The Role of Science in Developing Clinical Psychology as a Profession

—A Comparative Study on Clinical Psychology between Japan and Britain—

Haruhiko Shimoyama. Ph. D.

Associate Professor. University of Tokyo

In response to the social demands, clinical psychologists have to improve training systems for the future. British clinical psychology and Japanese clinical psychology started almost at the same time, but the ways in which they have developed are very different in terms of the attitudes towards science. Therefore, a comparative study between the two countries is very helpful in considering some factors of the development of clinical psychology as a profession and in constructing a training model. On the one hand, British clinical psychology has continued to assume that clinical psychology is itself scientific. On the other hand, Japanese clinical psychology has not assumed this. In this paper, I introduce a metaphorically experimental design to confirm a hypothesis that a scientific approach would make a contribution towards clinical psychology growing into a profession. As a result of the comparative experimental study, I conclude that assuming a scientific approach is very important in the development of clinical psychology in the modern world, but it is not a developmental task common to every development. It would be more correct to say that assuming a scientific approach is very helpful only in getting clinical psychology out of the pre-modern sectionalism, into integration and into proposing social accountability in the modern society. However, since assuming a scientific approach is not directly related to clinical practice, it is not necessarily helpful in developing clinical psychologists from the training viewpoint and the post-modern viewpoint. Consequently, I suggest a comprehensive model of clinical psychology, which can fit into the Japanese situation and the post-modern world.

Contents

Note: This study was supported by the grant (No., 14310053) in aid for scientific research of the Ministry of Education and Science

1. Introduction

Throughout the last ten years, Clinical Psychology has developed rapidly as a profession in many countries. However, the way in which the development has occurred varies from country to country and the changing processes are still ongoing. This makes it very difficult for a clinical psychologist to make a definitive prognosis and to prescribe the right way for clinical psychology to grow.

Nevertheless, in response to the rapid developments and social demands, clinical psychologists have to improve training systems for the future (Helmes & Wilmoth 2002, Shimoyama 2002, Kennedy & Llewelyn 2001, Drabick & Goldfried 2000). Therefore, developing training programmes is an urgent task for clinical psychology today and the programmes should be drawn up based on a future model and its development. On the whole, psychologists review different life histories and find the developmental tasks common to various processes in order to formulate a developmental model. In this paper, I aim to consider some factors of the development of clinical psychology as a profession. I will make use of a comparative study and the metaphor of an experimental design to form a common understanding. The comparison between developments in Britain and in Japan will be used because they fit well with the experimental design.

2. Method

2－1. Comparative Description of Histories to Produce a Research Design

We will begin by comparing the histories of clinical psychology between Japan and Britain. The Japanese Association of Clinical Psychology (JAC) was established in 1964, while the Division of Clinical Psychology in BPS was formed in 1966. This means that both the Japanese and British Clinical Psychology (JCP and BCP) actually started almost at the same time.

Now, let us see how the two developed afterwards. The Foundation of the Japanese Certification Board for Clinical Psychologists was established in 1988 and a two-year master course was set up as a training course for certified clinical psychologists. In 1995 the Ministry of Education in Japan started to introduce a school counselling system and formally adopted clinical psychologists as counsellors. The British government commissioned a special review of the function of clinical psychologists in 1988 and a three-year doctoral course was formally established in 1995 as the training course for chartered clinical psychologists. These events suggest that the social demands for clinical psychologists increased in the 1980s and 1990s in both countries.

Thus, the periods of development are similar, but we should examine the ways in which the JCP and the BCP have grown to date. To clarify the difference, I would like to focus on how the role of science has developed their disciplines, because assuming a scientific approach is considered to be one of the main issues in making psychology professional.

Firstly, I would like to turn to the historical development of the JCP in order to show that assuming a scientific approach has not, in fact, been the driving force behind the JCP. In the1950s, the US client-centred counselling was enthusiastically introduced to the field of clinical psychology in Japan. In the 1960s, JAC started to work towards developing a nation-wide certification system for professional psychologists following the APA way. However, younger members joined together with young radicals to insist that such a qualification system would side with a social authority that would oppress the weak people such as patients. JAC was dissolved in 1973. Professor Kawai, who had qualified from the Jungian institute, assumed the leadership in reviving JCP. He has led JCP into its present orientation. This orientation is based on the individual and intra-psychic psychotherapy model, which is hardly a scientific model. JAC was re-established on the basis of this model in 1982. The history shows that assuming a scientific approach has not been an agenda for JCP.

