I have attached the appropriate readings for both discussions:

Discussion #1. Is referenced out of the chapter readings (the book)

Discussion #2. Is the article "the case for a new American healthcare system

DISCUSSION #1.Prior to beginning work on this discussion, read the required chapters from the Harré (2006) *Key Thinkers in Psychology* e-book. Examine one of the schools of thought (psychoanalysis, behaviorism, etc.) presented in the reading that is significant in the evolution of modern psychology. Select one theorist associated with this school of thought and explain the specific theoretical perspective(s) and/or contribution(s) this individual made to the field of psychology. Evaluating the impact of the theory and/or contribution(s) to the field as a whole, identify the strengths and weaknesses of your theorist's contribution(s).

DISCUSSION #2.Choose one contemporary issue or problem that is prevalent in today's news and research a minimum of one peer-reviewed article on this issue in the Ashford University Library. Evaluate the issue from your chosen school of thought and your theorist's perspective. Explain how the theory provides a deeper understanding of and insight into the conditions and behaviors related to the contemporary issue. Evaluate contemporary applications of psychological theory to the issue. Support your evaluation of the news piece with your peer-reviewed research on the topic.

Chapter 1: The Behaviourists

from Key Thinkers in Psychology

View article on Credo

During the first half of the 20th century a radical shift appeared in the very conception of what a scientific psychology ought to encompass. From the time of the British empiricists of the 17th and 18th centuries to the German experimentalists of the 19th century, the legitimacy of people's reports of their subjective states was hardly ever questioned. However, in the 1920s the role of conscious states and processes as the prime sources of explanations of publicly observable behaviour was called into question. Not only were there doubts about the reliability of incorporating private experiences among the data of psychology, but, beginning with J. B. Watson (1919), the opinion began to spread that such data were redundant. Public behaviour could be explained by identifying the stimulus that triggered it.

However, in the first instance, human behaviour was far too complex to be studied by looking for stimulus-response patterns. Animals could serve as models for the study of behaviour in general. Not only were animals readily accommodated in experimental programmes, but it was presumed that their more primitive repertoires of responses could be analysed into simple elementary stimulus and response units. This presumption facilitated a certain kind of programme of experimental research.

The experimental study of stimulus-response patterns could be accomplished, it was assumed, by identifying elementary states of the environment and elementary responses and treating these as independent and dependent variables. An experiment would consist in manipulating the independent variable and observing the changes in the dependent variable. Show a dog some food and it will salivate. Thus we have an experimentally confirmed 'psychological' unit: food as stimulus elicits salivation as response.

During the first half of the 20th century a great many experiments based on this paradigm were carried out. Watson did little himself. The major figures behind a great deal of this work were **Ivan Pavlov** and **Burrhus Frederick Skinner**. Both worked with animals - dogs, rats and pigeons. Both made systematic use of the methodology of independent and dependent variables. They differed on whether this route would lead to a comprehensive scientific psychology. However, both were willing to generalize their findings to the case of *Homo sapiens*.

In this way the programme of behaviourism was born. It flourished in the United States, particularly as it was developed by Edward Tolman (1932) and others. It had little influence in Europe, where anthropology and other descriptive approaches to understanding human life were generally more important at that time. We can see this in the work of **Frederic Bartlett** and of **William McDougall**.

In eschewing any reference to mental processes behaviourists quite naturally began to see the stimulus-response patterns extracted from experiments in causal terms. Stimuli cause the emission of behaviours. The human being as active and responsible agent is implicitly expelled from psychology.

As the school of behaviourist psychology developed into a paradigm for a scientific psychology, it absorbed another trend that at first might seem alien to the very idea of a psychology. Influenced by the demands of the military and by business studies, psychologists began to subject their results to statistical analysis, requiring a population of subjects to take part in experiments (Danziger, 1990).

Long after behaviourism as a general psychology had been abandoned, the methodology of behaviourist research programmes continued and soon became an almost ubiquitous paradigm, practically defining what a scientific psychology should be. The three components - a causal metaphysics, an experimental methodology based on independent and dependent variables applied to a population and the use of statistics as the main analytical tool - made up a conception of psychology sometimes identified as the Old Paradigm. For the most part psychologists were simply unaware that the natural sciences they hoped to emulate made very little use of Old Paradigm methodology. The challenges to that methodology that emerged in the 1970s as the New Paradigm were partly animated by the idea of applying the actual methodology and metaphysics of physics and chemistry to the problems of psychology. Concepts like 'activity' and 'structure' made their appearance. Model making began to take precedence over experiments.

