups in this field. The final part of this chapter considers the regulatory implications of these deployments of behavioural approaches for the government of the social.

Questions of Regulation

This project has attempted to document the internal history of behavioural discourses on social improvement and to consider the ways in which they have been been associated with changing political conditions. My thesis is that throughout this history both behavioural discourses and political authorities have shown a consistent interest in the project of social reorganisation through the behaviouralisation of the citizen. That is, of rendering her or him into an object of behavioural knowledge,

know-how and practice, with a view to changing not only individual behaviour but, through this changing society for the better. Though the interest has been consistent, the projects themselves and the candidates, techniques and settings of behaviouralisation have taken varying forms. These together with the changing ways in which the social usefulness of behavioural approaches have been construed and acted upon have been described in previous chapters; how they fit in relation to government is the question to which this final part of the chapter turns.

At one level, as I suggested earlier, it is possible to see the potency of behavioural approaches as a social instrument lying in their ability to transform peoples's capacities to act but, in particular, to act in ways that are in accordance with the requirements of political authorities. As we saw in Chapter 1 both opponents and proponents credited behavioural approaches with this power, though the former saw this as their main danger and the latter as their key value. However, whilst not assuming that the uses of these approaches (and others) which are designed to change people's behaviour, are necessarily benign, I suggest that to assume that they are necessarily malignant is equally reductive and oversimplifying and depends upon analyses which deploy social control as their pivotal explanatory concept and the State as the master in whose service it is exercised. That is, as Miller and Rose describe, that the State is construed as a relatively coherent and calculating political subject who "extends its sway throughout society by means of a ramifying apparatus of control" (Miller and Rose 1990:77). A further assumption underlying these models of power is that the objects of power are in a consistent state of opposition and that changing their behaviour in accordance with the requirements of political authorities will necessarily be against their will. Whilst it is important not to overdraw the consensus between political authorities and their objects, my analysis has pointed to a more complicated picture than this version, based on a model of power as negative and repressive, allowed for. Drawing on Foucauldian conceptions of power and government makes it possible to understand the history and the present of behavioural psychology's social project in a different and more fruitful way.

For Foucault (1979) population is the ultimate end of government; improving the welfare and condition of the population provides the strategy and activities of which government is constituted. The development of the population depends not only upon it being opened up as a domain to be known about and delineated but also upon it being administered and managed. The regulatory activities of government depend upon the identification of features of human existence that pose difficulties to and for government. As such, government is a problematising activity: "the ideals of government are intrinsically linked to the problems around which it circulates, the failings it seeked to rectify, the ills it seeks to cure", (Rose and Miller 1992:181). The provision of knowledges, languages and technologies for the identification of the problems and solutions presented by the population falls to the social and human sciences which are reciprocally related to government: as government depends on these sciences, as just described, so they "thrive on the problems of government" (Rose and Miller1992:182). In this case of psychology, for example, Rose (1985,1989) and Danziger (1987) argue that the possibilities of regulation by social authorities have been transformed and expanded by psychological discourses and practice. At the same time the calculating, organising and administrative needs of these authorities have generated the possibilities for psychology to expand. Danziger, for example, in his discussion of the social and political contexts of the expansion of psychology in North America in the early years of the twentieth century, has argued that the administrative requirements of a rapidly expanding educational sysytem and the requirements of the military administration in World War 1 to gather statistical information on large numbers of individuals provided the impetus for expansion of American psychology which adapted accordingly (Danziger 1987 in Ash and Woodworth 1987). The emergence at the turn of the twentieth century of systematic psychologies of intelligence, individual differences and development are seen by Rose (1985) to be intimately connected with a new kind of social and political attention to the population which sought to govern individual differences and development in order to maximise both individual and social efficiency and to promote the development of the population (Rose 1985). If we consider, in the present project, the discussion in Chapter 4 on the uses of "locus of control" to problematise poverty

and social disadvantage in terms of the problems caused by a sense of powerlessness, or that in Chapter 5 concerning the social problems posed by ineffective "parenting", then it can be seen that behavioural psychology both served as a regulatory instrument but also existed in reciprocal relation to government; these governmental problematisations drew on behavioural discourse and practice for their knowledges and like other social sciences, behavioural psychology thrived on the problems of government.