Next, we will review briefly some historical references and topics for the BCP. Eysenck (1950) claimed that clinical psychologists should be scientist-diagnosticians and play an important role in the psychiatric field. Pilgrim & Treacher (1992) showed that Eysenck's works have been very influential in that they had led the BCP to the scientist-practitioner model and directed the way of its development. Corrie & Callahan (2000) also indicated that the British scientist-

practitioner model owed its status principally to Eysenck, who had criticised psychoanalysis from a scientific point of view (Eysenck 1952) and had popularised behaviour therapy instead (Eysenck 1958). Behavioural therapy had been dominant in the 1950s-70s. It was converted into cognitive-behavioural therapy in the late 1980s (Rachman 1997), but the scientific attitude is still very important in terms of the evidence-based approach. In contrast to the JCP, the history and the papers of the BCP show clearly that assuming a scientific approach has been an agenda of BCP.

2-2. A Fixed Experiment Design to Determine the Scientific Role

Consequently, we can say that the attitudes towards science are completely different between JCP and BCP. On the one hand, BCP has continued to assume that clinical psychology is itself scientific. On the other hand, JCP has not assumed this. I would say that this difference has made the developmental processes of JCP and BCP totally different. What I wish to do here is to clarify how those attitudes towards science have influenced the developmental process of clinical psychology, and to consider a developmental task and model by using a comparative study with a metaphorically experimental design.

As attitudes towards science could be an important factor in determining development as a profession, we should introduce the "scientific factor"as the independent variable of experimental design. If clinical Psychology is "becoming a profession" as a result of this development, we should make it the dependent variable. British clinical psychologists have intervened in the discipline with a view to being scientific, while Japanese clinical psychologists have been scarcely involved in the discipline in order to make it scientific. Therefore, we can say that BCP is the experimental group and JCP is the control group. Finally, we are able to design the experiment as shown in Table1 and formulate a hypothesis that a scientific approach would make a contribution towards clinical psychology growing into a profession.

Table 1. The design of the experiment

Independent Variable: assuming a scientific approach
Dependent Variable: becoming a profession
Experimental Group: BCP
Control Group: JCP
Hypothesis: A scientific approach would make a contribution towards clinical psychology growing into a profession.

3. Result

3-1. Examining the Changes of the Experimental Group

To confirm the hypothesis we need to investigate the effects of the intervention and to see how the BCP has remained scientific in its view. As the effects manifest themselves as changes in BCP, that is the experimental group, we should examine it in comparison with those of JCP.

BCP has already established Clinical Psychology with distinction and consistency as not only a discipline but also a profession. Clinical psychologists in Britain define the discipline in terms of (a) the basic science of psychology and (b) its application to the understanding and resolution of the human condition. They claim that a clinical psychologist is first and foremost a "scientist-practitioner" (Marzillier & Hall 1999). Clinical psychology training involves a specialised knowledge of psychological functioning and psychological methods. This provides particular expertise in carrying out psychological assessments such as psychometric tests, analysing problems psychologically, psychological treatment, and psychological methods of research and evaluation. In the basic training clinical psychologists specialise in behavioural and cognitive therapy.

In the course of becoming a profession, BCP has undergone a relatively recent evolution from being an ancillary service to being a medical profession. Many clinical psychologists today act as independent practitioners and contribute to virtually every aspect of health care. This includes not only in-patient related activities, but also the environmental, organisational, planning and managerial aspects (MAS 1989. In the summary of "Review of clinical psychology services").

