

CHAPTER TWO

Clinical Psychology's Past and Present

LEARNING OBJECTIVES

1. How did the field of clinical psychology come into being?
2. What are the empirical, psychometric, and clinical roots of clinical psychology?
3. What applications of clinical psychology developed during the first half of the 20th century?
4. How did historical events, especially the two world wars, influence the development of clinical psychology?
5. What major approaches to clinical psychology developed during the second half of the 20th century?
6. How do the major approaches to clinical psychology differ in their basic assumptions about causes of psychopathology and recommendations for treatment?
7. How might the different clinical approaches be applied to specific cases?
8. What are the pros and cons of taking a specific approach to clinical psychology?
9. What are the challenges and major areas of transition facing clinical psychology today?

CHAPTER OUTLINE

THE ROOTS OF CLINICAL PSYCHOLOGY

The Empirical Tradition
The Psychometric Tradition
The Clinical Tradition

CLINICAL PSYCHOLOGY BEGINS TO GROW

Psychological Testing Expands
Clinicians Pursue Roles as Psychotherapists
Clinicians Form Professional Organizations

THE MAJOR APPROACHES DEVELOP

The Psychodynamic Approach
The Humanistic Approach
The Behavioral Approach
The Cognitive Approach
The Cognitive-Behavioral Approach
Group, Family, Marital, and Systems Approaches
Biological Influences on Clinical Psychology

THE PROS AND CONS OF TAKING A SPECIFIC APPROACH

IDENTIFICATION / KEY TERMS

empirical tradition (p. 22)
Wilhelm Wundt (p. 22)
Lightner Witmer (p. 23)
psychometric tradition (p. 24)
phrenology (p. 25)
Francis Galton (p. 25)
mental tests (p. 26)
Alfred Binet (p. 26)
James Cattell (p. 26)
clinical tradition (p. 26)
Hippocrates (p. 27)
Philippe Pinel (p. 27)
Dorothea Dix (p. 27)
Emil Kraepelin (p. 28)
Jean-Martin Charcot (p. 28)
hypnosis (p. 28)
Sigmund Freud (p. 28)

Army Alpha and Beta tests (p. 29)
psychoanalytic training (p. 31)
Community Mental Health (p. 31)
professional organizations (p. 32)
psychodynamic approaches (p. 34)
humanist approach (p. 35)
Phenomenology (p. 35)
Carl Rogers (p. 35)
client-centered (p. 35)
behavioral approach (p. 55)
Mary Cover Jones (p. 37)
cognitive approach (p. 38)
George Kelly (p. 38)
cognitive-behavioral approach (p. 39)
systems approach (p. 39)
diathesis-stress model (p. 41)

DISCUSSION QUESTIONS / CLASS ACTIVITIES

THE ROOTS OF CLINICAL PSYCHOLOGY

1. The development of “pseudosciences,” such as phrenology, influenced the early development of clinical psychology. Discuss the way these interacted with the empirical tradition to lead to our more modern clinical approach. Could the current interest in “evidence-based” interventions be seen as a recapitulation of this historical development?
2. Create a timeline to illustrate the influences of findings in astronomy, anatomy, and theories of evolution on the mental testing movement.

CLINICAL PSYCHOLOGY BEGINS TO GROW

3. World War I and World War II significantly affected the development of clinical psychology, but in different ways. How did these differences reflect the social changes in the country during these time periods?
4. Discuss the role of “professional organizations” in the development of clinical psychology. What roles do such organizations play for the profession today?

THE MAJOR APPROACHES DEVELOP

5. Have students create a list of their own personal constructs as per George Kelly (p. 58). Discuss the ways these constructs might impact their perceptions of their college experience.
6. Explore the reasons why proponents of behavioral approaches inevitably had to accept aspects of cognitive theories. This can be used as another example that the contributions from astronomy, anatomy, and evolution are relevant to understanding the development of clinical psychology.

THE PROS AND CONS OF TAKING A SPECIFIC APPROACH

7. Test anxiety is a common concern among college students. Have the students break into groups and describe the phenomenon from the various approaches listed in the chapter. Discuss which approaches seem to describe the issue best.
8. Have the groups rearrange, so members who discussed different approaches are now in groups together. Again, have them describe test anxiety, but this time integrating their various views. Discuss the differences in the process of the two group configurations.

CLINICAL PSYCHOLOGY TODAY

9. Have students create a pie-chart of their psychological interests, including research, assessment, direct clinical service, teaching, etc. Have them discuss their patterns of interest with their views of the field today, and where they see the field heading in the future.
10. Bring in clinicians who spend most of their time doing either research, testing, direct service, or consulting. Discuss with them the pathways they took to end up in their particular area.

