

Spring 2001

Before Boulder: Professionalizing clinical psychology, 1896-1949

Ingrid Galusha Farreras
University of New Hampshire, Durham

Follow this and additional works at: <https://scholars.unh.edu/dissertation>

Recommended Citation

Farreras, Ingrid Galusha, "Before Boulder: Professionalizing clinical psychology, 1896-1949" (2001). *Doctoral Dissertations*. 13.
<https://scholars.unh.edu/dissertation/13>

This Dissertation is brought to you for free and open access by the Student Scholarship at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Doctoral Dissertations by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact nicole.hentz@unh.edu.

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Over-size materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

NOTE TO USERS

Page(s) missing in number only; text follows. Page(s) were microfilmed as received.

117

This reproduction is the best copy available.

UMI

**BEFORE BOUT DER:
PROFESSIONALIZING CLINICAL PSYCHOLOGY, 1896-1949**

BY

**INGRID G. FARRERAS
B. A., Clark University, 1990
M.A., University of New Hampshire, 1997**

DISSERTATION

**Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of**

Doctor of Philosophy

in

Psychology

May, 2001

UMI Number: 3006134

**Copyright 2001 by
Farreras, Ingrid Galusha**

All rights reserved.

UMI[®]

UMI Microform 3006134

Copyright 2001 by Bell & Howell Information and Learning Company.

**All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.**

**Bell & Howell Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346**

ALL RIGHTS RESERVED

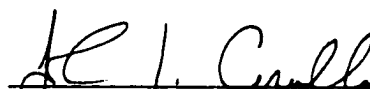
© 2001

Ingrid G. Farreras

This dissertation has been examined and approved.



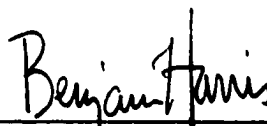
Dissertation Director, Deborah J. Coon
Associate Professor of Psychology and
Adjunct Associate Professor of History



John J. Cerullo, Associate Professor of
History



Peter S. Fernald, Professor of Psychology



Benjamin Harris, Professor of Psychology,
University of Wisconsin-Parkside



William R. Woodward, Professor of
Psychology and Adjunct Professor of
History

May 4, 2001
Date

DEDICATION

To my parents,

por fin.

Para que no se diga que dejo cosas sin terminar.

With all my love

y muchos besitos.

ACKNOWLEDGEMENTS

I am most grateful to my advisor and dissertation chair, Dr. Deborah J. Coon, for her continued mentorship, support, guidance, encouragement, and friendship over the years. The degree of detailed, thoughtful, exhaustive, and critical feedback she provided me throughout her leave of absence made it seem as if she had never been gone. I owe this project to her.

I also thank Dr. William R. Woodward for his unwavering encouragement and faith in me over the years. My learning how to do historical research as well as expanding my knowledge of the literature, the leading figures, the organizations, the journals, and the list-servers in the history of psychology are due entirely to Deb and Bill's wonderful professionalization efforts. They have truly made me feel like a junior colleague.

I am also grateful to my other committee members, Drs. Peter S. Fernald, Benjamin Harris, and John J. Cerullo. All three were actively interested in my project and were helpful by way of encouragement, leads, suggestions, hard to find articles, stimulating lunches, and comments on the manuscript. I have benefited from having all three of them on my committee.

I want to thank my husband, Vassilios Karapanos, for his unconditional love and limitless patience. He helped me through many frantic times by enduring anxious teary moments and writer's blocks, taking days off from work, staying up late with me, driving, printing, mailing, editing, double-checking, and other sundry tasks. I am fortunate to be with him.

I wish to acknowledge other individuals who were helpful to me throughout this project: Dr. Wade E. Pickren, for his stimulating conversations and suggestions throughout the project and for pointing out pertinent individuals, repositories, and available funding; Dr. Randolph C. Grace, for his boundless encouragement and faith in me; Phyllis W. Wentworth, for her unwavering support and reassurance; my cohort, Drs. Anne E. Cook, Michael Mangan, and Le' Ann Milinder, for being there all these years.

I finally want to thank my parents, sister, and grandmother, for their infinite love, support, and faith in me.

I am indebted to the members of the Reference Desk and the Interlibrary Loan Department at the University of New Hampshire (UNH) for their good humor and for procuring me with countless "obscure" articles and books over the past few years.

I am indebted as well to the following archives for providing me with relevant material without which I would not have been able to write this project and for granting me permission to quote from it: the American Psychiatric Association Archives (Washington, D.C.), the Archives of the History of American Psychology (Akron, OH), the Manuscript Division of the Library of Congress (Washington, D.C.), the Manuscripts and Archives Division of the Yale University Sterling Memorial Library (New Haven, CT), the National Archives and Records Administration II (College Park, MD), the National Library of Medicine (Bethesda, MD), and the Special Collections and University Archives Department of the Stanford University Green Library (Stanford, CA).

This research was supported by a UNH Dissertation Year Fellowship, a UNH Summer Fellowship, two UNH Graduate Enhancement Research Awards and by a National Institute of Health John J. Pisano Travel Grant.

ABBREVIATIONS

ADAMHA	Alcohol and Drug Abuse Mental Health Administration Papers, National Archives and Records Administration-II, College Park, MD
APA	American Psychological Association Papers, Library of Congress, Washington, D.C.
CCM	Catharine C. Miles Papers, Archives of the History of American Psychology, Akron, OH
CML	Chauncey McKinley Louttit Papers, Manuscripts and Archives Division of the Yale University Sterling Memorial Library, New Haven, CT
DC-OR	Dale Cameron Oral History, National Library of Medicine, Bethesda, MD
DPB	David P. Boder Papers, Archives of the History of American Psychology, Akron, OH
DS	David Shakow Papers, Archives of the History of American Psychology, Akron, OH
DS-OR	David Shakow Oral History, 1975, National Library of Medicine, Bethesda, MD
KM	Karen Machover Papers, Archives of the History of American Psychology, Akron, OH
NIH	National Institutes of Health Papers, National Archives and Records Administration-II, College Park, MD
RHF-OR1	Robert H. Felix Oral History, 1964, American Psychiatric Association Archives, Washington, D.C.
RHF-OR2	Robert H. Felix Oral History, 1975, National Library of Medicine, Bethesda, MD
RRS	Robert R. Sears Papers, Special Collections and University Archives Department of the Stanford University Green Library, Stanford, CA

USPHS **United States Public Health Service Papers, National Archives and
Records Administration-II, College Park, MD**

WWC **Warren W. Coxe Papers, Archives of the History of American
Psychology, Akron, OH**

TABLE OF CONTENTS

DEDICATION	iv
ACKNOWLEDGEMENTS	v
ABBREVIATIONS	viii
ABSTRACT	xii

CHAPTER	PAGE
INTRODUCTION	1
I. EARLY BEGINNINGS: INDIVIDUAL PROPOSALS FOR TRAINING IN CLINICAL PSYCHOLOGY (1896-1917)	8
Lightner Witmer	9
John Edward Wallace Wallin	22
Summary	31
II. AMERICAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS (AACP) (1917-1919)	34
National Research Council Conference (1921)	58
R. L. Geissler	62
Responses to Geissler	65
Summary	70
III. AMERICAN PSYCHOLOGICAL ASSOCIATION CLINICAL SECTION (1919-1937)	74
Committee on Qualifications for Psychological Examiners and other Psychological Experts (1917-1927)	78
Loyal Crane	90
Committee on Standards of Training for Clinical Psychologists (1931-1935) ..	92
Summary	104
IV. ASSOCIATION OF CONSULTING PSYCHOLOGISTS (ACP) (1930-1937)	107
New York State Association of Consulting Psychologists (1921-1930)	107
Association of Consulting Psychologists (1930-1937)	109

	White House Conference on Child Health and Protection (1932)	116
	The Great Depression and its Effects (1929-1941)	118
	Female Psychologists During the First Half of the 20 th Century	137
	Summary	141
V.	AMERICAN ASSOCIATION OF APPLIED PSYCHOLOGISTS (AAAP) (1937-1945)	143
	1941 Lindsley Conference	164
	Committee on Professional Training in Clinical (Applied) Psychology (CPTCAP) (1941-1942)	183
	APA Reorganization (1945)	187
	Summary	195
VI.	FORGING NEW ALLIANCES	199
	APA Committee on Graduate and Professional Training of Psychologists (CGPTP) (Sears 1946 and 1947 reports)	200
	Veterans Administration	211
	Summary	234
VII.	THE NATIONAL MENTAL HEALTH ACT AND ITS IMPACT	237
	The National Mental Health Act	240
	APA Committee on Training in Clinical Psychology (CTCP) (1947, 1948, and 1949 reports)	259
	Summary	290
VIII.	CONCLUSION	293
	BIBLIOGRAPHY	303

ABSTRACT

BEFORE BOULDER: PROFESSIONALIZING CLINICAL PSYCHOLOGY, 1896-1949

by

Ingrid G. Farreras

University of New Hampshire, May, 2001

This dissertation documents the early history that led to the scientist-practitioner (“Boulder”) model of training in clinical psychology. It uncovers pre-Boulder training guidelines and programs suggested by individuals and psychological organizations while exploring two themes: 1) the boundary issues between the budding clinical psychologists and the more established, elite mental health providers, particularly psychiatrists, between academic psychologists and these new clinical or applied psychologists, and between the various applied psychologists, and 2) how these training models (and organization membership requirements, codes of ethics, licensing and certification issues, and institutional accreditation) served as a way to professionalize clinical psychology, to improve its scientific status vis-à-vis psychiatry as well as help it establish a separate identity from academic psychology.

Focusing on the 1896-1949 time period, this dissertation explores the emerging and evolving role of the clinical psychologist, from administrators of intelligence and occupational tests before, during and between the world wars to their increased visibility as therapists and researchers during and after World War II.