In this chapter we look closely at the lives and work of the pioneers of two versions of behaviourism, **Ivan Pavlov** and **Burrhus Frederick Skinner**.

References

Ivan Petrovich Pavlov (1849-1936)

Burrhus Frederick Skinner (1904-90)

Reflections

Chapter 2: The Developmentalists

from Key Thinkers in Psychology

View article on Credo

Human beings are born in a state far from that which they will assume as adults. Babies can neither walk nor talk. Yet, after a decade or two each human being has developed a huge range of cognitive and practical skills, and for the most part has acquired a stable personality and character. What is more people are clearly differentiated into national and cultural types, through languages, cognitive and social styles, systems of belief and so on. Two major questions confront the developmentalist. How much of what a human being will become is already predetermined by virtue of inbuilt potentialities? How far and in what ways is the process of development dependent on the material and human environment of the growing child?

The 20th century saw a revival of the 17th century debate on the existence of 'innate ideas'. John Locke (1634-1704) vigorously insisted that the human mind begins as a *tabula rasa*, a clean slate on which experience inscribed the whole content of knowledge and skill. The behaviourists, most prominently B. F. Skinner, building on the researches of Ivan Pavlov, revived the idea that the mental and moral endowments of people are all acquired. In the 20th century, the new science of genetics offered a theoretical foundation for a revival of the innateness point of view. Strong claims have been made for the dominance of 'nature' over 'nurture'. Towards the end of the 20th century, more and more of those traits and skills that were once assumed to be the result of environmental influences have been claimed to be the result of the inheritance of certain clusters of genes, shaping patterns of behaviour by shaping the brain and nervous system, just as other clusters of genes shape other organs of the body.

Set obliquely to this debate, the role of the environment was seen very differently by the two leading developmentalists of the century, Jean Piaget and Lev Vygotsky. For Piaget the material and social conditions of life impelled the developing child along a universal and predetermined sequence of stages in the course of which the cognitive skills of the mature human adult were brought to life, so to say. The sequence ran from thinking in concrete terms to the ability to handle abstract forms of thought. For Vygotsky the activity of the brain and nervous system, initially inchoate, was shaped into the patterns of mature thought by the acquisition of linguistic and practical skills appropriated from the local human environment, whatever that should happen to be.

The story of developmental psychology in the 20th century is made more complex by the influence of very different ways of regarding development, depending on how adult behaviour was to be interpreted. Should we see human behaviour as the result of active agents trying to achieve various goals according to local rules and conventions, or should we see what people do as the effects of causes? If the former, then developmentalists should be attending to how skills are acquired together with the associated bodies of knowledge. If the latter they should be attending to how children acquire a repertoire of trained responses, inculcated by processes of conditioning. As the century wore on, the 'skills' conception gradually overtook and began to overshadow the 'conditioned responses' school.

The 'learning as conditioning' school took its start from the work of the behaviourists, **Ivan Pavlov** and **B. F. Skinner**, with his technique of 'operant conditioning'. The 'cognitive skills' school was led independently by **Lev Vygotsky** and **Jean Piaget**. Though **Jerome Bruner**'s influence on the development of psychology in the 20th century was most marked in the advent of cognitivism, he made vital contributions to the approach pioneered by Vygotsky and Piaget.

Comparing a young child with an adult, it is clear that there are at least four domains in which a developmental transformation has come about. Manual skills are acquired and polished. Cognitive skills are gradually built up over decades. A third kind of development occurs, as human beings come to see themselves as men and women with a sense of ethnic identity. At the same time distinctive personalities and characters are established. How far are these aspects of personhood inborn and how much of them is learned?

