13. *A Declaration of Independence for Psychology*

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PSYCHOLOGY has reached a crucial choice point in its development. We are pressing the limits of growth imposed by our present structure. Indeed, developmental distortions have been occurring for a long time. Like the ancient Chinese habit of binding women's feet, the distortion of our field, particularly of clinical psychology, has come to be regarded by many as beautiful and proper.

We see attempts to perpetuate and institutionalize the distortions by splitting off a separate profession of applied clinical psychology from its home in a discipline rooted in scientific and philosophic origins.

In my recent OPA presidential address I examined some of the cultural forces which affect the appropriateness and timeliness of our psychotherapeutic approaches and suggested that while a concern with psychotherapy is of great significance to the development of psychological theory it should not become the blind alley into which our training efforts are diverted.

I would like to advance the hypothesis that most of our present problems are derived from one clear-cut error which we made nearly twenty years ago when we decided to train clinical psychologists in medical settings. Let me elaborate this argument and urge a solution. The next decade is the crucial one for us. If we permit clinical psychology to be split off, or if we drive it off, the power and strength of our science-profession will be dissipated. If on the other hand we find a way to increase the centripetal force there are practically no limits to our horizons.

Most of the strong established professions control their own field work resources. Every medical school has a controlling interest in a complex of first-class University Hospitals where students of medicine receive excellent practicum training. As a general rule professors of medicine and professors of surgery at the medical school head these departments in the affiliated hospitals. Sometimes medical schools work out agreements with other community hospitals where they place students and invariably the school arranges appointments in such a way as to have a tremendous influence on the hospital.

Other professions have long ago discovered the importance of controlling their own practicum facilities. Schools of Dentistry operate dental clinics as part of their ongoing training resources.

The profession of social work sends its students outside the university for their field work experience and while this represents a different pattern from the training of professional physicians and dentists in captive clinics and hospitals, a great many social work students are trained in agencies where the director is a social worker and the power structure is controlled by social workers.

It is when we come to the so called "ancillary" professions—nursing, occupational therapy, rehabilitation therapy, recreational therapy, etc.—that we find students being trained in agencies completely dominated and controlled by some profession other than their own.

Whether we like it or not clinical psychologists' training is much closer to the pattern of the "ancillary" professions than it is to the powerful independent professions. Clinical psychology students are guests in other peoples' agencies and hospitals.

In many places the patterns and grooves are so well worn as to be perfectly comfortable and natural-seeming. For years trainees in many clinical settings have been "completely accepted" and allowed to perform all of the tasks and techniques which psychology has insisted should form a part of their training. Other places, not so smoothly honed, are always struggling to achieve Freedom Now for psychologists. We all know these places where the official policy is that psychology students may engage only in diagnostic testing, but where the departments from which the students are sent

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understand that this official policy can usually be "handled" on a personal basis by the captive psychologist-supervisor who personally vouches for the acceptability of the given student and gets exceptions to policy made by the powers that be.

The pattern of training that was set by the Veterans Administration Clinical Psychology Program in 1945 has nurtured and strengthened psychology more than anything else. It may seem odd and belated to begin asking questions about whether we would do it over again if we could choose.

A large generation of clinical psychologists has been trained as guests in houses not our own. Psychology in the VA is strong and viable and it continues to be a major source of support for our graduate students in clinical psychology.

But it, like most field work agencies, is a setting under the total and sometimes incompatible control of medicine. Living in such settings psychologists have become nimble as pickpockets, adaptable as rats, and quick-witted as con-men, but they have not developed a separate professional image for themselves.

In many ways, too, clinical psychologists, like well-treated slaves in other empires, have unconsciously adopted the values, the language, and the manners of their owners and masters. A few of us have been arguing for years that disturbed people are not *sick*, that they should not be regarded as *patients* to be *treated* etc., etc. Only recently have I realized that only as we escape from the bondage imposed by our training requirements will we be able to stop speaking the language of our Egyptian masters!

The depth of the brain-washing to which the present generation of clinical psychologists has been exposed is evidenced by the degree to which our thinking accepts without resistance the medical model and the primacy of medicine's responsibility for the field of mental disorder.

The plain fact is that nearly all of the people seen in psychologists' offices or on the wards of "mental hospitals" are *not* sick. While the concept of mental illness had a sort of temporary usefulness in counteracting the older explanations of sinfulness and taint it is now a millstone around our neck.

I am leading up to the proposition that psychology, to free itself of the devastating handicap of training clinical psychology students on other peoples' territory must soon find a way of establishing its own captive practicum training center. The captive center must be big, expensive, and must include *all areas of psychology*, not just applied, within its walls. It will not fit into an attic or into a basement, nor even into some of the new steel and glass buildings which now house psychology departments on our campuses. It must be a Psychological Center, perhaps semi-autonomous but with university faculty members occupying important positions within the Center and with private practitioners in the community coming in to donate teaching services in exchange for the relief and stimulation such activity will offer from the lonely life of the psychotherapist or the solitary life of the industrial psychologist surrounded by businessmen.

The Psychological Center will have many obvious advantages. It will be administered and controlled by psychologists and its program can be organized in such a way as to provide excellent and varied training to our students.

The Center will solve several of the most persistent and damaging characteristics of clinical training available up to the present. One has been the lack of opportunity for graduate students in clinical psychology to obtain ongoing research experience during most of their graduate program. Whatever ways this problem has been hidden it is certainly true that in most graduate psychology programs ample opportunities for on-the-job or in-the-lab research training have been available in experimental, physiological, industrial, and even social psychology, but the student in clinical psychology has been placed in settings where the choice of clients, and their handling, was organized not at all for his training but for other purposes. I know of very few university settings where clinical psychology students could participate in significant research with disturbed children or adults as an across the board and regular part of their training. This situation is reflected in Kelly's discovery that most practicing clinical psychologists (members of Division 12) were not doing any research. Other psychologists do research because they were reinforced for doing so as students. Most clinical psychology students are barred from doing significant research because guests can't help themselves. Those that survive and finally manage to do a dissertation to get their degree have found research something less than rewarding.