3-2. Examining the Changes of the Control Group

By contrast, Clinical Psychology in Japan, far from becoming a profession, has been in a state of confusion and the JCP is split in their opinions on whether to treat it as a discipline. Thare are several reasons for this. Firstly, as there are ambiguous overlaps between clinical psychology, psychotherapy and counselling. Hence Clinical Psychology cannot even define itself as a discipline. Psychodynamic theory, especially Jungian, has maintained its influence so much that purely intra-psychic psychotherapy has remained as the ideal model. However, the intra-psychic model is actually so specialised that most JCP members are not able to master it. In addition, clinical psychologists are now expected to deal with social behaviour problems in daily life and these kinds of psychotherapy are of no practical use. As a result, the reality is that only a few leaders are psychodynamic (analytical) psychotherapists and the larger body are in effect counsellors. And very few are what the British define as clinical psychologists.

Secondly, JCP has been subject to theory-based sectionalism. Since psychotherapy adheres to its own theory it is inevitable that clinical psychology, led by a group of psychotherapists, is unable to go beyond sectionalism towards integration. As each school sees clinical psychology only from its own theoretical point of view, it is very difficult to decide what basic knowledge, skills and training should be given. As a result, such theory-based sectionalism has paralysed the JCP as it struggles to establish a consistent discipline and develop a training system.

Thirdly, there has been a split in the JCP between practice and research, which has resulted in the alienation of research. Psychodynamic psychotherapy particularly tends to direct such exclusive attention on its own intra-psychic theory and aetiology that it cannot help being against the evidence-based scientific thinking. In fact, JCP has not paid attention to the evidence-based psychological assessment and research.

Fourthly, there has also been a split between training courses in universities and clinical fields in the community. Psychodynamic psychotherapy tends to focus on the training of skills such as, dream analysis, transference analysis, sand play techniques for individuals and also intra-psychic psychotherapy in a closed fixed setting, away from clinical fields in the community. So JCP has not developed training systems in placements. In turn, field practitioners do not trust university training courses because such individual and intra-psychic psychotherapy is of no practical use in the community.

JCP has also confronted social conflicts and the limits of social recognition. One of the conflicts is with academic psychology. JCP has kept itself apart from academic psychology, which has maintained a scientific paradigm, so that the two psychologies have no connection with each other. Moreover, since clinical psychology began to invade the territory that academic psychology used to occupy in the universities, serious conflicts between the two psychologies have occurred. A society of academic psychologies often expresses its formal objections to JCP.

Yet another conflict is with psychiatry. The Japanese Association of Psychiatrists declares that it strongly objects to legitimatising the qualifications of clinical psychologists, while clinical psychologists refuse to accept working only under the control of psychiatrists. As a result, the activities of clinical psychologists are greatly limited, not only in the medical setting but also in mental health fields. The professional role of clinical psychologists is now confined to that of counsellors in an educational context.

4. Consideration

4-1. Hypothesis Confirmation

Since BPC established the distinction and consistency of Clinical Psychology as a discipline and got its social role and independence officially recognised as a mental health profession, it has already achieved an identity and grown into a profession. On the contrary, JCP is suffering from confusion and internal splits, which makes it impossible for it to define Clinical Psychology itself as a definite discipline. JCP is also involved in social conflicts, which further limit its social recognition. As JCP has had great difficulty in achieving an identity despite great social demands, it finds itself floundering in an identity crisis.

BCP has matured into the adulthood without any serious identity crisis, while JCP is kept in its adolescence. BCP seems to have developed the shortest route to

professional recognition of clinical psychology in the world, compared with the longer and more controversial route taken by clinical psychology in the United States over the 50 years since the Boulder conference.

As a result, we could say the hypothesis (that a scientific approach would make a contribution towards clinical psychology growing into a profession) is verified by the comparison between the processes of BCP (the Experimental Group) and JCP (the Control Group). Therefore *Assuming a scientific approach* (the independent variable) results in Clinical Psychology Becoming a Profession (the dependent variable).

However, the relationship between the independent variable and the dependent variable is not necessarily causal. To know what effects the intervention of the independent variable has had on the experiment group, we need to scrutinise the kinds of roles the scientific approach has played to enable BCP to make Clinical Psychology a profession.

4-2. The Roles of the Independent Variable

I will now ascertain how the scientific approach can work to solve the problems indicated above and look into the roles of the scientific approach in dealing with the factors which have prevented JCP from taking further steps towards Clinical Psychology becoming a profession.