However, it is in the interests of political authorities not only to identify existing difficulties and failures and act upon them but also to be attentive to the possibilities of potential problems and to recognise the signs of their emergence and the threats that they pose. In this way social science knowledges as well as rendering aspects of existence thinkable, calculable and manageable also play a fundamental role by making possible the anticipation of potential problems, before they have been problematised politically. In doing so they both provide assessments of "risk" and also formulate strategies of predetection and prevention (Castel 1991). I suggest that one aspect of the social and political usefulness of behavioural psychology (as discourse and practice) lies in this ability to provide problematisations and solutions for already identified problems of government and to offer anticipatory problematisations of as yet unthought of social problems. Thus problematising the behaviour of infants and young children and their parents confirms and reinforces notions of the family's role in social regulation, responds to current concerns (the social consequences of breakdowns in parental authority, changing patterns of family life) and directs and shapes future ones by alerting attention to the precise nature of the present problem, the scale and potential seriousness of the problem and the future consequences *if left untreated.* As importantly, the provision of plausible and implementable solutions that are in concordance with economic and organisational exigencies gives these problematisations a practical appeal and a governmental salience.

My argument is that behavioural psychology as discourse and practice has introduced new sorts of problematisations and solutions which have coincided with

those of political authorities and have made government possible by enabling new aspects of living to come within the purview of political authorities. "Governing a sphere requires that it can be represented, depicted in a way which both grasps its truth and re-presents it in a form in wich it can enter the sphere of conscious politicial calculation" (Rose and Miller 1992:182). Thus I have conceived of behavioural discourse and practice as knowledges that have made new areas of life "visible" and politically salient by socially problematising them. Rather than describing this process as an uncovering or discovering of already existing objects that need behavioural solutions I have attempted to show the ways in which behavioural psychology has produced (and continues to produce) objects and subjects that require its attention. I have termed this process "behaviouralisation"; rendering social phenomena "knowable" through behavioural psychology at the same time problematises them along the lines of behavioural solutions. To reiterate, rather than conceiving of behavioural psychology as part of an apparatus of state control, I have thought of it as a system for the production of knowledge which has made particular aspects of social existence not only describable, thinkable and calculable, such that they warrant social and political attention but also administrable, practicable and manageable through behavioural practices that have strategic and technical forms. Behaviouralisation is productive in several ways: as well as making it possible for people to be construed in new ways that are associated with new forms of intervention to change them, this change is concerned with the production of new self-managing capacities in the behavioural subject. The political power of behavioural psychology from this perspective lies not in its ability to coerce people into modifying their behaviour in accordance with the requirements of political authorities, nor even in its ability to manage them for these purposes, but in the discursive and practical production of approaches that enable people to manage themselves.

This leads to a further question, how and why is the capacity for self-management politically and socially useful? There are several possibilities here. Firstly, that developing the means through which subjects can act upon themselves to regulate their lives, their social relations, their habits, behaviour and so on makes it possible

for political authorities to be less closely involved with the management of the population upon which it nevertheless depends. Foucault (1979,1981) traced transformations in forms of political authority in western Europe during the last three hundred years, in which management over life, biopower, replaced the power to take life and in which, more recently, the key characteristic has been the emergence of the self-regulating political subject. The management of populations that is the cornerstone of government entails the management of living not only at the macro-level of the "species body" but also at the micro-level of the individual, through the regulation of personal conduct. In liberal democratic and neo-liberal forms of government the regulation of conduct occurs less through the overt political actions of the law, the police and so forth but through "technologies of the self" - ways in which as political subjects we act upon ourselves in line with liberal democratic notions of the relation between subjects and political authorities (see Rose and Miller 1992:180). In these, as citizens we enter into contractual obligations to regulate ourselves; these contractual obligations, in which internal constraint is substituted for external constraint, on the one hand frees the citizen from direct interference by authorities (providing the contract is upheld) and on the other, make it possible for government to act at a distance. The liberal ethic of "regulated autonomy" is made possible, according to Rose and Miller (1992:180) through the activities and calculations of a proliferation of independent agents. Mediating between human science knowledges and the exigencies of liberal notions of political authority to which direct political control is antipathetic, is professional expertise which provide systems, strategies and techniques that can enhance, instill, reform, identify gaps and rectify them in this respect and above all intervene in the lives of citizens who are unable to fulfill their side of the contract.

