

AMERICAN PSYCHOLOGY IN THE SIXTIES

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WHAT are the prospects for the science and profession of psychology during the present decade? What are some of the influences that will affect our Association, perhaps in ways we would not choose if we were able to plan our own course?

First of all, what will be the size of APA by 1970? There are many ways to estimate a profession's growth. Fifteen years ago, Dael Wolfe (1947) estimated that the total membership of the American Psychological Association would be 16,000 by 1960 and 40,000 by 1970 if growth continued in the straight line it had followed from 1920 to 1947. Boring (see Sanford, 1951) plotted a curve four years later that led him to predict almost 18,000 psychologists in APA by 1960, almost 44,000 by 1970, and almost 59,000,000 psychologists in 2050! Our actual membership in 1960 was 18,215.

I have used several methods to predict the membership of APA in 1970, but all seem open to question. Our growth curve has been decelerating, but a great expansion of college enrolments and graduate school applications is in prospect. These antithetical trends cloud the crystal ball. One method of estimating future trends is to divide the number of PhD degrees in psychology year by year over the past several years into the increment in APA membership for the same year. This gives a ratio which should show short-range stability as extraneous factors, such as the postwar degree boom, have decreased effect. The ratios of new PhDs to APA membership increments has dropped rather steadily from year to year. There is a choice of using a larger number of years and an average higher than the current ratio, or a smaller number of recent years to be sure the decreasing ratio is taken into account. Using both these methods, with United States Office of Education estimates of doctorates in the 1960s (Conger & Fullam, 1959), I have arrived at an anticipated APA membership in 1970 between 30,000 and 33,000.

Our APA membership increased two and a half times in the decade 1950 to 1960. As our growth curve is steadily decelerating it does not seem likely

that we will fulfill Boring's prophesy for the year 2050. Indeed, I do not believe we will reach the 40,000-44,000 estimate for 1970.

Psychology's growth curve may reach an asymptote fairly soon and perhaps even before we reach the 30,000 figure. If we assume that 6% of psychologists withdraw from the field each year, we would need 1,800 annual replacements just to maintain a membership of 30,000. A 6% figure was the best estimate of the rate of annual loss of college faculty members that could be made by the Research Division of the National Education Association (1961, p. 53) after a broad survey of existing information. It includes death, retirement, illness and disability, change of occupation, etc. It is hard to argue that our rate of loss will be any slower than 6% because of our higher proportion of women and our relatively higher than average tendency to leave the field for administrative and managerial positions.

The PhD output of our graduate schools by 1970 will not be likely to exceed 1,200. It is hard to foresee how we can expand doctoral programs beyond the projections noted below. Unless there is a large expansion in Master's level programs during this decade, and an active effort to recruit these graduates, it seems probable that APA will stabilize at about 30,000 members.

What will be the output of our graduate psychology programs during the 1960s? We can arrive at what seems a fairly accurate estimate. We have exact figures on the total output of doctorates in the United States in all fields during the 1950s and on the output of PhDs in psychology for the same period. For these past 10 years the number of PhDs in psychology was almost exactly $6\frac{1}{2}\%$ of total doctorates earned in all fields. Using the United States Office of Education estimates of the number of doctor's degrees to be awarded in the 1960s, and assuming that $6\frac{1}{2}\%$ will continue to represent the proportion in psychology, we can make yearly estimates of our output. Adding these yearly estimates we arrive at a total of 9,200 PhDs to be awarded in psychology during the current

decade. Now let us see what demands there will be for these people.

How many new college and university faculty members in psychology will be required in the 1960s? Ten years ago, a fair number of academic disciplines were able to boast that at least half of their new college teachers had the doctoral degree. Along with psychology, more than half of all new teachers in the biological sciences and the physical sciences had received the PhD. Now psychology is the only academic field still above the 50% level. There has been a sharp decrease in the educational qualifications of college teachers in most fields, but especially in mathematics, English, and foreign languages.

There has been a growing demand for new faculty members in psychology. In 1955, 144 new full-time psychology teachers were employed in our colleges and universities. By 1960 this number had increased to 250. In 1961 the figure jumped to 320. In 1965, using a prediction method described below, we can estimate a need for approximately 800 new faculty members in psychology and this number will continue to increase somewhat year by year thereafter.

In the first year of this decade the increase in college and university enrolments was 230,000. Each year enrolment in our higher educational institutions will gain a little more than it did the year before until by 1970 the increase over 1969 will be 300,000 students. By 1970 well over 6,000,000 college students will be jammed into our colleges and universities. The 1960 enrolment was about 3,500,000.

In estimating the number of full-time faculty needed in higher educational institutions, the Research Division of the National Educational Association (1961) used 6% as their estimate of the annual number of new faculty members needed to replace present faculty members who die, retire, or leave teaching. But this does not cover the increased enrolments.