▷ Ambiguous overlaps between clinical psychology, psychotherapy and counselling

Assuming a scientific approach demands that clinical psychology should define itself in terms of (a) the basic science of psychology and (b) its application to the understanding and resolution of human problems, which means that a clinical psychologist should be "a scientist-practitioner". These definitions lead to a consistent distinction between clinical psychology and other professions such as psychotherapy and counselling.

▷ Theory-based sectionalism

Assuming a scientific approach demands an evidence-based approach, which overcomes theory-based practice and sectionalism (see, e.g. Miller 1997). It also demands cognitive-behavioural therapy in terms of scientifically evaluated effectiveness. This can lead to the integration of clinical psychology. On the one hand, the aspect of behaviour is open to the objective and interpersonal world that could lead to a system theory model and a community care model. On the other hand, the aspect of cognition is open to the subjective and narrative world that could lead to a phenomenological model and a psychodynamic model.

▷ Split between practice and research (alienation of research)

Assuming a scientific approach demands that clinical psychology should evaluate the effects of its clinical practice by psychological research. This evaluation brings creative interaction between practice and research, which refines the clinical assessment and intervention so that it can be practically more effective with each psychological problem.

▷ Split between training courses in universities and clinical fields in the community

Assuming a scientific approach demands the effectivity of clinical practice to be universally authorised. Cognitive behavioural therapy is actually effective in clinical fields and the evidence-based approach provides the social authority with the accountability of clinical psychologists by proposing scientifically evaluated data of their effectiveness. Once the social authority acknowledges clinical psychologists as effective professionals, society as a whole, not only the university but also the community, takes responsibility for training them. In this situation clinical training in placements works well and facilitates collaboration between university and community.

▷ Conflict with academic psychology

Assuming a scientific approach demands that clinical psychology should stand on the same scientific paradigm as academic psychology. Clinical psychology promises its loyalty to the paradigm in the name of the scientist-practitioner model, which leads to some compromise between the two different psychologies.

▷ Conflict with psychiatry

Assuming a scientific approach gives clinical psychology the opportunity to maintain its independence from

psychiatry by the authority of science. On the ground that clinical psychology is not allied to medicine but allied to science, it keeps itself outside the remedial professions supplementary to psychiatry.

It is obvious that assuming a scientific approach prevents clinical psychology from falling into splits and conflicts, and makes it possible for clinical psychology to be integrative and independent. Without assuming a scientific approach, it would be difficult for clinical psychology to grow into a profession. In fact, although clinical psychologists and trainees in Britain might not believe it, clinical psychology in almost all countries except Britain has experienced exactly the same difficulty.

5. Discussion

5-1. The Clinical Viewpoint of Assuming a Scientific Approach

Assuming a scientific approach has obviously played an important role in the growth of clinical psychology into a profession in Britain, but I still wonder if this has, in fact, caused its growth. If it has been the cause it would be a developmental task of clinical psychology to make the transit from adolescence to adulthood, that is to grow into a profession. If it is a developmental task JCP has to assume a scientific approach like the BCP to graw into a proffession.

In order to determine whether assuming a scientific approach is the only possible cause of the transition, I will categorize the roles the scientific approach has played to enable BCP to become a profession. Thereby I can think about the meaning of the roles in context. The roles can be categorized as below.

1) Assuming a scientific approach can give Clinical Psychology a modern evaluation system, which is to lead to abandonment of pre-modern dogmatic sectionalism.
2) Assuming a scientific approach can give Clinical Psychology an academic authority as a superior system, which is to give order to various models within it and to negotiate with different disciplines outside it.
3) Assuming a scientific approach can provide Clinical Psychology with some accountable data so as to convince the social authority to recognise the profession.

Assuming a scientific approach implies an evidence-based approach. Without an evidence-based approach, clinical procedures derived from specific therapeutic techniques prescribed by the theory the therapist believes in, are applied to each and every problem. This is what I call a theory-based approach, and it leads to sectionalism. The evidence-based approach, by contrast, demands that the evaluation system be applied to the outcome of the intervention. Clinical psychologists are always required to check and evaluate how appropriate their procedures are in terms of the outcome study.

