

**RETROSPECTIVE ON GOLDDIAMOND'S "TOWARD A CONSTRUCTIONAL
APPROACH TO SOCIAL PROBLEMS"**

In reading again Israel Goldiamond's "Toward a Constructional Approach to Social Problems," I am reminded anew of the scope and power of the work of this great behavior analyst. For purposes of this commentary, I would like to focus on three characteristics of Goldiamond's body of work that are in strong evidence in the target article. They are his placing of behavior analytic clinical work in the context of the cultural contingencies of our society; the systematization of his clinical expertise; and his ability to remain thoroughly behavior analytic while recognizing the value of the work of scientists and practitioners working in other traditions.

Goldiamond begins the target article with a review of ethical and legal issues pertaining to behavioral intervention with individuals that Skinner (1978) identified as being most susceptible to mistreatment in society: those least able to retaliate against coercion ("the young, the elderly, prisoners, psychotics, and retardates," p. 53). Goldiamond analyzes the U. S. Constitution as a behavioral contract and masterfully analyzes the (often conflicting) cultural contingencies under which "total institutions" as well as individual mental health practitioners operate. In the first third of the article, Goldiamond's depiction of cultural contingencies and the professional behavioral contingencies embedded in them is masterful. At the end of the section he recommends that institutions, as well as practitioners working with typical adult populations, use the constitutional contract as a guide in developing treatment programs.

Goldiamond then distinguishes between a "constructional" approach to treatment (which focuses on "the production of desirables through means which directly increase available options or extend social repertoires"[Goldiamond, p. 14—p. 122 here]) and a "pathologically oriented" approach to treatment (which focuses on alleviation of distress or elimination of troublesome behavior). He argues that a constructional approach is not only more consistent with the constitutional contract but more productive.

I would say that Goldiamond's version of applied behavior analysis was totally unique if I had not learned a similar approach from my own mentor, Donald Whaley. What Goldiamond has done for the field, however, is to systematize his approach in a "constructional model" and publish detailed descriptions of the general and specific features that characterize the model. Goldiamond shows in this description how the content-free scientific principles of behavior can be used to guide the clinician in identifying critical variables in the vast range of particulars constituting the behavior/environment relations characterizing a client's reality.

But most interesting, certainly to the clinician, is the reader's sense of being in the "presence" of a truly great clinician. The subtlety and sensitivity, the humor and the understanding, are omnipresent in the details of treatment that Goldiamond describes. It is interesting that we are able to detect that he fully understood and cared about the clients with whom he worked, while he consistently described his

observations and tactics in scientific terms (with a few apologies for everyday language use.)

After describing his behavior analytic constructional model, Goldiamond returns to the ethical and legal issues with which the article began and reviews them in the context of his model. He analyzes the elements of the model in terms of the contract implicit in the Constitution. A brilliant analysis of the contingencies of coercion provides guidance in ascertaining whether or not proposed changes in contingencies constitute coercion.

Although Goldiamond's constructional model is thoroughly behavior analytic, he suggested that other theoretical orientations may develop constructional models as well. Just as behavior analysts and non-behavior analysts alike may approach intervention from a "pathology-oriented" model of behavior change, so both behavior analysts and non-behavior analysts may take a constructional approach. This is because the "pathology-model" is not a "medical" model and a "constructional model" is not defined as "behavioral" model. Rather, any theoretical approach may focus on the problem as a "pathology" or aberration, and any theoretical approach may focus on the problem as a description of what is needed and the assets (client repertoire and environmental options) available to accomplish what is needed. Goldiamond recognizes the possibility inherent in working together with other professionals to develop a constructional approach to solving social problems by changing the larger systems in which behavior change agents operate. He may have been one of the first behavior analysts, after Skinner, to describe how cultural contingencies both limit and sustain the behavioral contingencies that account for the behavior of individuals.

Sigrid S. Glenn

*Department of Behavior Analysis
University of North Texas*

REFERENCES

- Skinner, B. F. (1978). Humanism and behaviorism. In *Reflections on behaviorism and society*, Chapter 4, pp. 48-55. New York: Prentice-Hall. Originally published in *The Humanist*, July/August, 1972.

EDITOR'S NOTE: Additional discussion of the implications of Goldiamond's work will appear in the next issue.