INTRODUCTION

The American Psychological Association (APA) is the oldest and largest professional organization for psychologists in the world. Established in 1892, it now boasts over 90,000 members, associates, and affiliates.¹ Clinical psychology currently represents the largest specialty area within the field of psychology: over 45% of the APA members are clinical psychologists.² Sixty years ago, however, only 10% of the APA members were clinical psychologists, and for these 10%, psychotherapy, the most common activity of clinical psychologists today, was not an activity that they engaged in frequently.³

Aspiring clinicians today can choose among two predominant graduate training models available. The older and more prestigious one officially dates back to 1949 and is termed the scientist-practitioner or scientist-professional model (also known as the Boulder model). This model emphasizes training psychologists to be research scientists as well as service providers or practitioners. As of this year, 156 institutions throughout the country offer an APA-approved Doctor of Philosophy (Ph.D.) degree in clinical psychology following this model.⁴ Those pursuing this model of training are expected,

¹ Michael Nietzel, Douglas A. Bernstein, and Richard Milich, "Clinical Psychology: Definitions and History," in *Introduction to Clinical Psychology* (Englewood Cliffs, NJ: Prentice-Hall, 1991).

² Lester A. Lefton, *Psychology*. 6th ed. (Boston: Allyn and Bacon, 1997).

³ Sol L. Garfield, "Psychotherapy: A 40-year Appraisal," *The American Psychologist* 36, no. 2 (1981): 174-183; Nietzel, Bernstein, and Milich, "Clinical Psychology."

⁴ American Psychological Association Educational Directorate, *Accredited Doctoral Programs in Professional Psychology* [webpage <http://www.apa.org/ed/doctoral.html>] (April 3, 2000).

upon completion, to be competent in three areas: research, practice (i.e., therapy and assessment), and teaching (i.e., academia). The newer and recently popular model is the practitioner-scholar (or Vail) model, which officially originated in 1973. This model emphasizes the more applied aspect of providing service to a wider variety of populations without the emphasis on research. Thirty-eight institutions throughout the country currently offer an APA-approved Doctor of Psychology (Psy.D.) degree following this model. In contrast to the Boulder training model, the expected area of competence resulting from the Vail model is in practice. The duration and financing of graduate training also serve to distinguish between both models: the Boulder model usually takes longer than the standard four years to complete but generally guarantees tuition remissions in exchange for teaching or research assistantships.

The beginning of professionalized clinical psychology and the development of Ph.D. programs in clinical psychology have often been claimed to have emerged from a conference that led to the scientist-practitioner model. The APA, sponsored by the United States Public Health Service's Division of Mental Hygiene, held a conference in Boulder, Colorado between August 19th and September 3rd of 1949. Seventy-three directors of university clinical training and representatives from internship training centers, mental health service agencies, and allied professions met daily for two weeks to address the graduate education and training needed for clinical psychologists.⁵

The discussions centered around four fundamental issues that were published in book form in 1950: 1) the professional services and research contributions that clinical

psychologists could offer to meet societal needs, 2) the fluidity required of professional training in order to reflect society's changing needs as well as theoretical and technical changes within the field and related disciplines, 3) the kinds and levels of training that should be required and, finally, 4) problems regarding professional ethics (to patients, the general public, science, employers, one's own profession, related professions, students) and resulting training.⁶

Over 70 resolutions emerged from this Boulder Conference. The most important one resulted in a four year graduate program that proposed a firm foundation in science, research methodology and theory during the first year, practicum and internship training during the second and third years, and the completion of the doctoral dissertation during the fourth and last year.⁷ This program envisaged the psychologist who would "contribute through research and scholarship to the development of the techniques and methods of the profession...even though his primary function [would be] service."⁸

The unanimous recommendation to train clinical psychologists equally as both researchers and practitioners not only helped bridge the academic vs. practitioner rift and bring about bountiful governmental financial support in the forms of stipends and grants, but it also established the identity and legitimacy of the field of clinical psychology itself and sharply delineated the boundaries that set clinical psychologists apart from

⁵ Victor C. Raimy, *Training In Clinical Psychology* (New York: Prentice-Hall, Inc., 1950).

⁶ Ibid.

⁷ Reisman, *History of Clinical Psychology*.

⁸ Stuart W. Cook, "The Psychologist of the Future: Scientist, Professional, or Both," *The American Psychologist* 13 (1958): 636.

psychiatrists, social workers, counselors, and other mental health providers.⁹ The conference, and the scientist-practitioner model that resulted from it, were so successful in accomplishing these goals that it became a model for all of the professional specialties within psychology: counseling, school, industrial, etc.

The Boulder model, however, was not the first model proposed for training in clinical psychology. Since the turn of the century there had been numerous attempts to set guidelines for the training and education of clinical psychologists, efforts made not only by academic and applied psychologists but also by individuals in related fields of mental health, particularly psychiatry. This dissertation focuses on uncovering the various pre-Boulder training guidelines and programs suggested by individuals and by professional organizations between 1896-1949, and explores why they never took hold. The predominant theme that will be found throughout this work will be that of the “boundary issues” that arose between academic and applied psychologists as well as between psychologists in general and other mental health practitioners of higher status at the time, namely psychiatrists.¹⁰

⁹ David B. Baker and Ludy T. Benjamin, Jr., “The Affirmation of the Scientist-Practitioner: A Look Back at Boulder,” *The American Psychologist* 55, no. 2 (2000): 241-247.

¹⁰ Gieryn is credited with examining the demarcation of science from non-science within the framework of “boundary-work.” In his 1983 *American Sociological Review* article he sees the “construction of a boundary between science and varieties of non-science [as] useful for scientists’ pursuit of professional goals: acquisition of intellectual authority and career opportunities; denial of these resources to “pseudoscientists”; and protection of the autonomy of scientific research from political interference.” (p. 781). Gieryn claims that “boundaries of science are ambiguous, flexible, historically changing, contextually variable, internally inconsistent, and sometimes disputed,” thus underscoring the “problem of demarcation” when one attempts to “identify unique and essential characteristics of science.” (pp. 792 and 781). Thomas F. Gieryn, “Boundary-work and the Demarcation of Science From Non-science: Strains and Interest in Professional Ideologies of Scientists” *The American Sociological Review* 48 (1983): 781-795.

The dissertation consists of eight chapters. The first chapter focuses almost exclusively on the first two individual proposals for training in clinical psychology. Between 1896 and 1911, Lightner Witmer, at the University of Pennsylvania, proposed a new field called “clinical psychology,” established the first psychological clinic, taught the first course in clinical psychology, presented the first proposal for graduate training in clinical psychology, and created the first journal in clinical psychology. Having visited Witmer’s clinic, J. E. Wallace Wallin, during the second decade of the century, followed up on Witmer’s pioneering work by strongly advocating for more training for clinical psychologists. He specified the ideal personal qualities as well as academic background and practical work that would be necessary to become expert mental examiners, the prime occupation of clinical psychologists of the time.

These two early pioneers paved the way for the establishment, in 1917, of the first professional organization to represent clinical psychologists: The American Association of Clinical Psychologists (AACP). The second chapter focuses on this Association as well as discusses mounting tensions between the psychiatric and psychological professions. This serves as a context from within which to interpret a 1921 conference on the relations between both professions held by the National Research Council (NRC) as well as additional individual proposals for the training of clinical psychologists, including the first proposal for a Doctor of Psychology degree in 1918.

The third chapter documents the dissolution of the AACP in 1919 for the creation of the APA’s first section, the Clinical Section (renamed “division” after the 1945 reorganization). The APA’s and this section’s first attempts at professionalizing applied

psychology will be seen in the form of the Committee on Qualifications for Psychological Examiners and other Psychological Experts Certification (1917-1927) as well as the Committee on Standards of Training for Clinical Psychologists (1931-1935). Another individual proposal for training is presented in 1925.

The fourth chapter is centered around the second professional organization to represent applied interests: the Association of Consulting Psychologists (ACP). Beginning with the establishment of the predecessor of the ACP in 1921, the New York State Association of Consulting Psychologists, the chapter traces how this organization dealt with issues of professionalization as evidenced by discussions on professional standards, requirements for postgraduate training, certification and licensing issues, membership requirements, and codes of ethics. During this time other individual proposals for training were presented and the effects of the Great Depression on both applied and basic psychology are also discussed.

The fifth chapter covers the period 1937-1945, with a focus on the formation of the American Association of Applied Psychologists (AAAP) as a result of the merger of the ACP and other regional associations. It also describes the first conference on training in clinical psychology held in 1941 and the Committees for the training of clinical psychology that both the AAAP and the APA established and whose work would culminate in the Boulder model. Similarities and differences between both organizations' Committees as well as differences in their aims are discussed as well as the reorganization of the APA in 1945.

The sixth and seventh chapters cover the five years following the end of World War II and leading up to the Boulder conference. After World War II the government was in need of a large number of mental health providers to treat the casualties of war. Because psychiatric training was so time-consuming and trained so few psychiatrists at any one time, the government initiated training grants for other mental health providers, particularly clinical psychologists. These two chapters describe the relationship between the APA, the Veterans Administration, and the United States Public Health Services in the funding of training and research for clinical psychologists that led to the formal professionalization of clinical psychology. They also highlight the differences between the early (Sears) Committee on Graduate and Professional Training of Psychologists and the later (Shakow) Committee on Training in Clinical Psychology as well as illustrate the heightened tensions between academic and practicing psychologists as formal Ph.D. programs became a reality within psychology departments.

A concluding epilogue briefly describes the Boulder conference held in 1949 and the resulting scientist-practitioner model of training in clinical psychology available today. Positive and negative consequences of this model are also discussed.

To summarize, the dissertation illustrates early proposals for training models that attempted to define the nature of clinical psychology and create standards for the emerging field as well as revealed tensions between psychology and psychiatry as they each struggled to legitimize itself. These early proposals served as a way to professionalize and establish an image of scientific status that would set clinical psychologists apart from other mental health practitioners working in similar venues.