WEB EXERCISES

1. Learn more about the history of psychology from the APA's Society for the History of Psychology: <http://www.apa.org/about/division/div26.html>. View video clips of some of the major contributors on YouTube.
2. Compare the background material from APA's Psychotherapy Section (Division 29) at <http://www.apa.org/about/division/div29.html> with the information from The Association for Psychological Science at <http://www.psychologicalscience.org>. Do these two professional organizations present different views on clinical practice?
3. Visit the website for the Freud Museum in London, where Freud spent the last year of his life after fleeing Vienna from the Nazis in 1938 (<http://www.freud.org.uk>). Compare his later-developing thoughts with his earlier ideas as discussed in the chapter.

4. Explore your state psychological association website(s) for resources or events that might indicate which theoretical orientations are of most interest in your area. If your state requires continuing education hours for psychologists, access information about the various workshops and seminars that qualify. Is the trend toward eclecticism, or are some specific approaches becoming more prominent?

ADDITIONAL RESOURCES

- Video: Young Doctor Freud, part 1. PBS Video. Approx. 60 minutes. Presents the early years of the doctor's life, and the foundational experiences that lead to the development of his theories.
- Video: Madness: A History. (2001) Films for the Humanities and Sciences. Approx. 51 minutes.
- Kelly, W. L. (1990) Psychology of the unconscious: Mesmer, Janet, Freud, Jung, and current issues. New York: Prometheus.
- Kirschenbaum, H. (2004). Carl Rogers's life and work: An assessment on the 100th anniversary of his birth. *Journal of Counseling and Development*, 82, 116-124.
- Ellis, A. (2003) Early theories and practices of rational-emotive behavior therapy and how they have been augmented and revised during the last three decades. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 21, 219-243.

TEST BANK

MULTIPLE CHOICE

1. When did clinical psychology emerge as a distinct discipline?
 - a. in the late 1800s
 - b. in the early twentieth century
 - c. in the mid- to late-1900s
 - d. just before WWII

Answer: b

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2. Wilhem Wundt is considered the founder of psychology because
 - a. the opening of his laboratory clearly proclaimed psychology as a science.
 - b. he was the only person at the time working on problems that were clearly psychological.
 - c. he was the first person to apply empirical methods to psychological processes.
 - d. all of the choices are correct

Answer: a

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3. The earliest reception for the new clinical psychology
- was overwhelmingly positive.
 - was mostly positive, especially by those involved in research.
 - foreshadowed future issues between the “psychology as a science” and “psychology as an applied profession” divisions of the new field.
 - none of the above

Answer: c

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4. During the first half of the 20th century, what activity came to characterize applied psychology more than any other?
- intelligence testing
 - vision, hearing, and other sensory acuity testing
 - personality testing
 - psychoanalytic treatment

Answer: a

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5. The theory that assumed that each area of the brain is associated with a different faculty, and that the shape of the skull reflects the relative strengths of those areas is called
- the “personal equation.”
 - phrenology.
 - psychodynamic diagnosis.
 - mesmerism.

Answer: b

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6. Alfred Binet’s French psychology laboratory was largely focused on
- mental measurement.
 - psychotherapy.
 - diagnosis of mental illness.
 - all of the above

Answer: a

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7. Binet’s tests measured _____, while the earlier tests of Witmer measured_____.
- intelligence; personality
 - complex mental processes; fixed mental structures
 - skills; abilities
 - personality; fixed mental processes

Answer: b

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8. Individual mental measurement was integrated into the new science by

- a. James Cattell.
- b. Sir Francis Galton.
- c. Alfred Binet.
- d. Sigmund Freud.

Answer: a

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9. The individual whose classification system for mental disorders involved an approach that is evident in the current Diagnostic and Statistical Manual of Mental Disorders was

- a. Emil Kraepelin.
- b. Dorothea Dix.
- c. Jean-Martin Charcot.
- d. Carl Rogers.

Answer: a

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10. A major sociocultural event that created an acute need for psychological testing in the United States was

- a. the establishment of psychology departments in major universities.
- b. new requirement for public school education for all children.
- c. the involvement of the country in WWI.
- d. the establishment of the National Institute for Mental Health (NIMH).

Answer: c

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11. Which of the following factors contributed to psychology's evolution toward a focus on providing therapy to adults?

- a. the expansion of psychological testing.
- b. the development of child guidance clinics.
- c. increasing interest in psychoanalysis.
- d. all of the choices are correct

Answer: d

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12. To whom did William James say, "The future of psychology belongs to your work?"

- a. Witmer
- b. Freud
- c. Cattell
- d. G. Stanley Hall

Answer: b

Page: 31

13. A major development in 1946 that supported clinical psychology as an applied field that offered psychotherapy was

- a. the VA's launching of a program to support training in mental health disciplines.
- b. the proliferation of child guidance clinics.
- c. the development of psychoanalytic institutes.
- d. the advent of professional organizations.

Answer: a

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14. Treatment in the psychoanalytic approach

- a. is aimed at unearthing unconscious conflicts in order to develop insight.
- b. is based on complex behavioral analysis.
- c. is always conducted in hospitals or institutions.
- d. is notable for being the foundation for the development of short-term treatments.