Certainly the outcome study leads to getting rid of the pre-modern theory-based approach and supporting the modern evaluation system instead. However, we need to notice here that assuming a scientific approach does not affect clinical work directly. It just introduces the modern evaluation system into clinical psychology. Evaluating the outcome of intervention is different from improving clinical work. Assuming a scientific approach or the evidence-based approach can also supply the scientific and accountable data, which sustain the authority of clinical psychology, but it does not relate directly to clinical work either.

Therefore, none of the roles categorized above contributes directly to clinical work, but they each help clinical psychology to achieve a social identity as a profession in the modern society. Now I need to pay attention to the difference between clinical work and clinical psychology as a profession. That is to say assuming a scientific approach could help to achieve a professional identity, but it does not always lead to improving the clinical work.

5-2. Meaning of Science to Clinical Psychology

The modern evaluation system can be applied to the process of clinical work as well as the outcome. This means that clinical psychologists need to adopt a hypothesis-testing method as a procedure to process their clinical works. The hypothesis-testing method is a cyclical process, in which clinical psychologists objectively assess the problem, formulate a hypothesis about

what the problem is and how to intervene in it, intervene in it according to the hypothesis, check the effectiveness of the intervention, correct the hypothesis to be more appropriate in solving the problem and intervene again, etc. This cyclical process refines the clinical work. Indeed, it has developed more elaborate assessment procedures such as functional analysis, case formulation methods and intervention skills designed to cope with each kind of mental problem and disorder.

Obviously this hypothesis-testing method has contributed to the improvement of the clinical works. However, now I would like to emphasise that the hypothesis-testing method is not scientific although it looks as if it were scientific. The nature of science demands that we discover an abstract and universal rule and that it must be true beyond space and time. Science created the hypothesis-testing method in order to demonstrate and prove logically that the rule discovered is universally true. However, the hypothesis-testing method adopted by clinical psychologists does not aim at discovering such a truth. A clinical psychologist makes use of the method only to improve his clinical work so that it is more appropriate for the problem being solved and more helpful to the client for whom he is responsible. This means that the validity of the process is tested according to how appropriate it is to solve the specific problem occurring within the real time and space framework. In effect, the clinical process is individually and concretely evaluated, while the scientific process is universally and abstractly evaluated.

The clinical process and the scientific process seem similar to an evidence-based approach, but in fact they are not the same, nor is the clinical process an application of science to practice. The origin of the clinical process is different from that of science. If the clinical process is identified with a scientific process it would make the clinical work very partial or cause serious divisions within clinical psychology.

Here I should take into consideration that assuming a scientific approach is different from the idea of being a science. Then, what is science? It is obvious that science has given birth to almost all modern disciplines including psychology and kept its powerful influence as an authority to modern society and the academic world. As a result, almost all disciplines have sought for a guarantee from science in the modern world.

However, we have begun to enter the post-modern world. In this post-modern world, human welfare and the ecological movement have criticised some aspects of science, as everyone knows. I believe that the above-mentioned problems originate from the nature of science. Objectivism, reductionism and logical positivism are the principles of science. Objectivism produces a split between object and subject. Reductionism, which explains complex data and phenomena in terms of something simpler, defines a person as an entity divided from relationships. Such a human notion brought a split between the individual and the social environment. Logical positivism maintains the split between theory and real life.

As for clinical psychology, apart from academic psychology, it had origins other than science. For example, primitive spirituality was re-formed into psychoanalysis (Ellenberger 1970), which has been an important part of clinical psychology. However, in order for Clinical Psychology to be admitted into the realm of science in the modern world, it has had to shed some alien thoughts and works. In this way science has caused many splits in clinical psychology, such as between the object (behaviourism) and the subject (psychoanalysis, phenomenology), between the individual (individual therapy) and the social environment (system theory, community care) and between theory (research) and real life (practice).

If clinical psychology is to be strictly a science it must be fragmented. Therefore, assuming a scientific approach - or using the scientist-practitioner model - is obviously a tactical and contradictory device to unify the divisions caused by science while still keeping in touch with science. I think that as science has been the authority of the modern world, clinical psychologists have needed this contradictory and paradoxical concept to maintain themselves in this world. This is because assuming a scientific approach or using the scientist-practitioner model is contradictory, but it can play a tactical role in developing clinical psychology as a profession.