CHAPTER 1

EARLY BEGINNINGS: INDIVIDUAL PROPOSALS FOR TRAINING IN CLINICAL PSYCHOLOGY, 1896-1917

During the first twenty years of this century, psychologists Lightner Witmer and John Edward Wallace Wallin proposed the first training models in clinical psychology. At the time, in the late 1890s and early 1900s, the “clinical psychologist” did not resemble the clinician today who specializes in psychotherapy but was rather someone who administered mental tests in order to diagnose and classify sensory and learning disabilities in children.¹ As a result, the term “clinical psychologist” was employed interchangeably with “school psychologist,” “psychoclinicist,” “applied psychologist,” and “consulting psychologist” to refer to the psychologist who engaged in mental testing in various settings: schools, juvenile institutes, courts, universities, hospitals, vocational guidance bureaus, etc.² The all-encompassing term resulted from a lack of professional identity stemming from the fact that no organization represented them and no standard set of guidelines existed that delineated the training and credentials they needed.³ Witmer and Wallin were the first individuals who attempted to change that.

¹ Michael M. Sokal, “The Committee on the Certification of Consulting Psychologists: A Failure of Applied Psychology in the 1920s” Paper presented at the History of Applied Psychology: Department of Psychology Colloquium (Series II), Norfolk, VA 1982.

² Thomas K. Fagan, “The Historical Origins and Growth of Programs to Prepare School Psychologists in the United States” *Journal of School Psychology* 24 (1986): 9-22.

³ *Ibid.*

Lightner Witmer

Witmer was born on June 28th, 1867 in Philadelphia, the eldest of four children.⁴

Between 1880-1884 he attended the prestigious Episcopal Academy of Philadelphia which prepared him to enter the equivalent of the School of Arts and Sciences at the University of Pennsylvania in the fall of 1884. After two years of a required classic curriculum he switched to the Wharton School of Finance and Economy and took finance and political economy courses as well as courses in history, law, science, and philosophy during his junior and senior years. Witmer graduated from the University of Pennsylvania in 1888 at the age of 21.

That fall he began teaching English and History at the Rugby Academy of Boys in Philadelphia, while auditing law courses at the University of Pennsylvania. Although continuing to teach, Witmer enrolled in the philosophy graduate school at the University of Pennsylvania in the fall of 1889 hoping to work under Edmund James in political science. In January of 1889, however, James McKeen Cattell had arrived in the philosophy department as a professor of psychology. Given the difficulty of studying and working full-time, Witmer ended up changing from political science with James to experimental psychology with Cattell, because the latter had a paying assistantship that Witmer was able to secure for a year beginning June 1890.

Columbia University approached Cattell in that fall of 1890 with a lucrative offer, however, and Cattell left the University of Pennsylvania in June 1891. Given the time and money he had put into the University of Pennsylvania psychology program, however,

he was unwilling to see it go to waste. As a result, Cattell encouraged Witmer to seek a doctorate in Germany under Wundt (under whom Cattell himself had studied), and to return to take over the psychological laboratory at the University of Pennsylvania. After a year and a half of graduate work at the University of Pennsylvania, Witmer left for Germany in February of 1891. He took a variety of courses (experimental psychology but also pedagogy, history, government, philosophy, and law) and wrote a dissertation on the aesthetic pleasingness of various figures. Witmer defended his dissertation in July 1892 and was awarded his degree until March 1893.

Witmer returned to lead the University of Pennsylvania psychology lab in the fall of 1892, at the age of 25, with the title of Lecturer in Experimental Psychology. That same year he became one of the charter members of the American Psychological Association, founded by G. Stanley Hall, along with psychologists of established status such as William James and his own mentor, James McKeen Cattell.⁵

Witmer first offered a child psychology seminar during the 1894-1895 academic year. This interest in children was common at the time, when the broader child study movement was emerging. The late 19th century and turn of the 20th century had witnessed the beginning of a variety of social reforms, many aimed at children, to curb the problems which were resulting from immigration, urban growth, and industrialization.⁶ The most significant social improvements concerning children

⁴ For a more detailed biographical account of Witmer's life and work see Paul McReynolds, *Lightner Witmer: His Life and Times* (Washington, D.C.: American Psychological Association, 1997).

⁵ Thomas Camfield, "The Professionalization of American Psychology, 1870-1917" *Journal of the History of the Behavioral Sciences* 9 (1973): 66-75.

included “compulsory schooling, juvenile courts, child labor laws, mental health, vocational guidance, the growth of institutions serving children, and an array of child-saving efforts.”⁷

Compulsory schooling in particular was paramount because it conveyed an implicit assumption that through education children would be able to solve society’s problems.⁸ The schooling laws of 1890-1930 led to an outstanding increase in elementary and secondary school enrollment, including students who were academically unsuccessful or had never attended school, students who were physically and mentally unhealthy, and children of immigrants who often did not speak English.⁹ Such variation in students created a need for a “reliable estimate of proper grade placement.”¹⁰ This estimate was complicated by the physical and mental defects that might be affecting scholastic potential and ability, and thus the need for special educational services also emerged.¹¹ As a result, one of the first products of compulsory schooling was psychological and physical inspections of children by “experts” who could accurately assess and segregate children so as to maximize the mass education that was prevalent at the time. Suddenly, there was a need for school psychologists, physicians, nurses, social

⁶ Thomas K. Fagan and P. S. Wise, *School Psychology: Past, Present, and Future* (White Plains, NY: Longman, 1994).

⁷ Thomas K. Fagan, “Compulsory Schooling, Child Study, Clinical Psychology, and Special Education: Origins of School Psychology” *The American Psychologist* 47 (1992): 236.

⁸ Fagan and Wise, *School Psychology*.

⁹ *Ibid.*

¹⁰ *Ibid.*, 24.

¹¹ Fagan, “Compulsory Schooling,” 236-243; Fagan and Wise, *School Psychology*.

workers and vocational counselors; the psychological clinic would become the clearinghouse for the segregation of children, particularly of feeble-minded or backward ones.¹²

With this need to differentiate among children came the need to develop tools that would facilitate it. Alfred Binet and his assistant Simon were just then working on this problem in France. When it was evident that physicians could only determine whether children were physically, but not mentally defective, Binet began working on examining and classifying the intelligence level of Parisian elementary students through the establishment of mental age norms.¹³ By creating 66 scales arranged according to age-steps of increasing difficulty the ability to gauge how successfully students performed at each step of a task provided a rough estimate of their intelligence.¹⁴

Henry H. Goddard, at the Training School for Feeble-Minded Girls and Boys in Vineland, NJ, translated the 1908 version of the Binet-Simon test into English in 1910 and after successfully diagnosing feeble-mindedness with it recommended it to the American Association for the Study of the Feeble-minded.¹⁵ That very year Goddard was training school teachers in Binet test administration at the Vineland summer school. With the development of this test, psychological services also spread and psychological clinics

¹² Fagan, "Compulsory Schooling," 236-243; Fagan and Wise, *School Psychology*.

¹³ William Burgess Cornell, "Psychology vs. Psychiatry in Diagnosing Feeble-mindedness" *New York State Journal of Medicine* 17, no. 11 (1917): 485-486.

¹⁴ Donald Seymer Napoli, *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945* (Port Washington, NY: Kennikat Press, 1981); John Edward Wallace Wallin, "Clinical Psychology: What It Is and What It Is Not" *Science* 37, no. 963 (1913): 895-902.

and research bureaus emerged throughout the country during the first three decades of this century.¹⁶ Because tests were suddenly so necessary in the segregation of students, the predominant role for the practicing psychologist was that of mental tester.¹⁷ Mental testing was to create a diagnostic niche for clinical psychologists.¹⁸

It is within this context that Witmer began teaching courses in child study and clinical psychology. During the 1895-1896 academic year Witmer taught an introductory psychology course for local public school teachers. In July 1896 he taught a course on "methods of working with mentally defective, blind, and criminally disturbed children," a course his biographer Paul McReynolds considers marked the inauguration of clinical psychology course work.¹⁹ The following summer he formalized this course by offering a four-week long course on Child Psychology which emphasized the clinical method.²⁰ The training at the time consisted of practical experience examining children as well as university courses in child psychology. Contrary to the connotation the word "clinical" derives from its medical origin, Witmer did not mean "clinical" to refer to the physician's

¹⁵ Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (New York: Cambridge University Press, 1998).

¹⁶ Fagan, "Compulsory Schooling," 236-243.

¹⁷ Thomas K. Fagan, "Historical Origins and Growth," 9-22.

¹⁸ Leila Zenderland, "Education, Evangelism, and the Origins of Clinical Psychology: The Child-Study Legacy," *Journal of the History of the Behavioral Sciences* 24 (1988): 152-165.

¹⁹ Paul McReynolds, "Lightner Witmer: Little Known Founder of Clinical Psychology," *The American Psychologist* 42 (1987): 851.

²⁰ Lightner Witmer, "Clinical Psychology," *Psychological Clinic* 1 (1907a): 5.

bedside care of a patient but rather to a method that studied children (at the time) as individuals rather than as groups.²¹

Due to the novelty of the field, Witmer felt that a course of training should be tailored both to those seeking its practical application as well as those seeking to engage in research. As a result, Witmer listed a variety of individuals who might benefit from his proposed program of training: graduate and undergraduate psychology students; psychology instructors in colleges and normal schools; public school superintendents, institute lecturers, and teachers; clinical psychologists in institutions for the insane and feeble-minded; teachers of backward and special classes of defective children; physicians and medical students interested in treatment of mental and nervous diseases; anyone in the legal profession interested in delinquency and criminality problems; and social workers and clergymen.²²

Rather than a specific plan of study, however, Witmer felt that “a training in introspective analysis and experimental methods” (i.e., training to become a psychologist) was “the essential prerequisite for intelligent work.”²³ Without it, no amount of coursework would allow for the accurate observation and recording of “the phenomena of the human mind and of human nature.”²⁴ As a result, a systematic course of study in psychology, from which “our knowledge of the structure of the human mind

²¹ Witmer, “Clinical Psychology,” 1-9; Lightner Witmer, “University Courses in Psychology,” *Psychological Clinic* 2 (1907): 25-35.