Answer: a

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15. The philosophical position which states that behavior is determined by the perception of experience rather than the experience directly is

- a. humanistic psychology.
- b. phenomenology.
- c. self-actualization.
- d. Gestalt psychology.

Answer: b

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16. Carl Rogers developed a humanistic therapy he termed

- a. self-actualizing psychology.
- b. Gestalt psychotherapy.
- c. client-centered psychotherapy.
- d. the actualizing tendency.

Answer: b

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17. The theorist who emphasized the quality of the client-therapist relationship and considered it to be based on empathic listening was

- a. Carl Rogers.
- b. Sigmund Freud.
- c. Alfred Binet.
- d. James Cattell.

Answer: a

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18. The behavioral approach led to

- a. treatments for sexual disorders, substance abuse, and anxiety in the 1920s and 1930s.
- b. the development of experimental neuroses.
- c. a move away from evaluating treatment effectiveness.
- d. a belief that psychological problems were biological, rather than learned.

Answer: a

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19. The approach to treatment that emphasizes personal constructs and attributions and appraisals as important determinants of human behavior is

- a. behavior therapy.
- b. Gestalt therapy.
- c. cognitive therapy.
- d. psychodynamic therapy.

Answer: c

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20. As behavioral therapists accepted the importance of human cognitive processes in determining behavior and reactions

- a. behavioral and cognitive therapies became much more distinct.
- b. the traditional differences between the two approaches evaporated and were replaced by new, stronger theoretical differences.
- c. cognitive and behavioral therapies began to merge and become an integrated approach.
- d. none of the above, most behavior therapists still do not acknowledge the importance of cognitions.

Answer: c

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21. An early pioneer who understood the importance of focusing both on troublesome behaviors *and* irrational beliefs was

- a. Albert Ellis.
- b. Mary Cover Jones.
- c. John Watson.
- d. none of the above

Answer: a

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22. The development of group therapies was facilitated by

- a. a shortage of mental health personnel around the time of WWII.
- b. a focus on testing which identified many people who needed therapy.
- c. the fact that only a few orientations developed group approaches.

d. their limitation to inpatient populations.

Answer: a Page: 40

23. Approaches to group therapy were developed by therapists with which orientation?

- a. analytic
- b. humanistic
- c. cognitive-behaviorist
- d. all of the above

Answer: d Page: 40

24. One significant reason that clinical psychologists are becoming increasingly interested in the biological causes of mental disorders is

- a. a belief that all clinical psychologists should have prescription-writing privileges.
- b. An understanding that biological factors can often be modified by psychological interventions.
- c. A reduced belief in the validity of the diathesis-stress model.
- d. all of the above

Answer: b Page: 41

25. The book's authors point out that one reason clinical approaches tend to be self-contained, and even myopic, is that

- a. clinicians need to have only one focus because there is so much to pay attention to.
- b. as new models emerge, they often define themselves as distinct from older models.
- c. it is essential to narrow the vast range of variables one pays attention to in order to provide the best service to clients.
- d. all of the above

Answer: b Page: 45

TRUE/FALSE

26. Early psychologists were characterized by their determination to study human behavior based on the two scientific principles of observation and experimentation.

Answer: True Page 22

27. Psychological intelligence testing and personality testing developed at about the same time.

Answer: False Page: 24

28. Hippocrates legitimized the involvement of the medical profession in the treatment of mental illness with his early theories of bodily humors or fluids.

Answer: True Page: 27

29. The awareness that mental illnesses could be caused by medical conditions was supported by the finding that general paresis, which led to insanity, was caused by syphilis.

Answer: True Page: 28

30. By the advent of WWII, there were nearly 200 tests of mental abilities in existence.

Answer: False Page: 30

31. In the 1940s and 1950s, the APA did little to clarify or define the specialty of clinical psychology.

Answer: False Page: 33

32. Witmer was particularly supportive of the movement toward psychologists treating adult mentally ill individuals.

Answer: False Page: 30

33. Carl Rogers believed that diagnostic shrewdness was an essential component of effectively working with clients.

Answer: False Page: 36

34. Ellis advocated direct communication and persuasion to encourage clients to change while Freud encouraged therapists to rely on interpretation to effect therapeutic change.

Answer: True Page: 38

35. Clinical work with married couples originally focused mostly on practical aspects of marriage, such as sexuality and parenting.

Answer: True Page: 40

ESSAY

36. Discuss the four reasons why Witmer's new "brand" of psychology was not well-received when he first presented it in 1896 at the APA meeting. (Page: 23)

37. How did the psychometric tradition influence the development of clinical psychology? (Pages: 24-26)

38. Discuss how the American military played pivotal roles in the development of clinical psychology. (Pages: 29-31)
39. Discuss the ways in which cognitive therapies share features of psychodynamic, humanistic, and behavioral approaches. (Pages: 38-39)
40. There may be problems with psychologists taking specific approaches and maintaining a variety of theoretical orientations. How can these be mitigated? (Page: 44)