This enrolment problem is causing uncertainty in estimates of future need for college faculty members. What is the extent to which increased enrolments will be permitted to stretch student-faculty ratios? In estimating future needs for faculty, the Research Division of the National Education Association has arbitrarily assumed that some faculty expansion would have to occur but that we could not keep up with enrolments; per-

haps we will hold the student-faculty ratios to about a 20% increase.

Using these National Education Association estimates we can predict a real demand for 7,500 new college and university faculty members in psychology in the 1960s.

How many nonacademic psychologists will we need in this decade? If we continue to use 6% as the rate of attrition due to death, retirement, and other causes, and if we assume that we will find further demand in the nonacademic fields of psychology in proportion to the increase in the United States population, we can predict a need for 8,000 to 10,000 psychologists in nonacademic positions during the current decade.

It will be obvious that we are not going to produce as many PhDs as the number of psychologists estimated as our minimum requirements. But if only half the total of new teachers and nonacademicians are PhDs, we will come out even.

From this supply we will have to furnish additional people to the growing option of private practice. Nearly all of these will be new (or used) PhDs.

Let us look for a moment at the forces affecting private practice, particularly in clinical psychology.

Just as public support of clinical psychology has resulted in a marked increase in the number of clinical psychologists available, it seems safe to predict that the public's growing and obvious willingness to support with fees psychologists in private practice will result in a sizeable increase in the number of clinical psychologists electing to enter this field.

How many psychologists are now in full-time private practice? While there is no answer to this question for the country as a whole, we have a number of sources of data which allow us to make estimates. Recently I had a student count the number of individual psychologists who list themselves in the Yellow Pages of telephone directories in our 10 largest cities. Some 650 psychologists are so listed.

E. Lowell Kelly's (1960) recent survey of Division 12 membership found that 17% of his respondents reported private practice as their *primary* work setting. If this percentage of his sample can be extrapolated to the Division 12 membership as a whole this would mean that more than 400 members of Division 12 are engaged in relatively full-time private practice. Division 12 represents only

about one-third of the clinical psychologists who belong to APA. Continuing the extrapolation we arrive at an estimate of some 1,200 APA members (6% of the total membership) as the number in full-time private practice in clinical psychology. This is a very shaky estimate, of course, based on an extrapolation from an extrapolation. But it is the best guess we can make without much better data, and it does not differ appreciably from the 5% figure usually cited by the APA Central Office.

What are some of the factors responsible for the present and anticipated future growth in the number of psychologists entering private practice? One reason, of course, is simply the fact that there *are* more psychologists than there used to be, and there will be more from year to year for awhile.

Other factors are also important. Our United States population is becoming more and more urbanized and the private practice of clinical psychology is an urban phenomenon. Indeed professional activities of all sorts are concentrated in urban areas. Psychologists turn out to be even more urbanized than physicians. In our 10 most highly urbanized states live 38% of our population, 43% of all MDs, and 55% of all APA members.

The principal reason for the growth in private practice of clinical psychology probably will be found in the acute and growing shortage of other professionals available to meet mental health demands of our middle and upper classes, particularly the shortage of psychiatrists. Elsewhere (Albee, 1959) I have shown in detail the fact that psychiatry is falling behind. Certainly our output of psychiatrists cannot be much expanded because this medical specialty is competing with other highly rewarded medical specialties for recruits from the limited pool of medical school graduates. As there is no immediate prospect of any sizable increase in the output of our medical schools and as psychiatry will continue to recruit something less than 9% of the approximately 7,200 new medical graduates each year, psychiatry cannot keep up with our growing population and with the need for replacement of those who leave the field.

Similar prospective shortages can be cited for other mental health fields. For example, there is a continuing manpower shortage in professional social work and among clergymen of most religious denominations. All of these shortages seem destined to be chronic and to operate as a vacuum into

which private practitioners of clinical psychology inevitably will move.

Because the shortage of psychiatrists is likely to have such far-reaching implications for psychology we should look more closely at what is happening in psychiatry. In 1950 there were some 1,400 psychiatric residents in training in United States mental hospitals. By the end of the decade this number had doubled. This sounds like a very sizeable increase. But in 1950 only 10% of the residents in psychiatric training were graduates of foreign medical schools. By the end of the decade more than 40% of this group were from abroad. Two-thirds of the total of residents in our state hospitals are foreign trained. Often the attitude of the hospitals has been that it is better to have someone than no one. Recently the American Medical Association has raised serious question about this attitude with the result that qualifying examinations have now been set up for foreign physicians to measure their competence in medical knowledge and in English. After December 31, 1960, all foreign physicians have had to be certified by the Educational Council for Foreign Medical Graduates.