²² Witmer, “University Courses in Psychology,” 25-35; Lightner Witmer, “Courses in Psychology at the Summer School of the University of Pennsylvania,” *The Psychological Clinic* 4, no. 9 (1911): 245-273.

²³ Witmer, “University Courses in Psychology,” 27-28.

and of its normal and abnormal functioning” derived, was imperative.²⁵ Because this training was sought by various individuals and professionals in addition to the traditional undergraduate and graduate students, and these professionals were disinclined or could not afford the three weekly hours for two years that the course would take, Witmer provided summer sessions of three daily hours as an alternative.²⁶

Witmer proposed a 13-course sequence of both practical and systematic courses to train students in the clinical method. The five practical courses Witmer proposed centered around child development:

Educational psychology (working vocabulary and methods of child development)
Clinical psychology (methods of diagnosis)
Abnormal psychology (demographics, classification, prognosis, treatment)
Mental and physical defects of school children (hygiene, physiology, anatomy, prevention and elimination)
Social aspects of school work (function of the school)²⁷

The eight remaining courses were to comprise what Witmer termed “the systematic” and “the advanced” courses, and could be taken either throughout two academic years or two summers. The systematic courses provided a broad background to the young science of psychology and consisted of the following four courses: General Psychology (mental analysis, mind and body, mental synthesis), Genetic Psychology: Character and Conduct (evolution of individual consciousness), a Laboratory Course A (analytical psychology, sensation and perception, and cognition), and a Laboratory

²⁴ Witmer, “University Courses in Psychology,” 28.

²⁵ Witmer, “Courses in Psychology,” 250.

²⁶ Witmer, “Courses in Psychology,” 245-273.

²⁷ Witmer, “University Courses in Psychology,” 29-35.

Course B (physiological psychology).²⁸

For those who wanted to pursue research at academic institutions or contribute to the scientific field through lectures and publications on topics in applied psychology while working at institutions for the insane or the feeble-minded or at public or special schools, Witmer recommended four advanced courses: Experimental Psychology (including three research courses), Child Psychology (including five methods, educational psychology, and the Psychological Clinic), Social Research in Clinical Psychology (i.e., being a volunteer social worker at the Psychological Clinic), and Tests and Measurements of Children (including sensory, perceptual, and cognitive testing).²⁹

Witmer felt that students who completed this training would be experts in the field of “orthogenics”, a term he also coined to describe the science “which investigates retardation and deviation and the methods of restoring to normal condition those who are found for one reason or another to be retarded or deviate.”³⁰

December 29th, 1896 marks the date when Witmer presented the paper “The Organization of Practical Work in Psychology,” at the fifth APA meeting in Cambridge. In this paper he described his vision of the orthogenic expert applying the scientific methods of pure science to combat the difficult, applied problems evident in the classroom.³¹ Although Witmer had tutored a boy in 1889 from the Rugby Academy who,

²⁸ Ibid.; Witmer, “Courses in Psychology,” 257.

²⁹ Witmer, “Courses in Psychology,” 270.

³⁰ Lightner Witmer, “The Study and Treatment of Retardation: A Field of Applied Psychology,” *Psychological Bulletin* 6 (1909): 122.

by today's standards, would be diagnosed as dyslexic, the beginning of Witmer's clinical work, according to his biographer, did not really begin until seven years later.³²

Witmer's Psychological Clinic originated in March 1896 from the referral of a 14-year old boy by one of Witmer's own teacher-students, Margaret Maguire. Charles Gilman, the pseudonym Witmer used for the boy, had extreme difficulty spelling, and Maguire was "imbued with the idea that a psychologist should be able, through examination, to ascertain the causes of a deficiency in spelling and to recommend the appropriate pedagogical treatment for its amelioration or cure."³³ Witmer agreed, believing that Gilman's problem was

a simple developmental defect of memory; and memory is a mental process of which the science of psychology is supposed to furnish the only authoritative knowledge. It appeared to me that if psychology was worth anything to me or to others it should be able to assist in a retarded case of this kind.³⁴

Without any guiding principles, Witmer found it necessary to apply himself "directly to the study of the mental and physical condition of this child, working out my methods as I went along."³⁵ Witmer's remedial work with Gilman displayed his "developing view that psychology should be of practical benefit."³⁶ Witmer had discovered that Gilman suffered from double vision and had sent him to an oculist for

³¹ Lightner Witmer, "The Organization of Practical Work in Psychology," *Psychological Review* 4 (1897): 116-117.

³² Paul McReynolds, "Lightner Witmer," 849-858.

³³ Witmer, "Clinical Psychology," 4.

³⁴ Witmer, "Clinical Psychology," 1-9.

³⁵ Witmer, "Courses in Psychology," 252.

³⁶ McReynolds, "Lightner Witmer," 851.

prescription glasses. When his spelling and reading did not improve significantly, however, Witmer recognized certain transpositions in Gilman's reading and writing that led him to believe he also suffered from "verbal visual amnesia," what today would be diagnosed as dyslexia.³⁷

With the founding of the Psychological Clinic in 1896, the first psychological clinic in the country, began the "examination and remedial educational treatment of mentally or morally retarded children, and children suffering from physical defects, which result in slow development or prevent normal progress in school."³⁸

In March 1907 Witmer published The Psychological Clinic, the first journal in clinical psychology. McReynolds describes "...the establishment of (the) journal (as) a...way of formally and publicly announcing a new movement or area of specialization, in this case, the new discipline and profession of clinical psychology."³⁹ In the first article of the journal, Witmer announced the beginning of a new profession he called clinical psychology. This profession would be related to but independent of medicine and education, and would require doctoral level training in the "prevention, diagnosis, and treatment of mental and behavioral deviations."⁴⁰

This new profession would be academically and scientifically based. Witmer embraced the "new psychology," which was laboratory-based, science-promoting, and

³⁷ John M. O'Donnell, "The Clinical Psychology of Lightner Witmer: A Case Study of Institutional Innovation and Intellectual Change," *Journal of the History of the Behavioral Sciences* 15 (1979): 3-17.

³⁸ Witmer, "Courses in Psychology," 251.

³⁹ McReynolds, *Lightner Witmer*, 128.

⁴⁰ McReynolds, *Lightner Witmer*, 129-130.

experimental. For many years the research and scientific papers he presented at the APA were based on his interests in sensation and perception. Despite the interest and time he put into his clinic, Witmer was first and foremost a research psychologist and that is where he concentrated most of his work and energy.⁴¹

Witmer's Psychological Clinic became the model for other universities to follow. The University of Minnesota established a Free Clinic in Mental Development in 1908, the University of Washington a child welfare foundation in 1909 and the University of Iowa the second psychological clinic in 1910; by 1914 there were 19 university clinics in the United States.⁴² No formal Ph.D. programs in clinical psychology existed prior to the mid-1940s, however. Varied clinical opportunities did exist prior to that time but applied psychologists who sought careers in the clinical field were virtually entirely responsible for creating their own niches. Ordinarily they would obtain a doctorate in general experimental psychology (which would train them to conduct research) and subsequently they would attempt to obtain clinical expertise on the job: "in their work in government hospitals, clinics and institutions for the intellectually impaired."⁴³

⁴¹ Napoli, *The Architects of Adjustment*.

⁴² Thomas Verner Moore, "A Century of Psychology in its Relationship to American Psychiatry," in *One Hundred Years of American Psychiatry*, ed. J. K. Hall (New York: Columbia University Press, 1944).

⁴³ George Frank, "The Boulder Model Revisited," *Psychological Reports* 59 (1986b): 407-413; George Frank, "The Boulder Model Revisited: The Training of the Clinical Psychologist for Research," *Psychological Reports* 58 (1986a): 580; Chauncey McKinley Louttit, "The Nature of Clinical Psychology," *Psychological Bulletin* 36 (1939): 361-389; Albert T. Poffenberger, "The Training of a Clinical Psychologist," *Journal of Consulting Psychology* 2, no. 1 (1938): 1-6; Karl E. Pottharst, "A Brief History of the Professional Model of Training," in *Levels and Patterns of Professional Training in Psychology: Conference Proceedings Vail, Colorado July 25-30, 1973*, ed. Maurice Korman (Washington, DC: American Psychological Association, 1976); David Shakow, "Clinical Psychology Seen Some 50 years Later," *The American Psychologist* (1978): 148-158; "The exceptions to this occur in persons who have

Since clinical exposure was unrelated to the training obtained by psychologists in academic settings, internships and professional work in clinical areas functioned as a substitute for formal training in clinical psychology.⁴⁴ Several institutions had already begun offering internships shortly after the turn of the century. In 1908, H. H. Goddard began instituting an internship for psychologists at the Vineland Training School.⁴⁵ In 1913 Robert J. Yerkes created the first internship in a psychiatric institution for adults at the Boston Psychopathic Hospital.⁴⁶ Internships at Worcester State Hospital, McLean Hospital, Western State Penitentiary in Pennsylvania and the New York Institute for Child Guidance soon followed.⁴⁷ Other internships were available at the Juvenile Psychopathic Institute (later called the Institute for Juvenile Research), established in Chicago in 1909 by psychiatrist William Healy.⁴⁸ Their purpose was

to evaluate children and teenagers being seen in court, but also to intervene early to prevent delinquency...[The concern was more] with evaluation than with treatment, because in the juvenile courts the main agents of intervention were probation officers.⁴⁹

been trained in Teachers colleges which are professional schools but which nevertheless have awarded the Ph.D. degree" (Poffenberger, "Training of a Clinical Psychologist," 5).

⁴⁴ Pottharst, "Brief History."