Behavioural discourse and practices converge with neoliberal political rationalities concerning regulated autonomy in several ways. Firstly, both emphasise the personal and social benefits of self-management; secondly that behavioural approaches not only make possible the operationalisation of the ethic of regulated autonomy but do so by providing "democratising" strategies that seek to "empower", that align with those rationalities, and practicable techniques that

enable us to act upon our own conduct. The techniques that involve and promote self-monitoring and self-correction depend upon problematisations of behaviour that see an inability to "take control", or to be responsible for our selves and our behaviour, not as signs of pathology but of ineffective management skills. These problems are in themselves "manageable" requiring not so much treatment, as time- and cost-limited professional guidance in learning new management skills. Though on the one hand depathologising, these approaches nevertheless align with the twin themes of neo-liberal notions of regulated autonomy: individual responsibility and accountability. Ironically, given the historical antipathy to the "mind" in behavioural discourses and variable displays of disinterest in ethical discourses, a futher regulatory potential of behavioural approaches lies not only in their power to reshape our behaviour. In the process of behavioural training to enable us to manage our conduct, they also enable us to reshape our subjectivity. They thus contribute to the subjective conditions in which the neo-liberal citizen/political authority relationship can work.

Thirdly, I suggest that in acting both to promote the contract and to intervene with empowering intentions to detect and reform those citizens who cannot uphold it for themselves the deployment of behavioural approaches, in acting for both, occupies a new problem space between the citizen and political authorities. It is in this space that these approaches (amongst others) have contributed to a reframing of the social, as a domain to be governed, confirming neo-liberal shifts in attention away from programmatic imperatives, towards a focus on the consensual relations between the citizen and political authorities in which personal and social goals converge. Though it would be a mistake to over-draw the extent of this consensus, I argue that in current forms, the deployment of behavioural approaches points to the construction of the behavioural subject as neo-liberal citizen.

A vital ingredient in this conververgence with neo-liberal forms of government lies in the fit between the demands of market economics and certain characteristics of behavioural approaches. As Chapters 5,6,7 and 8 demonstrate, in the face of changing organisational and economic demands associated with market economies,

behavioural approaches have certain built-in features, that in particular centre on their measurability, which coincide with those organisational emphases that are associated with new forms of managerialism. These relate to cost, (because they are time-limited and implementable by para-professionals they are cheaper); to their "concrete" practicability (because they are *do*-able professionals and service users/clients can see that something is being *done*, or has been done that makes a difference); to the self-evaluation qualities of these approaches (because they depend upon before- and after-intervention comparisons); to their efficacy (their ability to have an *effect,* even if limited); to their ability to *demonstrate* their own efficacy (practitioners, managers, purchasers can "evaluate" their usefulness, in relation to desired effects, cost, "quality assurance" and so forth). These shared features offer reciprocal appeal: they make behavioural approaches financially and organisationally attractive and at the same time provide an expanding field in which they can thrive. In becoming useful they reframe certain social problems such that they continue to require behavioural solutions if they are to be dealt with effectively, economically and rationally.