Despite the sizable number of foreign physicians in residency training in this country, some 11 states in 1960 had no one in training in psychiatry. Ten additional states had fewer than 10 psychiatrists in training. In 22 of our states the public mental hospitals had not a solitary resident in training in psychiatry (American Psychiatric Association & National Association for Mental Health, 1959). What do these figures mean? The number of psychiatrists available to that part of our population living in rural states, and to those hospitalized in public mental hospitals, is desperately short.

Of those psychiatrists in residency training across the country only some 800 were reported to be in their third year of training. All this simply means that we are not getting enough well-trained psychiatrists to meet our growing mental health demands. It is unfortunate, but true, that the future development of psychology is more likely to be influenced by this shortage in psychiatry than by any other single factor (save perhaps the teaching machine).

The increase in demand for private practitioners may affect the incomes of all psychologists. Galbraith (1958) has pointed out that those professions having the option of private sale of services are in a much better economic position than those

in which the private practice option does not exist. Economically speaking one is much better off to be a dentist or a prostitute than a librarian or a social worker! Even during periods of increased demand for professional services, charges for privately supplied services are likely to go up rather than down. With long-time endemic inflation a characteristic of our society, those professions with a sizable proportion of their members in private practice can adjust much more readily than strictly salaried professions to the increased costs of living. And even those professionals *not* electing the option of private practice must be better paid by agencies in order to be held.

We have evidence that this economic law is beginning to operate in psychology. Kelly's (1961) survey of Division 12 indicated that the median of male Fellows was over \$14,000 a year and of female Fellows over \$10,000 a year. These incomes are higher than the median income of psychologists in the National Register of Scientific and Technical Personnel (mostly PhD) reported by Levine (1961) to be about \$9,000 a year.

Recently I did a mail survey of the Cleveland Psychological Association's Division of Psychologists in Private Practice. I asked members of the group to report to me anonymously their gross professional income, and the proportion of their time they spent in private practice. For those responding (85% of the group) median income last year was \$17,500. The half-time private practice group earned \$19,000, the full-time group \$14,500.

The point I am making here is that all psychologists, wherever employed, will tend to enjoy continued improvement in their income because of the willingness of society to pay for the services of applied psychologists, including those in private clinical practice. As this option grows, all our incomes will grow. Likewise, as sizable numbers of psychologists come to earn \$20,000 a year, our social image, our power, our influence, and our conservatism will increase!

One of the difficulties with manpower estimates is that so often they merely project present trends and present ratios into the future, taking into account population growth, increasing urbanization, and similar obvious factors.

Often they fail to take into account significant events which turn out to have a marked influence on future needs for professional personnel. The discovery of an antibiotic all but eliminated an entire

specialty area in medicine and created a whole new science. The recommendations of a Conant can go far towards eliminating the small high school, but can sharply increase the demand for counselors.

Many people predict that the publication of the final report of the Joint Commission on Mental Illness and Health (1961) may prove to be such a pivot point in the whole field of mental health.

What are some of the implications of the recommendations contained in the Joint Commission's final report as they affect psychology and other mental health professions?

Many of the recommendations concentrate on the needs for intensified support of research, augmented treatment facilities, stepped-up care of the mentally disordered in general, and revolutionary changes in our present approach to mentally disordered persons. Nearly every one of these recommendations requires that we first break through the barrier of limited educational resources for professional manpower. While there are few signs that we are ready to make this effort now, it seems possible that the report will prepare the ground for a change in the social climate and we may witness a major effort to produce the professionals that do not now exist to implement the recommendations.

What are some of the specific recommendations that could affect psychology?

One recommendation concerned psychiatric units in general hospitals. The report expressed the point of view that no community general hospital of more than 100 beds is complete without a psychiatric unit. The fact is that at present only about some 600 general hospitals have any facilities for the care of mental patients beyond emergency admissions. This means that there are some 4,000 general hospitals in the country without such units. If we assume that a psychiatric unit in a general hospital would require the services of at least a half-time psychiatrist, a social worker, and a half-time psychologist, we begin to get some flavor of the personnel demands that would result from attempts to realize this particular recommendation.

Another recommendation is concerned with community mental health clinics. The Joint Commission recommended the modest objective of one fully staffed full-time mental health clinic to each 50,000 of our population. This certainly does not seem like an excessive goal until we consider how many professional people would be required to staff the clinics to meet this goal. Using the most conserva-

tive estimate of our 1965 population it would take an additional 2,200 psychiatrists, 2,500 psychologists and 5,200 psychiatric social workers to bring us up to this ratio for the whole United States. But there is one further difficulty. Because of the large number of our professional people located in highly urbanized states, and because of the present severe shortage of professional people in rural states, a much larger number of professionals would be needed to bring all of the states up to this goal than to bring up the country's average as a whole. While it is almost senseless to cite such figures, it would take nearly half of the professional membership of APA, the American Psychiatric Association, and the National Association of Social Workers to bring all of our states up to this modest goal *for mental hygiene clinics alone*. (Of course, this number would be increased if we decided to bring each county up to this desired ratio.)