⁴⁵ Edgar A. Doll, "Internship Program at the Vineland Laboratory," *Journal of Consulting Psychology* 10 (1946): 184-190.

⁴⁶ M. Mike Nawas, "Landmarks in the History of Clinical Psychology From its Early Beginnings Through 1971," *The Journal of Psychology* 82 (1972): 91-110.

⁴⁷ Pottharst, "Brief History."

⁴⁸ Healy was married to Augusta Bronner, who would be chair of the APA's Clinical Section in 1926. Both of them were original members of the AACP, the APA Clinical Section, and the interdisciplinary American Orthopsychiatric Association, founded in 1924, which shall be discussed subsequently with respect to psychology's relations with psychiatry in particular. (Donald K. Routh, *Clinical Psychology Since 1917: Science, Practice, and Organization* (New York: Plenum Press, 1994).

⁴⁹ Routh, *Clinical Psychology Since 1917*, 22.

According to Routh, it was at this institute that the model of the tri-professional mental health team consisting of a psychiatrist, a social worker, and a psychologist emerged and would significantly affect the status and type of training and professional work available to psychologists.⁵⁰ It is not Healy, however, who should be given the credit for the development of such a model. Witmer had already been employing such a team in his own Psychological Clinic of the late 1890s. Healy himself had visited (and credited) Witmer's clinic (and other medical clinics and juvenile courts and institutions) in 1908 for ideas for his own institute.

Two differences can be seen in Witmer's and Healy's concept of the tri-professional team, however: 1) Witmer's team was led by a psychologist and focused on (re)education and Healy's team was led by a psychiatrist and focused on delinquency and 2) Witmer's team focused on treatment (reeducation) while Healy's team focused on evaluation alone (leaving treatment to probation officers). These differences would prove to be significant. As long as the psychiatrist supervised the psychologist and social worker and directed the psychiatric or Child Guidance clinics then harmony between the three professions was likely. In private practice, however, or in psychological clinics where psychologists were supervisors, psychiatrists were unlikely to consult psychologists and resented psychologists' attempts at treatment.⁵¹ That Witmer's teams were led by psychologists as opposed to the more established and highly regarded

⁵⁰ Routh, *Clinical Psychology Since 1917*.

⁵¹ Charles A. Dickinson et al., "The Relation Between Psychiatry and Psychology: A Symposium," *The Psychological Exchange* 2 (1933): 149-161.

psychiatrists might help explain why by 1935 there were only 87 psychological clinics but 755 psychiatric clinics, reflecting the continued hegemony of the psychiatric field.⁵²

John Edward Wallace Wallin

J. E. Wallace Wallin, who obtained his Ph.D. in psychology at Yale in 1901, viewed the new clinical psychologist as a “psycho-educational clinician” or “psycho-clinician.” In 1911, after Goddard secured him a position at the State Village for Epileptics in Skillman, New Jersey, he published a two-part article in the Journal of Educational Psychology in which he posited three main criteria which he felt a successful psycho-clinician ought to meet.⁵³ The first one pertained to the character of the clinician, since Wallin did not believe that training alone could make one suited for the job:

He must be temperamentally adapted for the work. ...[M]ere knowledge of the methodological technique peculiar to psycho-clinical work does not necessarily make a successful examiner.

The examiner must have the ability or knack to draw out the best the child has to give; if he is obliged to force it out he is lacking in the very essentials of the work...The examiner should, through word, action, demeanor and bearing, be able to calm, pacify, set at ease the nervous, excitable child; and to encourage, incite, stimulate the phlegmatic, timid, taciturn, obstructed child. He must be genial, friendly, sympathetic, quick to praise and slow to criticize (sic), and must be able to win the confidence of all. He must possess an unlimited reserve of patience with the frivolous, resistant and snail-like plodders. He must be versatile and resourceful, so that he can change his attitude and method of attack to suit all types of persons.⁵⁴

⁵² O'Donnell, “Clinical Psychology.”

⁵³ J. E. W. Wallace, “The New Clinical Psychology and the Psycho-clinician,” *Journal of Educational Psychology* 2 (1911): 121-132; 191-210.

⁵⁴ Wallin, “New Clinical Psychology,” 207-208.

The second criterion dealt more with the art of clinical work and combined the type of training with the special talents or abilities (other than temperamental ones) that a clinician needed to possess in addition to a basic background in psychology:

It is not enough that he has a thorough grounding in the methods and results of analytical, descriptive, experimental, child, social, physiological and educational psychology; he should have a definite, technical preparation in clinical psychology. He should be conversant with its methods, standpoints, aims and results... The clinical worker must use the "case" method of procedure; he must be able to individualize each case... to study it in the concrete... to frame a clinical picture of it – in a word, to examine clinically. To do this requires... ready powers of observation, keenness of insight, power to interpret, ability to notice signs and symptoms, a knowledge of symptomatology and of the best available methods of psycho-clinical diagnosis.⁵⁵

Finally, Wallin's third criterion dealt with the educational and experiential background that the clinician needed to have:

A knowledge of nervous and mental diseases, of psychopathology and psychotherapy, is essential for a clinical psychologist... He will also be much the stronger if he has had practical teaching experience in the public schools, so that he has come directly in touch with the problems of the training, growth and development of the child mind; if he has taught educational psychology in training-schools for teachers, so that he is alive to the vital educational problems concerning pedagogical methodology... and if he has likewise been in direct touch with classes for retarded pupils and speech-defectives and institutions for defectives, particularly those for the feeble-minded and epileptic, so that he has acquired that developed insight which will enable him to make a preliminary, offhand rating or diagnosis of the child as he stands before him.⁵⁶

Except for the last requirement, it is clear that the first two – character and ability – would be hard to assess and even come by. As Wallin himself admitted, "at the present time no adequate training is afforded in clinical psychology except through an apprenticeship with one of the few experts in the field," and his own list, compiled in

⁵⁵ Wallin, "New Clinical Psychology," 208.

1961, indicated there were only 16 Ph.D.s in psychology between 1896-1910 who functioned as clinical psychologists, including himself.⁵⁷

Perhaps for this reason we see, two years later, in a 1913 article in Science, Wallin's new description of what is necessary to be a successful psycho-clinician; the criteria now rest more on academic background than on personal qualities or characteristics:

...a technical knowledge of educational and child psychology, of child hygiene, of the sciences and art of education, and of various classes of mental defectives or deviates. He should possess a thorough grounding in clinical procedure, particularly in the methods of clinical psychology, while he must also have a certain amount of training in pediatrics, physical diagnosis, neurology and psychiatry.⁵⁸

And a year later, in his 1914 book The Mental Health of the School Child, Wallin adds the importance of practical work in various applied clinical settings to the necessary academic background as well as additional academic training:

...the preparation of the clinical psychologist requires more than an expert knowledge of general, experimental, educational, genetic or abnormal psychology or of child study. He should have in addition a thorough training in psycho-clinical procedure, which should include not only work in a laboratory clinic but an internship...spent in first hand study of backward, feeble-minded, epileptic, psychopathic and disciplinary cases. These cases must be juvenile subjects if the examiner intends to work with children. He must have also a thorough training in educational therapeutics. By this I include primarily not the so-called psycho-therapeutics of the skilled psychiatrist or psychopathologist – suggestion, psycho-analysis, reeducation –but particularly the differential, corrective pedagogics of the educational expert on mentally deviating children...Finally, the clinical psychologist must have some knowledge, didactic and clinical, of physical,

⁵⁶ Wallin, "New Clinical Psychology," 208-209.

⁵⁷ Wallin, "New Clinical Psychology," 208; John Edward Wallace Wallin, "PhDs in Psychology Who Functioned as Clinical Psychologists Between 1896 and 1910," *Psychological Record* 11 (1961b): 339-334.

⁵⁸ Wallin, "Clinical Psychology," 900.

orthopedic and pediatric defects, of neurotic and psychotic symptomatology, and of personal, family and heredity case-taking.⁵⁹

Like Witmer, Wallin believed the clinical psychologist should be, first and foremost, a scientist, conducting research “under controlled and verifiable conditions”, and only afterward should he be a consulting psychologist, helping apply what he/she has learned through investigation:

The functions of a clinical psychologist in an institution for defectives, in a public school system, in a university, in a psychiatric institute or in a juvenile court is twofold: first, that of theoretical investigation, or the increase of knowledge under controlled and verifiable conditions. This is essentially the field of the research psychologist or of pure science, so-called. Second, that of practical application, or the utilization of the truths discovered for the educational, hygienic, medical and custodial treatment of the sufferers. This is the work of the consulting psychologist as distinguished from the pure researcher, and constitutes the sphere of orthogenesis, mental hygiene or applied clinical psychology. While the line of demarcation between these two aims should not be made too fast and hard, logically the work of investigation in an infant science naturally takes chronological precedence to the work of consultation, as, indeed science logically precedes art. The art of righting defectives cannot rise above the empirical until it is based upon a foundation of assured facts. Until we thoroughly understand the different types of nervous and mental abnormalities our treatment cannot be made maximally effective.⁶⁰

Wallin was well aware of the possibility of conflict emerging between clinicists and the medical field but felt it was unwarranted. According to Wallin, physicians viewed the rapid development of psychological clinics throughout the country as an invasion of or encroachment on their field, but Wallin saw the psycho-

⁵⁹ John Edward Wallace Wallin, *The Mental Health of the School Child* (New Haven: Yale University Press, 1914), 216-217.

