Communication—

THE IDENTITY OF A CLINICAL PSYCHOLOGIST

(A reply to Nota Bene: The Identity Struggle in Psychology*)

BY A. R. DABBS, Ph.D.

It never ceases to amuse clinical psychologists in Britain to watch the gyrations of our counterparts in the United States. At the same time, we are not a little amazed and confused to read in learned journals of the status struggle of the profession and the "search for identity." Since it is commonplace in the United Kingdom to think that what America does today, England does tomorrow (at least in scientific circles), this type of article is at one level rather disturbing, while in the reality of our everyday experience it has no relevance whatever.

Within the structure of the National Health Service, broadly speaking, we do have a concise understanding of our role as clinical psychologists. This role or function is much more clearly understood by clinical psychologists themselves than it is by many other related professions who often make demands of us that we do not feel it is within our scope to fulfill. At the same time, clinical psychologists are also individuals with a multitude of varied interests outside of their professional specialty. I personally am acquainted with psychologists who are active in psychotherapy, administration and even politics.

The question is, whether training as a clinical psychologist is of value in carrying out these other activities, particularly administration. I suspect not. I have seldom been impressed by psychiatrists as administrators and can well imagine that psychologists would be worse.

The editor of the Quarterly quotes** the chairman of the American Psychiatric Association Committee on Psychiatric Nursing: "If social workers and psychologists wish to practice medicine they should take the time and effort to go through the very exacting years of required medical training." And by the same token if a psychiatrist or a psychologist wishes to take up administra-

*An article by Bernard Saper, Ph.D., which appeared in the October 1966 Quarterly.

tive functions, he should first attend some suitable training course in administration skills.

Our training as clinical psychologists does enable us to fulfill the role of consultant scientists working within the field of human behaviour of those persons classed as mentally sick. We seek to employ our knowledge of scientific method to give advice and help to those persons concerned with the treatment and care of the psychiatrically ill. Quite contrary to the view of Dr. Saper, clinical psychologists in the United Kingdom have never been regarded as “testers” or medical auxiliaries, although it must be admitted that with educational psychologists the idea of a “Binet basher” dies hard. We are independent consultant scientists regarded in much the same light as biochemists or hospital physicists.

Of course, clinical psychologists do carry out tests. We are basically psychometricians in so far as this title implies the measurement and prediction of behaviour. But then we do more. We seek to provide reliable and valid answers to those questions posed by psychiatrists, general physicians and other medical specialists. These problems may range from “Is this treatment more successful than that?” to questions of predicting behaviour in specific individuals given certain forms of handling. Personally, I doubt that clinical psychologists need involve themselves directly in therapy even if it is firmly based on the findings of scientific psychology, for example, behaviour therapy. Certainly, clinical psychologists are in a special position to design and evaluate this treatment method and its progress, but the actual therapy is best left to psychiatrists or psychiatric nurses.

This concept of our role as clinical psychologists being scientists does not deter any of us from engaging in other activities. By all means we can and do consider private practice. In effect, this all too often turns out to be the role of lay psychotherapist or counsellor, not that of clinical psychologist. In the same context, I might open up practice as a motor mechanic or propagating gardener and the public might well avail themselves of my services. This would naturally cause resentment among the qualified members of those professions. However, at no time while doing these jobs would I consider myself to be functioning as a clinical psychologist.