6. Conclusion

6-1. Clarification of the Scientific Role from the Training Point of View

As psychologists go into training they may experience serious intellectual conflict because it is difficult for people to hold and keep contradictions within themselves. That is why the scientist-practitioner model has to be a questionable way of training clinical psychologists. Perhaps I should examine again the meaning of assuming a scientific approach from the training point of view.

It follows from what has been said that *we should at least draw a distinction between developing clinical psychology and developing clinical psychologists.* Then we need to consider the meaning of assuming a scientific approach in terms of developing clinical psychologists. The scientist-practitioner model has been questioned in regard to training programmes as Kennedy and Llewelyn (2001) indicated. The reason why it is questioned lies in this point: assuming a scientific approach is not always practical, since a scientist is not always a good practitioner. However, "science" is needed for clinical psychology to become a profession in the modern society. Ironically, the scientist-practitioner model, which has an internal split (Rice 1997), could help to unify various other splits which clinical psychology might have. In the end, we can say that assuming a scientific approach or the scientist-practitioner model has played a tactical role in giving Clinical Psychology a social recognition as a profession.

Training programmes based on the nature of the clinical process instead of that of science should be developed to train clinical psychologists because the main job of clinical psychologists is clinical work. We should also provide scientific research training programmes to accord with clinical training because some clinical psychologists are expected to contribute to developing clinical psychology as a profession. It is not so difficult to develop such clinical training if it is designed to go with the evidence-based approach, which is close to scientific process.

In Britain, when clinical psychology still clung to behaviourism the clinical process was identified with the scientific process, but after cognitive-behavioural therapy was introduced, it seems to have actually shifted its balance from a scientific process to a clinical process with the evidence-based approach. I think the shift has made it possible for BCP to balance itself on the scientist-practitioner model. By contrast, since JCP is still using a theory-based approach it is impossible to provide a research-training programme.

6-2. Clarification of the Scientific Role from the Post-modern point of View

In the modern world a scientific process should be emphasized to develop clinical psychology into a profession as in Britain. However, recently we have seen how the emphasis on the clinical process can develop clinical psychology as well as clinical psychologists. In the modern world some authorities kept their powers to control society, but in today's post-modern world people are empowered and construct society themselves. In this post-modern society social professions should be accountable not only to the authorities but also to the users. Therefore, although clinical psychology could escape from the pre-modern world to the modern world through the authority of science, it could, if it is determined to be scientific, become stranded in a modern system in the post-modern world.

Today, assuming a scientific approach is not as valuable for the development of clinical psychology as it was before. Instead, being collaborative is becoming more valuable to the development of clinical psychology, especially in community care. Collaboration with the users as well as with other professions is essential for the reorganisation of the health care system. Actually, the British NHS service is carried out by teamwork, which is not just a network of different professionals but a collaboration (Marzillier & Hall 1999). By means of teamwork innovative community services have been organised and new clinical disciplines created. These new disciplines based on the bio-psycho-social model - such as rehabilitation psychology, neuropsychology and clinical health psychology, are beyond the conventional framework supplied by medicine and science.

I conclude that assuming a scientific approach is very important in the development of clinical psychology, but it is not a developmental task common to every

development. It would be more correct to say that assuming a scientific approach is very helpful only in getting clinical psychology out of pre-modern sectionalism, into integration and into proposing social accountability in the modern world.

