

SPECIAL REVIEW

ANDREE LIDDELL (Ed.): *The Practice of Clinical Psychology in Great Britain*. Wiley, Chichester (1983). xviii + 259 pages. £19.75.

It was 35 years ago that Sir Aubrey Lewis entrusted me with the task of creating in Great Britain the profession of clinical psychology. Up to that point, there had been isolated individuals working with psychiatrists, often on a part-time or voluntary basis and there had always been educational psychologists undertaking some of the tasks of modern clinical psychologists, but there did not exist any recognized profession and psychiatrists certainly were woefully ignorant of the possible contribution that psychology might make to their work. We should certainly voice our thanks for Sir Aubrey Lewis's recognition of the possible contribution psychology can make to psychiatry and to medicine in general; without him, it is doubtful whether clinical psychology would have come to this country at such a reasonably early time, would have developed as successfully as it has, or would have received the recognition by psychiatry that it has received to anything like the same degree. His choice of the instruments to put all this in operation may be more questionable, but for better or worse, I was dispatched to the United States to study the status and functions of clinical psychology there and then submit recommendations for the creation of a teaching department of clinical psychology in the newly-formed Institute of Psychiatry.

What I found in the United States was not reassuring. Clinical psychologists were strictly subordinate to psychiatrists and were in fact universally regarded as underlings at the beck and call of their masters. Neither was I very much impressed with the kind of tasks assigned to them. On the diagnostic side, the Rorschach and other projective techniques were all the vogue, in spite of the complete absence of any scientifically reputable data to justify the use of these instruments. On the therapeutic side, Freudian psychoanalysis with psychotherapeutic techniques derived from it, was almost universally used, to the exclusion of all else, again in spite of the absence of any evidence that these methods in fact improved the health of the patients in question beyond what would have happened in any case due to spontaneous remission. I did my homework, reviewed all the literature on the effects of psychotherapy, and the usefulness of projective techniques, and published some very negative reports on both. I came back to England with the firm intent of producing a profession which would, as far as possible, be the exact opposite of its American equivalent. In other words, psychologists would be independent, within limits, of psychiatrists, rather than being at their beck and call. Instead of using Freudian notions, they would base their therapeutic efforts on such contributions as academic psychology and laboratory experiments could suggest; this approach led to the development of behaviour therapy. Finally, I decided to abandon completely reliance on projective techniques and rather develop laboratory tests for the assessment of underlying personality variables, together with the theories which alone would give a fundamental basis and credence to these techniques.

What has happened to all these notions and ideals? The book under review, edited by Liddell but written by a baker's dozen of contributors, makes it clear in how far I succeeded, and how far I failed. To describe the book briefly: it is organized into four parts. The first deals with professional organization, beginning with a chapter by Liddell on "Professional development" and another, also by Liddell, on "The beginning and function of a clinical psychologist". There follows a chapter by Haward on "Professional responsibility", and another by McPherson on "Organization of psychological services".

The second part, dealing with the practice of clinical psychology in traditional settings, begins with a chapter by Watts on "Mental illness" and continues with chapters by Blackburn on "Mentally disordered offenders", Carr on "Mental handicap" and Miller on "Neuropsychology".

The third part deals with the development of new services, beginning with a chapter by Yule on "Child health" and continuing with one by Fielding on "Adolescent services", another by Britton on "Psychological services for the elderly", a chapter by Lincoln on "Physical handicap", and finishing with one by Liddell on "Primary health care".

Part Four presents a comparison with clinical psychologists in other countries, with a chapter by Hassel giving details of clinical psychology in other European countries, and a final chapter by Garfield dealing with clinical psychology in the U.S.A.

There is an index, and an excellent foreword by Rachman dealing with "Clinical psychology in Britain—retrospect and prospect". The book will of course be read (and, one may hope, bought) by clinical psychologists in Great Britain, of whom there must now be over a thousand; they will all find much of interest in the book, although the quality of the writing is rather uneven and some of it too much like an index to be very readable. But on the whole, one's interest in one's own profession will undoubtedly prevail, and rightly; there is much of interest in this book.

The most critical question to be asked, of course, is whether the format I introduced so many years ago has been a success. Rachman, in his foreword, basing himself on unrivalled experience acquired by having worked in three continents, states that:

"It is my strong impression that the training provided by the British university courses is excellent, and probably is unmatched in any other country, European or American. British universities have succeeded admirably in pursuing the scientist/practitioner model . . . (and) while still pursuing that general aim, the British universities diverged from the American ones in not accepting the need for clinical training to be based on a lengthy Ph.D. course. The British teachers also diverged by insisting that the clinical teachers should continue to carry out their own clinical work and should be seen to do so."

Rachman lists many other instances of progress and achievement, as well as failings and errors, but on the whole the verdict seems to have been favourable: the format has stood the test of time and is still very much that originally introduced.

The major difference, of course, is that behaviour therapy has taken the place of an excessive reliance on diagnostic testing, but I think Rachman is a little unrealistic in blaming those of us who initiated the first courses, and organized clinical work in psychiatric hospitals, for the unbalance then obtained. There was so much opposition to behaviour therapy and to psychologists having any kind of treatment function, that it was strictly impossible to institute the practice and training

in behaviour therapy that forms the major part of clinical courses nowadays, any earlier than was in fact done. Even then, success hung in the balance and attempts to eliminate the treatment function from clinical psychology on the part of leading psychiatrists were only just beaten off successfully! Had the attempts to incorporate treatment into the curriculum been made any earlier, this would certainly have been counter-productive and led to endless battles and possibly the closing down of clinical psychology as a profession altogether. Newcomers seldom realize the depths of hostility towards non-Freudian approaches at that time, or the reluctance of psychiatry to recognize psychologists as therapists.

Inevitably, the book as a whole is more concerned with legal, administrative and other structural questions than with scientific ones, and this illustrates what has been perhaps the greatest failure of our original programme. There is comparatively little interest in research among clinical psychologists, either in carrying it out, or in mastering the details of published work. There is little interest in theory, although in any science this is basic to any form of application. An eclectic pragmatism, alien to the spirit of science, seems to prevail and the number of those who can really claim to be scientists is deplorably small; most regard themselves as clinicians pure and simple. There is of course nothing wrong with clinicians who apply the results of scientific advances, but clinicians who remain largely ignorant of these advances are in danger of falling into the same trap as the majority of psychiatrists—relying on outdated methods of uncertain value. Perhaps developments of this kind are inevitable; the motivations that draw people into the clinical field are different from those that draw people into the research field and few are able to combine the two functions. Rachman and Wolpe are outstanding examples of the possibility of finding both sets of abilities in one person. If, in the future, we succeed in breeding more such men and women than we have done in the past I, for one, shall be happy.

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