⁶⁰ Wallin, *Mental Health*, 182-183.

educational clinicists' tasks as complementary to the physicians'.⁶¹ Because both the physician and the psycho-educational clinician were unlikely to spend an additional three or four years being trained to examine children both medically as well as psychologically, Wallin called for two types of specialists "for the work of examining and directing the care and training of mentally exceptional children": the clinical psychologist (or psycho-educational clinician), "thoroughly trained in the art of psycho-educational diagnosis and in the differential, corrective pedagogics appertaining to the different types of educationally exceptional children" and the medical specialist, "who has had special preparation in the art of detecting physical defects and in pediatrics, neurology and psychiatry."⁶² Wallin shared Witmer's belief that an adequate diagnosis required physical, psychological, and social perspectives and thus welcomed any aid the physician might lend the psycho-clinician in medical matters of interpretation and treatment: "the problem of mental deficiency and mental defect should be studied from every possible angle, and the physician is qualified to delve into the fields in which the psychologist has no particular qualifications."⁶³

This alliance, however, should be seen as mutually beneficial and not as one where the physician ruled. Wallin strongly disagreed with physicians' claims that "the diagnosis and treatment of the forms of mental deviation...are purely medical matters,

⁶¹ Wallin, *Mental Health*.; John Edward Wallace Wallin, *The Odyssey of a Psychologist: Pioneering Experiences in Special Education, Clinical Psychology, and Mental Hygiene, with a Comprehensive Bibliography of the Author's Publications* (Lyndalia, Wilmington, Delaware: Author, 1955).

⁶² Wallin, *Mental Health*, 164; Wallin, *Odyssey of a Psychologist*.

⁶³ John Edward Wallace Wallin, "The Field of the Clinical Psychologist and the Kind of Training Needed by the Psychological Examiner," *School and Society* 9, no. 225 (1919): 467.

that even the highly trained psychologists are entirely incompetent in this field, that their work at best is entirely secondary and subordinate to the work of the physician, and that they must be summarily ejected from the field.”⁶⁴ In fact, Wallin doubted that any medical schools provided the facilities and the training for physicians to diagnose and treat mental deviates better than psychologists who were “adequately trained in clinical and abnormal psychology and in corrective pedagogy...by departments of psychology or schools of education.”⁶⁵

Wallin’s 1955 autobiography The Odyssey of a Psychologist recalled professional rivalries and antagonism between physicians and applied psychologists. As much as he encouraged cooperation of various specialties in the study of mental deviates he deeply resented the medical profession’s attempts at monopolizing a field it was not specialized in, an issue he described at length:

It was not an open battle. Only a few psychiatrists or psychologists had the temerity to express their views in signed articles in the recognized professional journals. Very few counter attacks appeared in the public prints. The sniping occurred largely from behind the breastworks in closed Committee or group meetings and in conversational comments. But it was not a mere battle of words. The warfare affected legislation in many states and determined the policies of hundreds of clinics and guidance bureaus. Some psychiatrists did not hesitate to denounce the practicing psychologists as incompetent interlopers who were invading a field that no one had a right to enter who did not possess the M.D. as the first *sine qua non*...To them all psychologists were mere technicians, psychometrists, testers, or Binet testers.⁶⁶

⁶⁴ Ibid.

⁶⁵ Wallin, “Field of the Clinical Psychologist,” 468. See also R. H. Sylvester, “Clinical Psychology Adversely Criticized,” *The Psychological Clinic* 7, no. 7 (1913): 182-188.

⁶⁶ Wallin, *Odyssey of a Psychologist*, 83-84.

Wallin could sympathize with the psychiatrists' perception of clinicists as competitors but, more importantly, as incompetent "interlopers" because Wallin himself denounced the placement of many unqualified clinicists in various settings:

But the heat behind the campaign was not generated solely by the fear that the clinical psychologists would become competitors of the psychiatrists in private practice and for the lush jobs in a newly developing field, the directorships of guidance clinics and bureaus. It was due in part to the folly of some psychologists who had encouraged the appointment of a large number of Binet testers, often referred to as 'psychologists', in the schools, institutions, and courts who had only a few weeks of training in the administration of the Binet tests and were without a background of sound training in the field of mental deviation and pathology. Many of them were special-class or grade teachers, social workers, and other persons without even a college degree. They were essentially amateurs.⁶⁷

He disagreed with the psychiatrists' generalization, however, that all clinicists were thus incompetent, for Wallin believed that well trained clinicists were in fact better qualified for testing administration than physicians were:

The psychiatrists were right in insisting upon adequate training for all members of the clinic staff. They were wrong in regarding adequately trained clinical psychologists as mere laboratory technicians, which the clinical psychologists deeply resented. They were fighting for the recognition of certain basic professional ideals, particularly for professional status commensurate with their preparation. They were convinced that they knew far more about psychological testing than did the physician or psychiatrist without specific training in the administration of psychological test techniques. They tended to regard any physician who entered upon psychological work without specific training as an amateur, dilettante, and usurper. They believed their training qualified them better than that of the psychiatrist for planning programs of educational and psychological adjustment and of educational and vocational guidance.

They were not satisfied to be treated as mere subordinates; they demanded professional equality based upon training and experience. The psychologists, however, were less vociferous and aggressive than the psychiatrists, possibly because they were less dependent for their living upon professional practice

⁶⁷ Ibid.

than were the psychiatrists: they could continue in, or return to, the academic field of teaching and research.⁶⁸

Such excerpts from Wallin's autobiography nicely illustrate some of the boundary disputes that were extant throughout the second decade of this century. Wallin clearly resented the condescension that psychiatrists exhibited toward psychologists who did not possess the M.D. degree, their attempts at dominating a field which he felt clinical psychologists were better trained and specialized to deal with, their dominion over legislation and policy that affected psychologists and the public, and their treatment of psychologists as mere technicians and thus subordinates. However, he did acknowledge that psychiatrists' were justified in one thing: demanding higher standards of training for "Binet testers."

In two papers published in 1919 in the Journal of Applied Psychology and in School and Society, Wallin expanded on his outline of the type of training that clinical psychologists should have "for the psychological and educational classification and the direction of the educational and social activities of elementary school children who cannot adjust themselves to the ordinary scholastic or moral requirements of the school" as well as "to render skilled service in the psychological examination of mentally and educationally handicapped school children, and in the supervision of educational work in their behalf."⁶⁹ While the usual route of obtaining a Ph.D. in psychology was adequate if one were pursuing a teaching or research career, it was not adequate for one seeking to be

⁶⁸ Wallin, *Odyssey of a Psychologist*, 83-84. See also Eleanor E. Boyakin, "A Survey of the Field of Clinical Psychology in New York State," *Journal of Educational Psychology* 17 (1926): 402-407.

a qualified clinical examiner. The additional training needed beyond that required for the doctorate degree would differ depending on the area in clinical psychology in which one worked. The program Wallin proposed for those seeking expertise in mental testing, for example, was as follows:

- a. basic training in the various branches of psychology: undergraduate and graduate courses in general, functional, genetic, educational, physiological and experimental psychology, mental and anthropomorphic tests, child study, biology, human anatomy, physiology, and hygiene
- b. courses in clinical psychology, including...psycho-clinical methods...the practical examination of at least 200 cases...(and) an institutional internship of one year...for the...observation and study of the feeble-minded, epileptic, and insane
- c. pedagogical courses, including...standardized educational tests and scores,...methods of teaching,...and courses in school supervision and educational sociology
- d. social pathology, including a study of the social, vocational and criminal aspects of mental deficiency and defect...[,]courses on the psychology and pedagogy of...various types of mental deviation or anomalies met with in school...[,]courses dealing with the curriculum for special and ungraded classes...including practical courses in the various types of handicraft...and the observation of the teaching of various types of defective children...practise (sic) teaching...
- e. medical work, including courses in physical diagnosis, pediatrics, nose, throat, eye and ear disorders, orthopedics, mental deficiency from the physical point of view, and neurology and psychiatry...the practical case writing, including the study of the patient's individual and family history.

This may seem like a pretty large contract, but if the student begins to specialize in his senior year in college, he should easily find it possible to complete the above outline of work in the time now required to take the Ph.D. degree, with the possible exception of the year's internship.⁷⁰

It is patent that this is a hefty set of requirements. Wallin himself acknowledged this and thus suggested beginning them during the senior year in college so as to be able to complete them within the time usually allotted for a Ph.D. degree (sans the internship

⁶⁹ John Edward Wallace Wallin, "The Field of Clinical Psychology as an Applied Science: A Symposium," *Journal of Applied Psychology* 3 (1919): 90; Wallin, "Field of the Clinical Psychologist," 469.

year).⁷¹ He also pointed out that although this “course of training would qualify a psychologist for skilled service with educational deviates...it would not qualify him for expert service in many other fields of clinical psychology.”⁷²

Summary

Lightner Witmer is credited with proposing an applied field called “clinical psychology,” establishing the first psychological clinic (1896), and creating the first journal in clinical psychology (1907). In contrast to clinical psychologists today, the clinical psychologist of the early part of the century more closely resembled a school psychologist who administered mental tests to children in various settings so as to diagnose and classify sensory and learning disabilities.

Witmer is also considered to have taught the first course in clinical psychology in July 1896 at the University of Pennsylvania. By 1907 he had proposed a formalized 13-course sequence that constitutes the first proposal for graduate training in clinical psychology in the United States. Although he had received a lukewarm response to his 1896 paper on his vision of an orthogenic expert applying scientific psychology to practical problems in therapeutics and education, Witmer’s clinic soon became a model for other clinics throughout the country, including Healy’s, to whom the concept of the tri-professional team is often undeservingly attributed.

In March 1907 Witmer published the first journal in clinical psychology: The Psychological Clinic and in its first issue formally introduced the new profession of

⁷⁰ Wallin, “Field of Clinical Psychology,” 91; Wallin, “Field of the Clinical Psychologist,” 469-470.

⁷¹ Wallin, “Field of the Clinical Psychologist.”

clinical psychology as involved with the “prevention, diagnosis, and treatment of mental and behavioral deviations.”⁷³ Not seeing a distinction between applied and pure science, Witmer’s courses, research, and clinic work were always experimentally based.