Chapter 3: The Cognitivists

from Key Thinkers in Psychology

View article on Credo

Psychology is the study of thinking, feeling, acting and perceiving. The main focus of cognitive psychology during the 20th century was on the study of the mental processes of thinking, including reasoning, deciding, planning, calculating and remembering, independently of their likely grounding in the brain. Nevertheless, most cognitive psychologists bore in mind the key principle that the ultimate grounding of cognition must lie, somehow, in the way the brain and nervous system worked. Towards the latter half of the century the role of cognition in emotions, in perception and in social action began to gain attention.

Cognitive psychology is based on the principle that human beings acquire bodies of knowledge which are implemented in managing various tasks. This stands in sharp contrast with the behaviourist's picture of the person as the site of a myriad independent stimulus response units, acquired by some form of conditioning. The task of the cognitive psychologist is to create a representation of relevant bodies of knowledge and to develop a theory of how they are implemented in thought and action. A person's body of knowledge includes not only what he or she takes to be factual knowledge, though some of it may be wrong, but also procedural knowledge, how to do things. Both **William McDougall** and **Serge Moscovici** introduced the idea of bodies of social knowledge into their research paradigms for social psychology.

Behaviourism was not so overwhelming an influence in the United Kingdom and elsewhere in Europe as it had been in the United States. **Frederic Bartlett** began systematic studies of the mental activity of thinking shortly after the end of the Second World War, having pioneered the study of remembering as the maintenance of a body of knowledge of what had happened in the past and how this changed over time. By the 1960s a vigorous programme of research into cognition had begun at Harvard. Led by the researches of **Jerome Bruner**, the philosophical basis of psychology began to shift. The cognitive psychology of Bruner and his colleagues was based on the principle that in order to complete an adequate explanation of the observable performances of thinking, remembering, deciding, classifying, perceiving and so on, hypotheses about factual and procedural knowledge, and of cognitive structures and processes of which one was not currently aware, were required.

From the point of view of philosophy of science, cognitivism is a striking example of a realist reaction against the positivism of behaviourism. Hypotheses about unobservable 'cognitive schemata', 'cognitive mechanisms' and so on were to be taken seriously. They are not only the formal bases of explanation, but also can be examined as possible representations of something that is taken to be as real as the phenomena they are meant to explain. The exact status of such unobservables has been the subject of a long-running debate, without undermining the methodological principle on which cognitive psychology has been based.

Since the relevant bodies of knowledge and many of the processes by which they are implemented in problem solving and other mental processes are unobservable, our understanding of them must be indirect. The natural sciences have learned to deal with the problem this raises by making use of the techniques of model building. What sort of models, that is plausible representations of hidden cognitive 'mechanisms', should we construct and test? The Center for Cognitive Studies, founded by Bruner and George Miller, inaugurated a research programme in which the new inventions in computing machines were drawn on, in ever greater detail, as sources for formal models of cognition. The development and critical reception of this way of modeling will be discussed in the next chapter. A more overtly mentalistic approach was taken up by **Noam Chomsky**, in his very influential studies of the workings of language. The task of the cognitivelyoriented linguist was to create a representation of the knowledge that was required for a person to be able to carry on linguistic performances.

A fine line needs to be drawn, however, between heuristic models of cognitive processes, constructed to facilitate understanding of some complex psychological phenomenon, and realistic models, purporting to represent something real but unobservable. For example, Alan Baddely's 'loops', proposed as an imaginary mechanism to help us think about long and short term memory, are not meant to represent real neural structures (Baddeley, 1998). **Jerome Bruner**'s schemata, described in this chapter, are presented as psychological entities with a claim to exist in addition to the perceptual phenomena they help to explain.

I have chosen my cast of characters from a wide range of possible candidates, partly to bring out two major dimensions along which the cognitivism of the midcentury diverged. **Frederic Bartlett** focused on the content of remembering, and he made no attempt to construct formal models of the cognitive processes involved. **Noam Chomsky** moved very quickly to the use of a formal style of theorizing, his now well known formal representations of knowledge of syntax as clusters of rules. The sacrifice of content entailed by adopting a formal mode of representation ought to have been compensated for by a corresponding leap in generality. This 'leap' was particularly prominent in Chomsky's work, since he explicitly made claims for the universality of his deep grammatical forms.