6-2. Formulation of a Model for Japanese Clinical Psychology

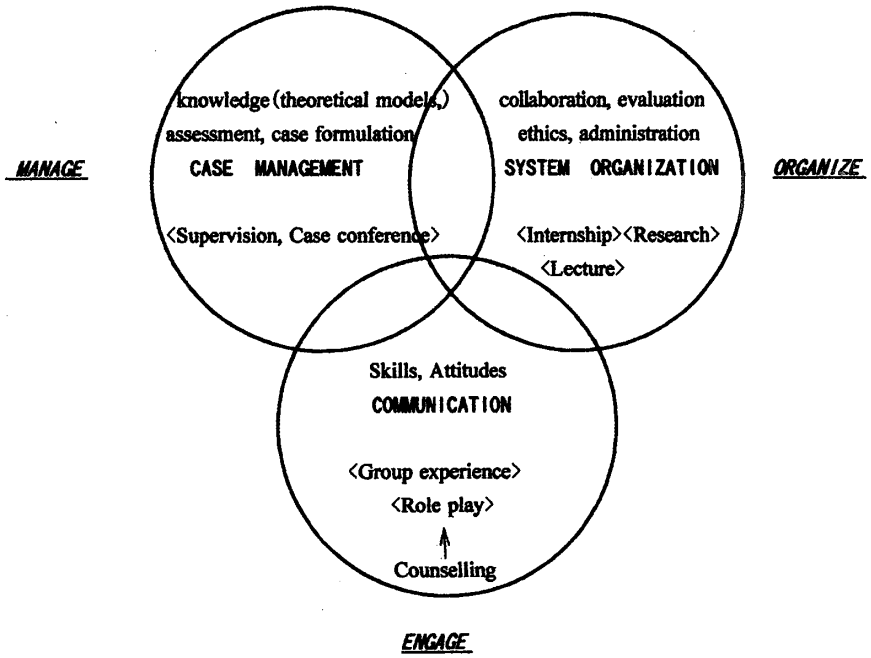
Clinical psychology in Japan is stuck with pre-modern sectionalism and cannot be accountable to society. Introducing a scientific approach might be a strategy to get rid of sectionalism, but this is almost impossible because there is very little scientific tradition and assuming a scientific approach is strongly rejected by the psychotherapy model. So we need to get out of sectionalism and into integration without assuming a scientific approach.

I am developing a comprehensive model of clinical psychology, which can fit into the Japanese tradition and situation. As described above, psychoanalytic thoughts and skills are extremely popular. In reality, that line of thought has been a big obstacle in preventing Japanese clinical psychology from growing into a profession.

Therefore, at first I try to avoid placing the psychotherapy model at the centre in creating a model for Japanese clinical psychology. I make counselling the basis, instead of psychotherapy. I think making counselling the basis would find approval from most Japanese clinical psychologists. Counselling is obviously simple, but it is open-minded. In addition, I believe counselling will fit into Japanese culture which is sensitive to relationships and familiar with narratives. This means I make use of counselling to take clinical psychology out of pre-modern sectionalism, instead of relying on assuming a scientific approach. I also think counselling skills were needed to collaborate with others and to listen to the user's narrative.

Second, I construct an integrative model of clinical skills and knowledge on this basis (see Figure 1). It consists of 3 functions, which are "communication" "case management" and "system organisation". The point is that it is open to community and social care in every setting apart from the closed system of psychoanalytic psychotherapy, which confines everything to the individual and intra-psychic world. I place psychotherapy as just one of the options of skills for "case management" and make it relative.

Figure 1 The Whole Structure of Clinical Psychology



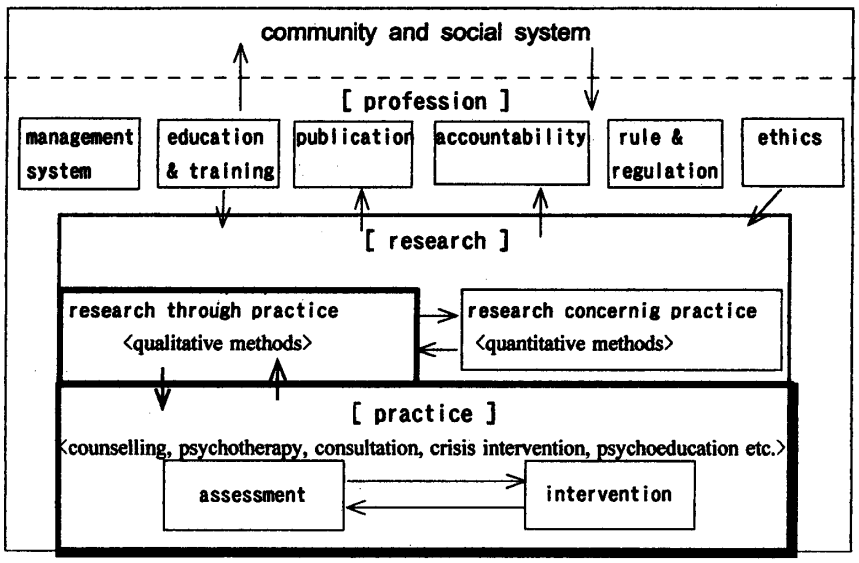


Figure 2 The Structure of Professional Psychology (esp. Clinical Psychology)