Conclusions

This chapter has presented an overview of the history of behavioural psychology's involvement with notions and practices of social improvement that have been considered in this thesis. An important feature of this history has been the relationship between continuity and change. That is, that whilst certain themes have permeated behavioural discourses - the importance of their scientific credentials and empirical foundations, as indices of their epistemological and social worth, and their practicability - there have also been considerable shifts in behavioural conceptualisations and techniques that have given them a versatility in changing external conditions. By providing solutions in response to prevailing perceptions and, as importantly, offering new problematisations together with their solutions, behavioural approaches demonstrate their own versatility and illustrate the ways in which the human sciences have been intimately connected with the government of the social.

Whilst this is most obvious in the progressivist discourses of radical behaviourism in the first half of the century, whose visions were firmly aligned with the modernist project, what I have attempted to demonstrate is the ways in which more recently behavioural (rather than behaviourist) discourses and practices have proved to be more in tune with "post-modern" conditions and concerns than might have been expected. Though the decline of the social in neoliberal societies, as a territory to be governed, might have eliminated the need for programmatic strategies for social improvement (behavioural or otherwise) it has also created the space for new forms of regulation to appear. It is into this problem space that resilient, but at the same time mutated, behavioural forms have emerged. In this final chapter I have argued that the regulatory potency of behavioural approaches lies in their versatility. This versatility is manifested in their mutability in the face of a number of changing conditions and their ability to align with changing ethical conceptions of the self, with changing political and economic conditions and changing regulatory requirements. Whether behavioural approaches do contribute to the promotion of human welfare remains an unanswered question.

Appendix 1 List of Interviewees in Chapter 7

1 - Consultant Child & Adolescent Psychiatrist, NHS Health Trust

2 - Child Psychiatrist, NHS Health Trust

3 - Consultant Child & Adolescent Psychiatrist, Child & Family Consultation Clinic

4 - Consultant Child & Adolescent Psychiatrist, Child & Family Consultation Service

5 - Consultant Child & Adolescent Psychiatrist, Child & Family Consultation Service

6 - Consultant Child Psychiatrist & Clinical Director,Child & Mental Health Services, NHS Health Trust

7 - Consultant Child & Adolescent Psychiatrist, Child & Family Consultation Clinic

8 - Clinical Director, Department of Child & Family Psychiatry, NHS Health Trust

9 - Consultant Child & Adolescent Psychiatrist, Child & Family Clinic, NHS Health Trust

10 - Consultant Child & Adolescent Psychiatrist, (in-patient unit, children's hospital)

11 - Senior Child & Family Social Worker, Child Guidance Clinic

12 - Educational Psychologist, Child Guidance Training and Day Centre Unit , NHS

13 - Consultant paediatrician

14 - Care Group Manager (non-clinical director) Child & Adolescent Psychiatry Unit, NHS Health Trust

15 - Top Grade Clinical Psychologist (Child Health) Community Care Trust

16 - Consultant Clinical Psychologist, Health Authority

17 - Consultant Clinical Psychologist, Director, Mental Health Unit, NHS Health Trust

18 - Professor of Child & Adolescent Psychiatry, inner London hospital

19 - Professor of Psychology, Institute of Psychiatry

Appendix 2 List of Interviewees in Chapter 8

1 - Nursery Officer, NSPCC Family Centre

2 - Manager, Family Centre

3 - Manager, Family Centre

4 - Manager/Social worker, Family Welfare Association (FWA) Family Centre

5 - Manager/Social worker, FWA Family Centre

6 - Social Worker, as above

7 - Child Care Training Officer, local authority Social Services Training Unit

8 - Children and Families Team Manager, Social Services Dept.

9 - Social worker, Social Services Children & Families Team

10 - Social Worker, as above

11 - Social Worker, as above

12 - Family Support Worker, Social Services Children & Families Team

13 - Social worker,Department of Child & Adolescent Psychiatry/Child Guidance Unit

14 - Social worker, Child & Family Consultation Centre

15 - Social worker, as above

16 - Children and Families Team Manager, Social Services Dept.

17 - Eight social workers, in same ChildrenSocial Services Families Team, interviewed as a group.

18 - Family Support Worker, from same team

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