In its 'classical' form cognitive psychology was based on the presupposition that the primary location of the relevant cognitive processes was an individual person. **George Kelly** was responsible not only for the idea that individual people had their own, idiosyncratic ways of reasoning, but also for a technique by which the cognitive resources of individual people could be brought to light, represented in the constructs displayed by his method of repertory grid analysis.

Chapter 10: The Psychopathologists

from Key Thinkers in Psychology

View article on Credo

Every society that we know of has had some conception of the normal range of bodily forms, of proper ways of behaving and of the limits of acceptable thoughts and feelings. Correspondingly there have been criteria for recognizing abnormalities, and procedures and practices of dealing with people on the margins. However, the range of acceptable ways of being has varied widely. So too have the explanations for deviant behaviour and strange thought ways. Madness has always been recognized, but who is to be counted as mad and for what reason has differed at different times and in different places. During the 19th century there were great changes in the ways of dealing with deviance. There were the beginnings of a scientific approach that paralleled the way physical medicine had developed on scientific lines. Psychopathology as the study of mental aberrations and strange conduct required a grounding in developments in psychology, just as the management of bodily diseases began to depend on the scientific study of the human organism and the assaults upon it.

By the beginning of the 20th century a broad distinction was drawn between psychoses, serious and perhaps incurable mental abnormalities, and neuroses, abnormalities in thought and behaviour of a less serious but still misery-inducing kind. The medical profession undertook to cure at least some neuroses. Psychoses were generally dealt with by isolating the person in an institution, saving them from themselves and of course saving other people from them.

As a branch of science, psychopathology required a system for classifying the phenomena and a powerful set of explanatory concepts, reaching into the underlying and often unobservable causes of mental troubles. Emil Kraepelin provided the former and Sigmund Freud believed he had provided the latter.

Emil Wilhelm Magnus Georg Kraepelin (1856-1926)

Sigmund Freud (1856-1939)

Reflections

APA

Chapter 10: The psychopathologists. (2006). In R. Harré, *Key thinkers in psychology*. London, UK: Sage UK. Retrieved from https://search.credoreference.com/content/entry/sageuktp/chapter_10_the_psychopathologists/0

Chicago

"Chapter 10: The Psychopathologists." In *Key Thinkers in Psychology*, by Rom Harré. Sage UK, 2006. https://search.credoreference.com/content/entry/sageuktp/chapter_10_the_psychopathologists/0

Harvard

Chapter 10: The psychopathologists. (2006). In R. Harré, *Key thinkers in psychology*. [Online]. London: Sage UK. Available from: https://search.credoreference.com/content/entry/sageuktp/chapter_10_the_psychopathologists/0 [Accessed 2 January 2019].

MLA

"Chapter 10: The Psychopathologists." *Key Thinkers in Psychology*, Rom Harré, Sage UK, 1st edition, 2006. *Credo Reference*, https://search.credoreference.com/content/entry/sageuktp/chapter_10_the_psychopathologists/0. Accessed 02 Jan. 2019.

COMMENTARY

Andy Stern

the case for a new American healthcare system

There is no shortage of policy papers, commissions, committees, and conferences on the problems that plague the healthcare system in America today.

AT A GLANCE

The U.S. healthcare system is structured on cost rather than access. The employer-based system should be replaced with a new healthcare system that aligns with today's complex economic realities. Visionaries in the American business community need to take the lead in calling for a new healthcare system.

It is probably the most talked about, the most studied, and the least acted upon issue our country faces. And that needs to change.

At the Service Employees International Union, we look at health care from a number of different vantage points. We are the largest healthcare union in the country. Our membership includes nearly 1 million nurses, physicians, hospital staff, nursing home, and home care workers. So we see health care from the bedside, but we also see it at the bargaining table and the dining room table.

Whether you are a provider, a consumer, an employer, or a frontline healthcare worker, we all know that America doesn't have a healthcare problem—we have a crisis.

Last year, more women in America went bankrupt than graduated from college; for a majority of them, the primary cause was their healthcare bills. Today, less than a quarter of middle class families can cope financially with a typical medical emergency.

Providers know all too well that the old formulas aren't working. It's not just the uninsured who are unable to pay anymore. Now even *insured* Americans—who keep the system afloat—are often unable to pay their ever-increasing share of hospital bills or fill their prescriptions.