Thirdly, I develop a comprehensive concept of clinical psychology. The comprehensive concept consists of 3 structures, which are practice, research, and profession (see the figure 2). I think that if I introduce research into Japanese clinical psychology it can eliminate the pre-modern theory-based practice. Of course, we need to introduce scientific and quantitative research. However, as it is difficult to introduce, I decide to emphasise qualitative research at first. And I think qualitative research can match post-modern social constructionism. Quantitative research, such as outcome study, can evaluate clinical practice, but it cannot create and develop clinical practice itself. It is qualitative research, such as process study, that can do it (Llewelyn & Hardy 2001). Qualitative research can improve and create clinical work as "research through practice" (e.g. Clegg 2000).

Qualitative research can also describe the process of "system organisation" and evaluate it from the user's point of view. Recently, the evidence-based practice has critically appraised itself in terms of a lack of consumers' perspectives (Trinder & Reynolds 2000) and introduced qualitative research into it (Stiles 1999). As I have discussed above, making a contribution to system organisation of community service provides accountability in post-modern society. Therefore, qualitative research is becoming more important for the development of clinical psychology.

I am planning to emphasise the importance of research to get Japanese clinical psychology out of pre-modern theory-based practice. Thus, I am aiming to develop Japanese clinical psychology into a profession with an integrative and comprehensive model.

Reference

Clegg,J. et al 2001 Severe intellectual disability and transition to adulthood. British journal of medical psychology. 74. 151-166.

Corrie,S. & Callahan,M,M. 2000 A review of the scientist-practitioner model: Reflections on its potential contribution to counselling psychology within the context of current health care trends. British journal of medical psychology. 73. 413-427.

Drabick & Goldfried 2000 Training the scientist-practitioner for the 21st century: Putting the bloom back the rose. Journal of clinical psychology. 56(3) 327-340.

Ellenverger,H,F. 1970 The discovery of the unconscious: the history and evolution of dynamic psychiatry. Tuttle-Mori Agency.

Eysenck,H.J. 1952 The effects of psychotherapy. An evolution. Journal of Consulting psychology. 16. 319-324.

Helmes & Wilmoth 2002 Training in clinical psychology in Australia: A north America perspective. Australian Psychologist. 37(1) 52-55.

Kenndey,P. & Llewelyn,S. 2001 Does the future belong to the scientist practitioner? The Psychologist.14(2). 74-78.

Lancaster,S & Smith 2002 What' is a name ? The identity of clinical psychology as a specialty. Australian Psychologist.37(1) 48-51.

MAS 1989. Review of clinical psychology services. Management Advisory Service to the NHS.

Marzillier,J. & Hall,J.(ed) 1999 What is clinical psychology? 3rd editon. Oxford University Press.

Miller,S.D. 1997 Escape from babel: toward a unifying language for psychotherapy practice. W.W.Nortn.

Rice,C,E. 1997 The scientist-practitioner split and the future of psychology. American Psychologisit. 52. 1173-1181.

Llewelyn,S. & Hardy,G. 2001 Process research in understanding and applying psychological therapies. British journal of clinical psychology. 40.1-21.

Rachman,S. 1997 The evolution of cognitive behaviour therapy. In Science and practice of cognitive behaviour therapy. Edited by Clark,D,M. & Fariburn,C,G. Oxford University Press. 3-28.

Shimoyama 2002, On the developmental task of Japan. Bulletin of School of Education. The University of Tokyo. 41. 273-281.

Stiles,W,B. 1999 Evaluating qualitative research. Evidence-based mental health 2(4) 99-101