Psychology in society (PINS), 1994, 18, 73-77

The making of clinical psychology

Book review
Reisman J (1991) **A history of clinical psychology**. New York: Hemisphere (1971).

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John Reisman's **A history of clinical psychology** offers some informative lessons for clinical psychology in South Africa in this time of re-evaluation and reconstruction. This is the second edition of a book originally published 20 years ago, and it sets out to document the major developments in psychological concepts, assessment and therapy techniques and professional activity and structure as they have occurred chronologically. It is very much a North American book whose focus is on the development of clinical psychology in the U.S.A. but the many important theoretical developments that occurred in Europe are also thoroughly covered.

The book spans a hundred years up to 1989 and is organised by decades beginning with 1890-1899. In the chapter covering each decade the major developments in five areas are summarised: 1) Theories of normal personality functioning, 2) Diagnostic techniques, 3) Diagnostic formulations, 4) Treatment formulations, and 5) Professional development. So the reader can trace the development in any one of these areas by selecting the relevant section of each chapter. In addition, the decades are organised into first, second, third and fourth generations, with a two page summary at the beginning of each generation. This allows for the major events of a thirty year period to be scanned in a few glances.

The book is, therefore, fine for dipping into, but the serious reader might well like to read it through in a few sittings. This would provide an unique opportunity to assimilate a century of history in a very manageable form, and would be a very through briefing on the major personalities and forces that have shaped that complex phenomenon that we call clinical psychology. My own internal map of the history of psychology has been pretty hazy up until now, with only a few fixed markers. So the book provided a valuable opportunity to obtain clarity. What I found fascinating was the appreciation of the way clinical psychology became progressively enriched as each new approach, perspective, assessment method or therapy technique was added into the mix. While reading about the early decades I found myself relieved that I was not a clinical psychologist then, with only rudimentary tools and conceptual frames available.

Today many psychologists are concerned about the relevance of current theory and practice for our South African context, and would like to rewrite clinical psychology to

create a workable indigenous version. But I doubt whether there would be many who would like to go back to the state of theory and practice as it was in the first two decades of this century, where there was a great deal of bumbling about and a great deal of energy invested in ill-conceived projects.

We quickly become aware that many of the debates within contemporary psychology reflect issues which psychologists have grappled with for decades. Here are a few examples.

When do you think that this was written about testing of intelligence and ability?:
"There is no more important lesson for the practitioner to learn than that existing psychological and psychiatric measures... are far from perfect, that they are affected by the personality characteristics of the examiner and by the influences of the physical and social environment as well as by native endowment... and that improvement in scientific testing techniques... waits upon the solution to fundamental questions in psychology" (p143). This observation was made in 1929 by Wallin.

When do you think a book by Healy was published whose " ... major contentions were that the current procedures for handling delinquents were ineffective, and that the majority of delinquents, despite the measures taken by the courts and reform schools on their behalf, did not become useful citizens and continued to violate the law. Healy argued that what many of these children needed was treatment that would attempt to eliminate the emotional disturbances at the root of their delinquency" (p114)? Healy's book appeared in 1915.

This one made me feel quite uneasy:
"The results of studies evaluating the therapeutic outcomes when these techniques were employed were equivocal. Yet for two major reasons their use continued and expanded: 1) there was little else to choose from in treating psychotics, and 2) the introduction of these techniques raised morale among the staffs of mental hospitals, since it seemed that they were providing treatments that actually helped their patients" (p198). I find I share similar feelings about some present day treatments. But here Reisman is actually commenting on the use of insulin or Metrazol induced shock, ECT and psychosurgery during the 1930s.

When do you think these revolutionary ideas were recorded and by whom?
"[He] felt that as a child therapist his main task was to accept and respect children as they were at the moment, without feeling any need to change them or assume responsibility for directing their decisions. He did not see himself or wish others to see him as omnipotent...respect for individuals as they exist, respect for their ability to help themselves and take responsibility for their own lives would be of most benefit" (p202). How come we have never heard of the man who penned these words? His name was Frederick Allen, who in 1925 became director of the Philadelphia Child Guidance Clinic, which was later to be the home of Minuchin of family therapy fame, and whose book was published in 1934. Our textbooks have, of course, linked such thinking with the work of Carl Rogers or existential therapists.

Here is an account that has a contemporary ring:
"There was a growing tendency for psychologists to be relegated to second string jobs while physicians took over the positions of heads of clinics and bureaus ... At the heart

of the problem was the absence of standards, regulations and a prescribed training program for clinical psychologists. Anyone who wished to become a clinical psychologist was forced to take whatever courses were available and to receive additional training on the job".

In response to this situation, a leading psychologist "... urged psychologists to meet their responsibility to develop the profession. Satisfactory training standards would have be set up and enforced and better jobs would have to be created by arousing the public to the pressing need for them and by lobbying for favourable state legislation" (p210).

In contemporary South Africa we have moved some way beyond this point, but the ground has been hard won, and could easily be lost in the rush to restructure psychology and distantiate ourselves from professionalism and "Eurocentric models". Yet the period Reisman is writing about here in the USA is still the 1930s, over half a century ago!

The book is systematic but not dry and the reader's interest is kept focused by emphasis on psychologists' roles in controversial issues and critical comment on developments. For example, Reisman notes, "It would be difficult to imagine a more significant legal case in which psychologists participated", referring to the case which led the US supreme court in 1954 to rule that the provision of racially segregated but equal educational facilities violated the constitution. In another example, we learn that diagnosis with the DSM-III-R turned out to be less valid than that with the DSM-III, its predecessor, and the fact that the 62 of disorders listed in DSM-I of 1952 had risen to 230 by the time DSM-III was published in 1980. Was this real progress, asks Reisman, or simply a step taken "in order to ensure that no visitor to a psychiatrist's office should escape a diagnosis"? (p370).