Many people who are fortunate to have employer-sponsored health care still face massive economic insecurity. And people are paying the price in the form of impossible choices for their families.

Earlier this year in Minnesota, I met with a housekeeper at a hospital. He had worked there for 10 years and has a wife and four children. The employer pays a significant amount of his healthcare costs, and he and his wife figured out a way to buy family health coverage. The problem is the

Andy Stern is the international president of the Service Employees International Union, Washington, D.C. With 1.8 million members, SEIU is the fastest growing union in North America. Focused on uniting workers in four sectors—hospital systems, long-term care, property services, and public services—SEIU is the largest healthcare union, the largest property services union, and the second-largest public employees union.

Stern began his union career in 1973 as a Pennsylvania social service worker and member of SEIU Local 668 and rose through the ranks before his election as president in 1996. He serves on the board of directors for diverse organizations, including the Institute of Medicine, Rock the Vote, and the Broad Foundation. Stern weighs in on economic and political issues on www.SEIU.org and as a regular contributor to online outlets, such as the Huffington Post.

Questions or comments about this article may be sent to him at andy.stern@seiu.org.

family health care covers only two of their four children. The other two children require additional premiums. After paying for his own health care and then his family's share, he couldn't afford the other two children's share. So he and his wife were forced to make a gamble no parent should have to make: Which of their kids was the least likely to get sick?

From Comprehensive to Catastrophic

Employers are coming to understand why the current healthcare system is unsustainable. By 2008, according to McKinsey and Company, the average Fortune 500 company will spend as much on health care as it will make in profit. In the past five years alone, the percentage of businesses offering health benefits has plummeted to 60 percent from 69 percent. That's not surprising when you consider that by 2010, family healthcare coverage will cost companies $17,522 per worker per year. It's hard to imagine how employers are going to be able to compete in a global economy when they have to add these incredible costs onto the price of a product—particularly considering that in other countries, healthcare costs are shared among sectors of society.

The fact is that we are morphing from a comprehensive healthcare system to a catastrophic one without a debate. Comprehensive plans are being priced out of reach with the steady march of higher monthly premiums, higher copays, and higher deductibles. Before long, this steady erosion of coverage will mean that the only affordable coverage for many people will be high-deductible catastrophic plans.

Moreover, the quality of care is too often below the standards achievable if we adopted best practices across the industry. We talk about evidence-based medicine, electronic medical records, and disease management, and although there is some great experimentation, we certainly are not implementing these practices widely. We talk about the key role of nurses and other caregivers in better care coordination and improved patient safety and satisfaction, but we have not done enough to invest in their skills and retention.

We have the perfect storm—45 million people and counting with no insurance at all, crushing costs for both employers and consumers, and unacceptable quality. We all know the problems. Yet nothing is being done. Politicians' words and firm promises don't mean anything to most Americans anymore. Employers' expressions of their concerns about the healthcare system are heartfelt but haven't brought about any change. Unable to tame healthcare inflation on their own, employers are shifting costs to workers and fleeing the system.

I believe it's past time to assert a simple fact: The employer-based healthcare system is failing. If we don't say that, we are just going to keep building on a very unstable foundation. The time has come and gone for incremental change. We are

BETTER HEALTH CARE TOGETHER

In February, SEIU, CEOs of several major Fortune 500 companies, and national labor and civic leaders formed a partnership called Better Health Care Together. The coalition is mobilizing leaders from business, labor, and politics, to ensure that every person in America has affordable, high-quality health coverage by 2012. For more information, visit www.seiu.org.

not going to solve the problem disease by disease, funding stream by funding stream, or constituency by constituency.

We need a new healthcare system that aligns with the complex economic realities we face today. That means accepting that we're living through the most profound transformative economic revolution in the history of the world. Consider this: The agricultural revolution took 3,000 years, the industrial revolution took 300 years, and the information revolution is probably going to take just 30 years. No single generation in the history of the world has ever seen an entire economic revolution in its lifetime.