Witmer’s laboratory became the example that other universities followed. Psychological clinics were the only agencies available for psychologists to obtain practical experience at a time when no formal Ph.D. programs existed. Clinical psychologists’ early attempts at self-definition and training were met with resistance from the psychiatric field, which felt an encroachment on its territory by unqualified interlopers.

A study conducted by Wallin in 1913 revealed that 75% of those administering mental tests were indeed not qualified to do so. This not only justified the psychiatrists’ resistance but also brought disrepute to the budding field of clinical psychology in the eyes of academic psychologists. To alleviate this problem Wallin advocated strongly for training programs that would better prepare clinical psychologists. Wallin had not felt the Yale faculty members whom he had studied under had done a particularly effective job of mentoring their students. This graduate experience at Yale, combined with his short but unpleasant stay at Skillman, where he felt unappreciated and always at odds with the physician in charge, led Wallin to take it upon himself to improve the budding new field.

In 1911 he described mostly personal qualities which he felt successful clinicians ought to exhibit and by 1913 and 1914 had modified his views to incorporate more

⁷² Wallin, “Field of Clinical Psychology,” 91.

academic background and the opportunity of engaging in practical work. By 1919 Wallin had a well-developed proposal of training for the student who wanted to become an expert mental examiner and perhaps lead a psychological or psychoeducational clinic. His efforts revealed a dilemma in the professional status of the psychoclinicist at the time. He shared the psychiatrists' claim that the majority of the "Binet testers" at the time were unqualified to conduct such assessments and thus encouraged a professional as well as a public appreciation for the difference between the well-trained psychoclinicist and the "Binet tester." However, he also sensed from the psychiatrists' opinion of the psychoclinicist the same low status that the "Binet testers" sensed from the psychoclinicists. Whether psychoclinicists compared themselves to the more established psychiatrists or to the low ranking "Binet testers," their inter- and intra-professional identity was still nebulous and the need to carve out their own niche was paramount.

⁷³ McReynolds, *Lightner Witmer*, 129-130; Witmer, "Clinical Psychology."

CHAPTER 2

THE AMERICAN ASSOCIATION OF CONSULTING PSYCHOLOGISTS (AACP) (1917-1919)

As of the 1911 APA annual meeting in Washington, D.C., Wallin, who was a clinical psychologist at the New Jersey State Village for Epileptics at the time, had already begun informally approaching several psychologists interested in applied work, voicing his concerns regarding the lack of psychological training and standards of competency for “Binet testers”.¹ Up to this time, nationwide examinations had been conducted by “psychologists” in schools, juvenile courts, and institutions to “measure and diagnose mental and educational deviations and to differentiate among children for instructional purposes.”² On October 29, 1913 Wallin had sent out a questionnaire on “public school provisions for mentally exceptional children” to the superintendents of all public schools in all the U.S. cities with a population of more than 4,000. With the replies from 302 of these cities (about 22% of the total sample), Wallin discovered that in

¹ John Edward Wallace Wallin, *The Odyssey of a Psychologist: Pioneering Experiences in Special Education, Clinical Psychology, and Mental Hygiene, with a Comprehensive Bibliography of the Author's Publications* (Lyndalia, Wilmington, Delaware: Author, 1955); John Edward Wallace Wallin, “History of the Struggles Within the American Psychological Association to Attain Membership Requirements, Test Standardization, Certification of Psychological Practitioners, and Professionalization,” *Journal of General Psychology* 63 (1960): 287-308.

² John Edward Wallace Wallin, “A Red-Letter Day in APA History,” *The Journal of General Psychology* 75 (1966): 112; John Edward Wallace Wallin, “The Functions of the Psychological Clinic,” *Medical Record* (September 20, 1913): 521-534.

74% of the cases, the testing and diagnosing of these children by “psychologists” was actually being conducted by unqualified “Binet testers” (i.e., amateurs):³

...the psychological testing in most of the cities is exceedingly meager and crude, being conducted by teachers, principals, educators...and physicians who are not specialists on the physiology, psychology and pedagogy of feeble-minded, backward or other types of mentally abnormal children.⁴

This is not to say that he disapproved of the use of Binet-Simon test in assessing “mental deviation” in individuals. On the contrary, although he acknowledged that there was still work to be done in intelligence measurement, he nonetheless found the Binet-Simon tests to be the best intelligence test available at the time:⁵

they give us the most satisfactory preliminary survey of the child that is available; they give us a consistent, practical, impersonal, objective, scientific method of determining psychological retardation, which is sufficiently reliable to be practically serviceable.⁶

What Wallin disapproved of was the administration of such tests by unqualified individuals. Those usually administering the Binet tests ordinarily had a two-year’s normal school course, with little training in psychology, psychiatry or education, and in some cases had pursued a special six-weeks’ practicum course on Binet administration

³ J. E. W. Wallin, *The Mental Health of the School Child* (New Haven: Yale University Press, 1914), 394.

⁴ Wallin, *Mental Health*, 393.

⁵ John Edward Wallace Wallin, “The New Clinical Psychology and the Psycho-Clinicist,” *Journal of Educational Psychology* 2 (1911): 121-132, 191-210; Edgar A. Doll, “Communications and Discussions: Inexpert Binet Examiners and Their Limitations,” *Journal of Educational Psychology* 4, no. 10 (1913): 607-609.

⁶ Wallin, “New Clinical Psychology,” 201.

over a summer.⁷ In Wallin's view, this might enable them to be competent enough to administer the test, but administration was only a small part of mental diagnosis, which also involved interpretation of the results and the determination of causative factors.⁸ To attain this level of expertise, "three or four years of technical training and clinical experience" were required and only then could one be considered an "expert psycho-educational diagnostician."⁹ "Binet testers" should be nothing more than assistants to these experienced diagnosticians.¹⁰

Nonetheless, according to Wallin, these "Binet" testers and certain "real" psychologists who stood to gain financially from the selling of these tests (i.e., Goddard), claimed that all that was needed to diagnose feeble-mindedness was the application of a Binet test, "which anybody could administer, whether trained or untrained, who could read the directions".¹¹ As Wallin clarified, however, even if such testers were capable of properly administering Binet tests, they were nonetheless unqualified to diagnose and prescribe as a result of such tests, and they were also unable to conduct original research, the two highest functions in which Wallin felt clinical psychologists engaged.¹²

⁷ Wallin, *Odyssey of a Psychologist*.

⁸ Wallin, *Mental Health*.; Wallin, "Functions of the Psychological Clinic."

⁹ John Edward Wallace Wallin, "Danger Signals in Clinical and Applied Psychology," *The Journal of Educational Psychology* 3 (1912): 224-226; Wallin, *Mental Health*, 394; Wallin, *Odyssey of a Psychologist*.

¹⁰ Wallin, *Mental Health*.

¹¹ John Edward Wallace Wallin, "The Establishment of the Clinical Section of the American Psychological Association," *School and Society* 48, no. 1230 (1938): 114-115.

¹² Wallin, "Danger Signals." There might have been some conflict with Goddard at Vineland. Goddard had invited Wallin to replace him while he would be away from Vineland in 1910 and when Wallin arrived

Wallin's stance was supported by the published results of his 1913 study and the widespread agreement that something should be done to ameliorate these circumstances.¹³ At the 1915 APA meeting in Chicago, Guy M. Whipple, member of the APA Council of Representatives, encouraged Wallin to write up a resolution that Whipple could then present at the APA business meeting. Although somewhat modified and abbreviated, Wallin's resolution passed uncontested:

WHEREAS, Psychological diagnosis requires thorough technical training in all phases of mental testing, thorough acquaintance with the facts of mental development and with the various degrees of mental retardation; AND, WHEREAS, There is evident a tendency to appoint for this work persons whose training in clinical psychology and acquaintance with genetic and educational psychology are inadequate: *Be it resolved*, That this Association discourages the use of mental tests for practical psychological diagnosis by individuals psychologically unqualified for this work.¹⁴

This one-sided resolution from and in favor of psychologists was not well received in the medical community. William Burgess Cornell, then the Medical Director of the New York City Children's Hospital and School, published an article in 1917 in the New York State Journal of Medicine, describing the activities of mental testers, pointing out the psychologists' lack of training, and subsequently denouncing the 1915 resolution:

...psychologists were the first to apply it [Binet-Simon scale] in the diagnostic and determination of feeble-mindedness. Henry H. Goddard, working at the Training School at Vineland, N.J. was the first to use the scale to any extent. From Vineland, where a great many examiners with more or less psychological training, have been taught the proper application of the scale its use has spread widely over the country. The result has been that these workers, who were almost without exception laymen, have gone into schools, reformatories, workhouses, jails, prisons,

Goddard realized that he had made a mistake, hiring Wallin when he had thought Wallin was someone else whom Goddard wanted to hire (Sweeney, personal communication, 2000).

¹³ Wallin, "History of the Struggles."

¹⁴ *Psychological Bulletin* 13 (1916): 49.

institutions for the mentally defective and even into hospitals for the insane, applying the scale and on almost no other basis have made diagnoses of feeble-mindedness.

...we have a lay person examining diseased or abnormal mental states, and making diagnoses thereon. This is quite a departure from the legitimate field of psychology, so much so that these testers themselves appreciate it and have called themselves clinical psychologists. So self-satisfied have some members of this new hybrid genus become that, clinging to the Binet Scale as a fetish, they have grown intolerant and have declared that no one shall use the scale except the *delecti*, and many of these self-anointed.