Several other recommendations of the Joint Commission also would require enormous increases in personnel for realization. The needs of chronic public hospitals, children's clinics, intensive treatment centers, and follow-up care, all covered in the recommendations, increase manpower needs almost beyond meaning.

At the head of the list of recommendations was the proposal that a much larger proportion of funds for mental health be invested in basic research as contrasted with applied research.

If we must choose among the recommendations or assign priorities, in view of both the manpower picture and pure logic I would underline the necessity of making the painful decision to concentrate on training research personnel rather than treatment personnel. But most winds seem to be blowing in the other direction!

John Gordon, who was co-author of one of the Joint Commission reports, said in another context a few years ago,

No mass disease of man has ever been adequately controlled by attempts to treat the affected individual. Some progress can be made, there are ethical reasons for that approach, but if the objective is control of the condition in the population the fundamental approach is through definition of the nature and extent of the problem, the recognition of causative factors, and prevention. A program based on treatment of the exaggerated illness is temporizing and with no great promise of productive results; it is good clinical medicine but poor public health (Gordon, 1956).

It is obvious that simply producing more professional people prepared as therapists from our graduate schools and professional schools does not guarantee the realization of the objectives outlined in the Joint Commission's report. If large numbers of our newly trained professional people go into private practice with middle-aged neurotics in high-income suburbs, doubling our output will be relatively meaningless.

We are torn between a humanitarian desire to do something to help present day neurotics and psychotics and the rational decision that only by research can we achieve our goal of reducing suffering. Attempts to solve the problem of mental disorder through approaches based on one-to-one, face-to-face relationships, however moral and admirable, are simply not sensible from a manpower point of view.

Sensible or not, the growth in psychology continues to be in the direction of application rather than basic research.

The very rapid increase in the number of students entering graduate work in psychology has been accompanied by a concurrent change in the flavor and content of our undergraduate curriculum, thus influencing the self-selection of future graduate students.

The self-selection that had led undergraduates in the past to major in psychology, and has thereby provided the pool from which graduate students have been recruited, has occurred through the screen of a relatively difficult undergraduate curriculum. There is evidence that this situation is changing. In many ways, in many places, the undergraduate program in psychology has sacrificed rigor and difficulty in favor of interest and humanism.

Recently I had a graduate student tally some of the content of five introductory textbooks in widespread use today and contrast their content with five texts used 25 years ago. Briefly we found that present day introductory psychology textbooks have more than five times as many references to such "interesting" topics as dreams, hypnosis, neurosis, psychosis, and psychotherapy, as the textbooks of the 1930s. Our modern texts, despite their greater length, have doubled the proportion of pages devoted to personality, conflict, mental disorder, and adjustment. Twenty-five years ago only one text in five mentioned psychoses or psychotherapy. Today, nearly all of our introductory texts go into detail on these topics.

Because our undergraduate majors are, in large measure, self-selected as a result of exposure to beginning courses, it seems probable that our future recruits will be of different interest patterns and motivations because of the changing appeal in our subject matter emphasis. This change in the interest pattern of future psychologists will undoubtedly be reflected in changes in graduate programs in the direction of more emphasis on methods and techniques of diagnosis and therapy and decreased emphasis on research.

The increase in interest in diagnosis and therapy will lead to a change in the emphasis of job activities of psychologists with further effects on our image. A very small proportion of the Division 12 clinical psychologists surveyed by Kelly reported a primary interest in research. Only one-tenth of them were occupied *primarily* in research and only one-fourth of the group reported *any* research activities. Seventy-five percent were not doing *any* research! Who will argue that this situation will not affect eventually the content and emphasis of graduate education?

Nearly 40% of the clinical psychologists Kelly surveyed thought the next generation of psychologists should be trained in a special degree program combining parts of medicine, psychology, and social work! It is doubtful that this group would agree with the recommendations of the Miami conference emphasizing the primacy of research preparation.

Finally, we are likely to witness an increase in the presently growing interest in legislation, and public relations, and in such professional matters as malpractice insurance, tax deductibility of psychological therapy, and strengthened professional

organization. Where will it all end! Eventually we may hear our APA Executive Officer testifying before the Congress against every piece of legislation that smacks of socialized psychology! We will engage in cocktail party defenses of the inalienable right of every citizen to choose his own psychologist without government interference.

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