It's happening so fast we can barely keep track of it. Intense global competition. Contingent work. The explosive economies of China and India. Technology in the workplace. Outsourcing. By the time they are 35, young people entering the job market today will have already worked in eight to 12 jobs. We are rapidly moving from employer-managed work lives to self-managed work lives, in which workers will manage their health insurance and everything else. We can't be hobbled by a 20th century healthcare system as we try to compete in the 21st century economy.

We are in this dilemma because our healthcare system is structured not on access (as education is) but on cost. In health care, only some people are in while others are out, and we have left it to employers to decide whether to provide coverage or ask the government to do it. Now we are suffering the consequences. And it will take fundamental change to fix it.

A Vision for Change

The good news is there is broad consensus about the kind of fundamental changes we need. It starts with a universal system that provides affordable coverage, choice of physicians and insurance plans, core benefits, and shared financing among employers, employees, and government.

A new national policy framework is the easy part. The problem is not policy, it's leadership. But we can't rely on Washington, D.C., for answers. For too long, politicians from both parties have been full of words and lacking in action.

We are in this dilemma because our healthcare system is structured not on access but on cost.

It's time for visionaries in the business community—the same leaders who have revolutionized medicine, communications, technology, and entertainment—to stand up and say that the economic health of our country is dependent upon changing this healthcare system. Frankly, I'm not sure what they are waiting for. America's CEOs should be shouting from the mountaintops that they can't afford to compete in the global economy with a healthcare system that undermines their economic competitiveness.

Since employer-sponsored insurance has been the "best payer," it may be tough for some providers and insurers to confront the reality that the current system is crumbling. But America desperately needs your leadership. The Massachusetts experience in 2006 shows what is possible when we forge new ground together. Providers and insurers came together with labor and consumer advocates to embark on a bold reform plan in Massachusetts. We need similar leadership in other states and at the national level.

Our union is doing its part to advance the healthcare reform debate by working with partners in the provider community to combine our members' know-how as caregivers with the expertise of leaders in healthcare management.

As someone I talk to a lot from the Boston Consulting Group says, successful organizations are ones that leap into the future and hope the world catches up with them. But on health care, we keep trying to catch up when we really need to create the future and then build around it.

DIVIDED WE FAIL

AARP, the Business Roundtable, and SEIU have formed a partnership called Divided We Fail to urge U.S. political leaders to find solutions to issues surrounding the health care and long-term financial security of Americans. To learn more, visit www.aarp.org/issues/dividedwefail.

Most important, we don't have to start from scratch. We can learn from the best of what we have, starting with the Federal Employees Health Benefits Program, which has been highly successful at holding down costs while offering a wide range of benefits and types of plans.

Another plan worth a closer look is the TRICARE Uniformed Services Family Health Plan, directed by the U.S. Department of Defense, which brings together the DoD's direct healthcare resources with managed care support services contracts and purchased care. This blended system provides a comprehensive health benefit to approximately 8.9 million beneficiaries, including active duty and retired uniformed services members, their families, and survivors, while also providing medical support to military operations.

The state of Vermont is continuing its efforts to expand access to care. Most recently, Vermont passed the 2006 Health Care Affordability Act, which seeks to control rising healthcare costs by better managing chronic care and making health care affordable and accessible for all residents.

Turning Ideas into Action

There are many good ideas about what to do to build a new American healthcare system. At the moment, there is just not much political will.

As we look to creating a new system, we have to keep in mind that this is not just about dollars and cents. It's about people's lives.

I will never forget Lisa Scott, a woman I marched with for health care at SEIU's 2004 convention. Lisa was a 33-year-old single mom from Iowa Lake, N.D., who worked every single day of her life. Her daughter Janelle got sick. She went to the doctor, received X-rays, and got cured. But a year later, Janelle got sick again with a respiratory infection and went back to the doctor. She needed another X-ray, but didn't get one because she still owed $800 for her previous treatment. Three days later, this 18-year-old girl died because her mom couldn't pay $800 worth of healthcare bills.

This is a tragedy made even worse by the fact that it was unnecessary.

It's time for leadership. That means American businesses, American healthcare providers, American unions, American government, and American policymakers have to step forward and say, "End this employer-based healthcare system now and build a new 21st century one that is affordable, improves quality and efficiency, and covers everyone." America can't afford to wait any longer. ●