To a limited extent this can be used as a reference work. With its tight organisation and its 15 page index, a large number of basic facts can be quickly accessed. For example, you could easily trace the major developments in theory and practice in intelligence testing, the key developments in psychoanalytic theory, or the history of the American Psychiatric Association's DSM diagnostic system. Nevertheless the index could have been more comprehensive and a work of 382 pages cannot give a thorough and systematic treatment to everything. For example, the two major models of training are usually referred to as the Boulder and Vale models. The dominant Boulder model is also called the scientist-practitioner model. But there is only limited coverage of the debate about this, and I could not access that coverage at all through the index as there were no entries for "Boulder", "scientist-practitioner", "training", or "Vale".

In the preface, the author states that, "Today clinical psychologists are an influential, if not dominant, voice in American Psychology". Clinical psychologists in South Africa may feel envious of this situation, but Reisman's account shows that this achievement came through creativity and dedicated hard work on the part of the hundreds, and later, thousands who at each stage of the story refined the ideas and practices and developed the professional and academic infrastructure which are the foundations of this success. In the preface he also comments, "Clinical psychology can be found in varying stages of growth throughout the world". There is some documentation of this in the sections on professional development but the only African country mentioned is Egypt which had about 40 psychologists before 1960, "a handful of whom worked as

clinicians" (p294). Up to 1980 we are told that clinical psychology was emerging in South Korea, Turkey, the People's Republic of China, Mexico and Cuba among other places. By the end of the book, Brazil, Colombia and Venezuela get a mention too, but still no mention of South Africa. The book does not pretend to offer a comprehensive account of international developments, so this is hardly a criticism, just a reminder that we are quite on the edge of the world when viewed from the USA!

The account of professional development decade by decade in the USA makes fascinating reading, nonetheless. Four things stood out for me.

1. A decision has to be made about the balance in training between the scientific discipline and practitioner skills. What distinguishes clinical psychology in the USA is the depth of grounding in the discipline that is required in doctoral training (and of course all clinical psychologists in the USA must have this level of training). Clinical psychologists there are not just counsellors, therapists, psychometrists or programme managers but are trained as scientists in a way that is not found in all helping disciplines. Nevertheless, viewed from the tip of Africa, it looks as if American training sometimes has too little focus on clinical skills, and that a lot of the knowledge base does not automatically translate into clinical practice.

2. The setting of standards for training, both in respect of content and quality, played a major role in defining the identity of clinical psychology and providing it with credibility in the eyes of other professionals and the public.

3. An important factor that contributed to the growth of clinical psychology has been the development of practical expertise in places where it was needed. For this reason much of the early growth was in the form of behavioral management and educational testing for children.

4. Job creation is fundamental. Expertise is not enough by itself. Here is a good example: after World War II the Veterans Administration had 44 000 psychiatric patients in its hospitals and identified a need for 4 700 clinical psychologists and vocational counsellors. Large amounts of US government funding was channelled to existing graduate training programs to increase the number of trainees. The American Psychological Association was not prepared to compromise on standards, so that all training was at PhD level, and the Veteran Administration required full PhD level training for its psychologists. This scenario alone contributed to the raising of training standards. In addition, by causing such a huge increase in the jobs available to clinical psychologists, a field that had largely begun with a focus on problems of children and adolescents now had a majority of practitioners concerned with adult male in-patients (p250).

All four of these points are important for the future of clinical psychology in South Africa and have a major bearing on the important question of whether we can develop a viable community based clinical psychology. In relation to the scientist/practitioner debate, we have to avoid letting community clinical psychologists become just another kind of community mental health worker. What would, I hope, distinguish community clinical psychologists in the future would be a thorough grounding in a well developed human science discipline based on systematic observations and conclusions drawn by means of case studies and controlled quantitative research. In relation to the second

and third factors, we need to provide a thorough and well grounded training in applying clinical psychology in the community. But we can only do that once we have a thorough base of practical knowledge and tested expertise. This journal is playing a valuable role in disseminating the results of experiments in this area, and its regular readers will be very aware that it is a field fraught with complex problems which will not be solved by political commitment and good will alone. Yet until we have a viable working model of community clinical psychology we cannot make it the centre of professional training. All we have at the moment are some embryonic projects. We are learning a lot from these, but for every success there have been a lot of disappointments and we are far from the goal of having an established applied discipline.

Finally, consider the importance of the fourth factor, job creation. If government were to create a thousand posts for community clinical psychologists and to ask the new Psychological Society to draw up training criteria in consultation with the Universities, the profession would be transformed overnight. If this never happens, community clinical psychology could remain largely something people do during their idealistic student days and which they quickly abandon once they are faced with the realities of earning a living and providing for their children either because they are forced into private practice or because they use their community skills as managers in community development projects, for example, but no longer as clinical psychologists.

The task ahead of us in South Africa is to foster the organic growth of a clinical psychology matched to the political, social, cultural and economic realities of our society. For this process the success story of clinical psychology in North America does offer important lessons and indicators, but, given our very different social and economic conditions, it seems to me unlikely that even in the next three decades clinical psychology here will achieve the same level of influence and respect that it has in North America. But we live at a critical turning point. There is work to be done. It will depend very much on today's clinical psychologists whether the practice and profession develops or declines, and a reading of Reisman's book will, I believe, provide a valuable guide to the nature of the work, in the development of theory, practice and professional structure, in which clinical psychologists who care about their profession need to engage themselves.