

Kuhn stated (1970) that some of the decisions in science are not logical; rather, they are based on personal predilections and values, politics, and consensus in the scientific community. It can be argued that the continued existence of separate categories for generalized SAD and APD is not based on empirical data but on political factions and territorial claims. The infusion of nonrational and nonlogical decision making is proposed to impede progress in psychological science. The refusal to abandon or revise a single categorical entity in the *DSM-IV* to a dimensional approach (despite supportive data) is a lingering reminder of the salience of Kuhn's critiques.

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DOI: 10.1037/0003-066X.59.4.273b

## Sources of Comfort and Change in This "Would-Be" Science

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Green (2004, this issue) suggested that my account of Kuhn referencing in psychology (Driver-Linn, 2003) is too comforting. He argued that psychologists were primarily drawn to Kuhn's theory because it seemed radical at a time when radicalism was attractive and that this is ironic given recent scholarship showing that Kuhn actually furthered a status quo notion of scientific legitimacy. This is an interesting perspective, and to the extent that psychologists (including me) should not be comfortable with their ignorance of philosophy of science, I agree with him. However, I do not believe that psychologists are in general a comfortable lot, nor do I believe that a careful reading of my account would comfort them.

Most who care to think about where psychology is going seem rather to be ill at ease, prone instead to brooding. Staats (1983, 1999, 2004, this issue) brooded about a particular concern, psychology's lack of unification. My understanding of his point of view is that psychology is a "would-be" science, not a bona fide science, and that it will remain one until the difficult and too-often alien work of synthetic self-assessment is deliberately, institutionally taken on. Kashdan and Steger (2004, this issue) brooded about a related concern, psychology's penchant for playing it safe. They provided a compelling example from psychopathology and question, somewhat heartbreakingly, psycholo-

DOI: 10.1037/0003-066X.59.4.273a

## The Disunity–Unity Dimension

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In her article analyzing psychology's use of Kuhn's philosophy, Driver-Linn (2003) described my philosophy of psychology position as maintaining "that psychology is not a science because it has always lacked a unified paradigm" (p. 275). Actually, as I have indicated (see Staats, 1983, 1991), that is a position held by some philosophers of science (see Toulmin, 1972, pp. 380–382). But my own philosophy of science states as a fundamental principle that all sciences begin in disunity and only advance toward unification by dint of hard and lengthy scientific achievement. The philosophy of science field has focused on the character of the unified sciences (e.g., physics) as the model of science. It has not systematically treated how those sciences were in their early disunified state, the possibility that all sciences begin in that state, or how a science comes to be unified.

As an experimental psychologist (with additional specialty interests), I have contributed to advancing psychology as a science. Psychology is very much a science, but it is a science early in its career. Psychology is what I call a modern disunified science, with a plethora of diverse and unrelated scientific products but with little investment in unifying those products. The resulting disorganization of knowledge leads people such as Toulmin (1972) to consider psychology a "would-be science." I think that because of its modern productivity, psychology's task of unification is much more difficult than that faced by the physical or biological sciences in their early development.

A science in the early stage of disunity does not have the full power of science, and it is not considered to be a full science. That power and that recognition await the beginning of the science's advancement to unification. Psychology has not begun that arduous journey. That will happen inevitably, in my opinion. But getting started is very difficult, because it represents a new, different, multifaceted task and demands new and different skills and new and different support within the science (Staats, 1983, 1999). Those who help begin that journey will be centrally important to the development of the science.

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gists' tendency to be risk-averse and defensive in the face of counterevidence. I (Driver-Linn, 2003) brood, too, primarily about psychologists' seeming lack of vision. It is my impression that we brooders share a desire not for comfort but for change.

Perhaps typical to a brooding stance, we write and talk as if we could pin responsibility for the status quo—for the disunity, the complacency, the inconsistency, the rigidity, the lack of breadth, the sophism, the laziness, the ignorance, and so forth—as if we could identify the powerful “gatekeepers” (Kashdan & Steger, 2004, p. 272) and arbiters who make and enforce the sanctions that limit psychologists and that undermine the very principles that should guide them. But I have a hunch (alas, no data) that it would be hard to find powerful psychologists—say from among tenured professors at the best research universities, the editors of the A-list journals, and those serving on the committees of the major grant-awarding agencies—who would report being comfortable with the status quo. I would not be surprised if almost all feel as if they have had to fight battles against systemic mediocrity and ineffectuality and that they all wish “they” would change. I now think that brooders' questions, such as whether psychologists do or should feel comfortable with their field, are often based on a mistaken assumption about the way the enterprise works.