A Psychological Center must offer a variety of services. There will be a wing occupied by the industrial consultants, a floor occupied by social psychologists, and separate sections for engineering psychology.

The experimental people doing research on grants will occupy the whole of higher floors where animal odors will blow away. And the clinical

including diagnostic testing, play therapy, and parental counseling. Referral service for pediatricians and other professionals in the community, will be available. It will offer adult counseling (I hope we can get rid of the term psychotherapy but I am not optimistic) in some quantity.

A whole new psychological vocabulary will come into its own. The people coming to the Psychological Center for service will not be called patients, because it will be *Our* center and not *Theirs*. The air will be fresh and free. In the cafeteria psychologists will talk with psychologists, and we will all return to the practice of educating each other by talking with each other.

Parapsychological personnel will have to be employed, of course! They will be treated with acceptance, dignity, and respect, though it will be made clear that decisions affecting the policies of the Center will be dictated primarily by considerations which affect the adequacy of training of the students in psychology. Other professions will be allowed to engage in counseling provided they have the genuine collaboration of a qualified psychologist.

Another part of the Psychological Center will be an experimental school. Components may include nursery schools for normal children and for special groups of children such as the academically talented, emotionally disturbed, and mentally retarded. An ungraded first three years should also be included. It is time for psychology to return to its rightful place in symbiotic relationship to education.

Among the benefits to be derived from the availability of a Psychological Center affiliated with graduate psychology programs is the expansion of professional training made possible. Despite attempts at increasing the output of trained psychologist over the past 15 years our output is still far below society's demand for trained psychologists.

So much of the support of our present training programs comes from federal training and research money that there is the danger that some future economy-minded Congress could destroy the whole training edifice in one economy action. By diversifying the sources of support, by drawing on client fees, children's tuition, endowment, and other local sources of support, in addition to federal grants, the opportunity for expansion would be paralleled by the strength that diversification of funding provides.

One of the most persistent demands from clinical psychologists is for post-doctoral training. The practicing clinician, whether he works in an agency or in his own private office, feels a strong need to keep up with developments in the field and to sharpen and refine his techniques and knowledge. This is especially interesting when viewed against the difficulty that medicine has had in trying to get physicians interested in keeping up with the proliferation of knowledge in medicine.

Psychologists are exceedingly demanding in their search for continued training and education.

The availability of a Psychological Center would go a long way toward handling the need for post-doctoral training.

Zoltan Gross is quoted in the *PPP Newsletter* (February, 1964) as saying that psychology must develop a professional school inside the university. He recognizes clearly what Flexner pointed out 50 years ago—that any group which aspires to be a separate profession must have a theory, and also neophytes carefully selected, thoroughly rooted in the academic setting. No profession can survive unless its roots are in the academic community.

One of the problems that besets psychology is the fact that it has grown up in the context of the Graduate School where it is one department among many.

This sibship status has had the effect of limiting the size of our graduate programs. Even though we have grown faster than any other academic discipline there are limits to our growth imposed by the understandable reluctance of other departments long established in the academic tradition to see our new field outdistance the rest. All sorts of subtle controls are imposed on psychology whether it be resistance to the expansion of its faculty, opposition to a separate building, or simply the problems of communicating with deans who frequently are naive about the subject matter and growth trends of psychology.

Not being a separate school most departments are forbidden to conduct fund-raising drives. Although departments of psychology now are at least as large in terms of budgets, number of students, number of degrees, or whatever criterion we accept as a measure of size, as many of the separate professional schools, they cannot raise their own capital endowment funds for their own purposes. This may be one of the ultimately convicing arguments for a separate professional school because of the need to finance the Psychological Center.

I want to make it clear that I am not proposing that Psychological Centers be exclusively part of University departments. There is no question that psychology is going to offer more service to the

public rather than less as we discover new methods and techniques and as the public comes to view psychology as a source of help.

The pattern of private practice involving an individual practitioner in a private office seeing an endless stream of middle-aged neurotics for psychotherapy need not be the institutional structure under which psychological services are made available to the public. I would like to urge private practitioners to examine the feasibility of constructing a Psychological Center of the sort I am proposing where diversified services could be offered and where all of the advantages of a heterogeneous co-operative program would be available. It is my conviction that psychologists are sufficiently intelligent to be able to devise patterns which retain most of the advantages of individual practice while at the same time taking advantage of the strength to be found in centralized intake, shared case work services, ease of referral, public visibility, and such public service programs as emergency intake, suicide prevention, centralized accounting and business operation, etc.

Perhaps at first the Psychological Center would claim only the part-time co-operation of individual practitioners in clinical and industrial psychology. I am confident that before long it could absorb practically all of the time of any number of psychologists.

What I am suggesting is that just as a university center would provide the setting for training students it also may provide a model of excellence for other private centers to emulate.

I am sure that I do not have to spend more time itemizing the advantages of central psychological operations. In the clinical field let us take the example of a central record room. One of the problems in evaluating the effectiveness of psychotherapy, or of evaluating most forms of clinical procedure has been the unavailability of comparable records. By drawing on the enormous reservoir of knowledge in psychology it would be easy to set up routine procedures for the recording of detailed information on clients—on their performance on tests, their family history, educational background, etc.

I believe that one of the most compelling reasons for the sort of Center that I am proposing is that it will bring clinical psychological training back into psychology and well re-establish the valid principle that the essential functions of the clinical psychologist are diagnosis, therapy and research.