A biological metaphor may be a better fit for this would-be science than a psychological or political metaphor. This would be in keeping, as McNally (1992) reported, with Kuhn's (1991) late-in-life suggestion that cultural institutions, including sciences, undergo a process similar to biological speciation. Maybe the “speciation” of psychology has yielded, along with thriving and extinct subspecialties and notable mutations, some unfortunate vestigial attributes. If such a metaphor is more apt, then it would seem that top-down change is less likely than bottom-up change, that sources of comfort are less likely to be found in philosophies of science than in novel works done courageously, and that paradigm shifts are less likely to be a result of the power of admonishment than the power of attraction.

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DOI: 10.1037/0003-066X.59.4.274

## Old Wine in a Slightly Cracked New Bottle

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Pledger (2003a) and some of her colleagues (Gill, Kewman, & Brannon, 2003; Melia, Pledger, & Wilson, 2003; Olkin & Pledger, 2003; Tate & Pledger, 2003) presented an interesting, but frequently flawed, perspective on what is described as “A New Model of Disability” in a special section of *American Psychologist* (Pledger, 2003b). This model fails to recognize previous advances in rehabilitation psychology, inaccurately portrays rehabilitation psychology as being dominated by the medical model, and creates a plethora of potential academic, clinical, and philosophical concerns. In the first place, the model presented is hardly new. A recognition of the importance of psychosocial factors in disability and rehabilitation dates back, at least, to the forming of Division 22 (Rehabilitation Psychology) in 1958, which was originally named Psychological Aspects of Disability and had its origins in an American Psychological Association special interest group called the National Council on the Psychological Aspects of Physical Disability (Larson & Sachs, 2000). In fact, Barker, Wright, and Gonick (1946) published the first edition of their classic work

on disability and social psychology 12 years before the formation of the division. Moreover, the field of rehabilitation has prided itself for decades on emphasizing assets rather than deficits on the part of individuals with disabilities. Rehabilitation also has a long history of being conducted in multidisciplinary settings (e.g., the early comprehensive rehabilitation centers in New York, Pennsylvania, and Georgia and the many Veterans Administration facilities across the country). Similarly, recognition of the appropriateness of interdisciplinary research and treatment in rehabilitation settings coincided with the development of community mental health programming during the 1960s.

It is also debatable, if not disingenuous, to characterize rehabilitation psychology as operating primarily from a medical model, as opposed to a psychosocial or so-called socioecological model. Although many rehabilitation psychologists work in medical facilities, it seems inappropriate to conclude that the field is, or has been, dominated by a medical model. As pointed out by Thomas and Chan (2000), a significant number of rehabilitation psychologists have always operated primarily from the philosophy of assessing residual, functional capacities as opposed to the assessment of impairments. As far as the authors' revelations about including “consumers” in research planning and initiatives are concerned, readers are referred to a Division 22 published monograph by Leviton (1973), titled “Professional and Client Viewpoints on Rehabilitation Issues,” for an early example of including clients in influencing the direction of rehabilitation research. Although several other incidents of “reinventing the wheel” were found in the series of five articles organized as “A New Model of Disability” (Pledger, 2003b), the above examples hopefully will suffice to illustrate my point that much of what was presented as new is not only old but also a matter of established rehabilitation practice.

Regrettably, some of the recommendations offered by the authors and the specific terminology used in the articles also cause considerable concern. For example, the promotion of “disability studies” (Olkin & Pledger, 2003, p. 296) as a distinct area of study is a poignant example of promoting stereotypes by segregating persons with disabilities from the rest of society. On the one hand, the authors talked about the “full integration of individuals with disability into the community” (Tate & Pledger, 2003, p. 295), but on the other, they advocated for creating an area of academic endeavor that would surely emphasize group