In some cities, particularly in New York, these clinical psychologists have private practices, are carrying on treatments and it almost seems as if we would soon have a new cut, if indeed such is not already established. Many of the psychologists are doctors of philosophy and they dearly love to be called "doctor" on all occasions, and especially to be taken for doctors of medicine. Personally, I see no excuse or reason for calling any one with the Ph.D. degree "doctor." If so, to be consistent, why not call the M.A.'s "master" and the B.A.'s "bachelor," etc. As long as the term "doctor" is commonly used to indicate a person who treats diseased conditions with medical or surgical procedures, we should avoid its use as a title for others not so engaged.¹⁵

Cornell blamed his own medical profession for the current state of affairs, citing their failure to embrace Binet's work quickly enough:

...a year's experience in New York City has clearly demonstrated to me that someone should endeavor to call a halt on the tendencies of the clinical psychologist to invade the work of the physician, or more properly, the psychiatrist. Medical men have no one to blame for present conditions but themselves. Binet was a physician and most of the work carried on along similar lines in France and England has been done by physicians. Here in America, however, the medical profession has been very slow to take up this new branch of psychiatry, and, consequently, the clinical psychologist found himself alone in the field. So well entrenched has he [or usually she] become in some localities that they aspire to control and direct institutions for the feeble-minded in which physicians would only find an incidental use, such as signing death certificates and prescribing for stomach ache.¹⁶

¹⁵ William Burgess Cornell, "Psychology vs. Psychiatry in Diagnosing Feeble-mindedness," *New York State Journal of Medicine* 17, no. 11 (1917): 485.

¹⁶ *Ibid.*; See also J. Victor Haberman, "Proving the Mind: The Intelligence and its Examination," *Medical Record: A Weekly Journal of Medicine and Surgery* 93, no. 20 (1918): 840-849.

Cornell only accepted psychologists' work within certain delimited territory:

...In the organization of the new hospitals for the mental defective, I would not have you believe there is no place for the psychologist. The legitimate function of the latter is the development of psychological methods, - applied psychology, in the study and also in the testing of the mental processes. But there is no reason why a properly trained psychiatrist cannot correctly give any of the present-day intelligence scales as part of his routine work. The real psychologist finds an ample field in devising new methods, correlating psychological findings and educational work, checking up the testing work, and indeed training the testers in the institution, beside the opportunities for pure psychological investigation and research...¹⁷

Cornell still expected psychologists to stand aside for the "true" leaders in psychological diagnosis...psychiatrists:

...The medical profession is waking up, and is realizing that it has been losing opportunities. It is being more appreciated that feeble-mindedness is not the simple affair our psychologists would have us believe, to be measured with the Binet Scale, like a yard stick, nor is its immutable transmission as a unit characteristic quite so frequent as Goddard would have us believe.

We are beginning to know that feeble-mindedness may arise from a large number of causes, and that the study and determination of these belongs to medicine, or rather to psychiatry.

...[T]he psychologist should not make a diagnosis at all; scales and other tests may be applied, and observations and results recorded, but diagnoses or interpretations should be left for the psychiatrist.¹⁸

It is interesting to juxtapose this last passage with the articles published by Wallin in which Wallin himself used this argument to compare the qualifications and abilities of psychoclinicists as opposed to "mere Binet testers." While in 1913 and 1914 Wallin claimed that Binet testers could administer tests but that only trained psychoclinicists could diagnose, interpret, and treat, we see in 1919 an addition to the same argument in which Wallin claimed that trained psychoclinicists are in fact better trained to administer and interpret tests, and diagnose and develop educational, psychological, and vocational

¹⁷ Cornell, "Psychology vs. Psychiatry," 485.

adjustment programs than physicians were...the very opposite of Cornell's argument here.

This was not the end of the friction between psychologists and psychiatrists. While Cornell had denounced the 1915 APA resolution which demanded that only "psychologically qualified" individuals could use mental tests, laws enacted in various states legitimizing psychologists as providing "expert testimony" regarding abnormal mental conditions also elicited a strong reaction from the medical field. Specifically, Illinois enacted a law in 1915 "allowing a psychologist to serve as one of the two members of a commission of experts certifying persons for commitment to institutions for the retarded."¹⁹

After repeatedly clashing with the medical superintendent of the New Jersey State Village for Epileptics, Wallin spent two years as director of the University of Pittsburgh's Psychological Clinic before moving to St. Louis, where he became director of the Psycho-Educational Clinic and Special Schools in 1916.²⁰ In this capacity he was appointed to be chair of a Committee on Defective Children for the Missouri Children's Code Commission.²¹ Wallin recommended that children should first be examined

¹⁸ Cornell, "Psychology vs. Psychiatry," 486.

¹⁹ John M. Reisman, *A History of Clinical Psychology*, ed. Charles D. Spielberger and Irwin G. Sarason, 2nd ed., *The Series in Clinical and Community Psychology* (New York: Hemisphere Publishing Corporation, 1991), 115. William Healy, founder of the Juvenile Psychopathic Institute in Chicago, and Augusta Bronner, colleague and future wife of Healy were the first psychiatrist and psychologist, respectively, to serve as the first expert commission.

²⁰ Wallin, *Odyssey of a Psychologist*.

²¹ Reisman, *History of Clinical Psychology*.

individually with standardized intelligence tests prior to being assigned to any school for mental defectives and his recommendation was enacted into Missouri law.²²

In 1917, a California law also allowed decisions regarding the feeblemindedness of dependent or delinquent children to be based on standardized tests administered by psychologists. Kansas and Oregon laws also granted such authority to two physicians or one physician and one psychologist.²³

The medical profession reacted immediately. Psychiatrist Charles L. Dana, presented a paper to the New York Psychiatric Society on January 3rd, 1917 that was published that same year in the Medical Record. As a member of the APA for at least 10 years, Dana recognized that many practicing psychologists had doctoral degrees, did “useful work connecting up the parent and teacher and doctor and courts,” as well as helped “sort out the quantitative and qualitative defects of intelligence” in the psychiatric clinic. However, he felt that the neurologist and the psychiatrist:

should initiate some move that will make the situation clearer; as to what is a psychologist, who is a psychologist, and what is his proper field of activity. It has been suggested by Dr. Glück that the clinical psychologist should pass a year of study in a State hospital in order to qualify himself for the term ‘clinical’.²⁴

Only a month earlier, on December 6th, 1916, the New York Psychiatric Society had appointed a committee and published an official report in 1917 in all of the leading medical and psychological journals regarding the activities of clinical psychologists “in

²² Ibid.

²³ Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (New York: Cambridge University Press, 1998).

²⁴ Charles L. Dana, “Psychiatry and Psychology,” *Medical Record* 91, no. 7 (1917): 267.

relation to the diagnosis and treatment of abnormal conditions.”²⁵ Although also laudatory of psychologists’ attempts to apply psychological knowledge to the “practical affairs of everyday life” it was “with much distrust” that it observed such attempts being conducted without the supervision of medically trained physicians:

the growing tendency of some psychologists, most often, unfortunately, those with the least amount of scientific training, to deal with the problem of diagnosis, social management and institutional disposal of persons suffering from abnormal mental conditions. We recognize the great value of mental tests in determining many questions which arise in dealing with such patients but we have observed that most of such work which is being done by psychologists and particularly by persons whose training in psychology is confined entirely to learning how to apply a few sets of these tests, is carried on in schools, courts, correctional institutions and so-called “psychological clinics,” quite independently of medically trained workers who are competent to deal with questions involving the whole mental and physical life of the individual.²⁶

The New York Psychiatric Society did not only feel that “independent” (as opposed to supervised) work was inferior but also felt that it posed a danger to the public which all mental health providers were serving and should thus be relegated solely to those with medical training:

We believe that the scientific value of work done under such conditions is much less than when carried on in close cooperation with that of physicians and that serious disadvantages to patients suffering from mental disorders and to the community are likely to result and, in many instances which have come to our attention, have resulted. This is especially true when the mental condition of the patients examined involves questions of diagnosis, loss of liberty or educational issues more serious than redistribution of pupils or rearrangement of courses of study. In spite of these facts two States have enacted laws permitting judges to

²⁵ New York Psychiatric Society, “Activities of Clinical Psychologists,” *Psychological Bulletin* 14, no. 6 (1917): 224.

²⁶ New York Psychiatric Society, “Activities of Clinical Psychologists,” *Psychological Bulletin* 14, no. 6 (1917): 225.

commit mentally defective persons to institutions upon the so-called expert testimony of “clinical psychologists” regarding the abnormal mental conditions from which patients are alleged to suffer. We believe that the examination upon which a sick person is involuntarily committed to permanent institutional custody is one of the most serious responsibilities assumed by physicians and that in no cases whatever should it be entrusted to persons without training enabling them to take into consideration all the medical factors involved. The same is true of mental examinations of juvenile delinquents and criminals whose whole careers depend, in many cases, upon the determination of their condition.²⁷

Staking out a dominant role for physicians, the New York Psychiatric Society

concluded its report with the following three pronouncements:

The sick, whether in mind or body, should be cared for only by those with medical training who are authorized by the state to assume the responsibility of diagnosis and treatment.

[The Society disapproves] of the application of psychology to responsible clinical work except when made by or under the direct supervision of physicians qualified to deal with abnormal mental conditions.

[The Society disapproves] of psychologists...undertaking to pass judgment upon the mental condition of sick, defective or otherwise abnormal persons when such findings involve questions of diagnosis, or affect the future care and career of such persons.²⁸

Clearly, the battle lines between psychologists and physicians were being drawn and such staking out of territories did not go unheeded by the psychologists. Shepherd Ivory Franz, a psychologist at St. Elizabeths Hospital, denounced the Society’s report in the Psychological Bulletin, which he edited.²⁹ Franz lamented the mutual distrust between psychologists and psychiatrists and their respective capabilities and hoped that the world war that the U.S. was just then joining would force each field to cooperate and

²⁷ Ibid.

²⁸ Ibid.

²⁹ Reisman, *History of Clinical Psychology*. Franz was the scientific director at the time and “had been awarded in 1915 an honorary M.D. degree by George Washington University in recognition of his outstanding medical contributions.” (115)

shed “their usual intolerances and prejudices.”³⁰ He denounced the statement that “the psychiatrist alone is competent to determine the mental state of a patient” and especially did not believe there were that many psychiatrists in the first place who were “competent to deal with questions involving the whole mental and physical life of the individual.”³¹ In order to take on all of the psychological work and expert testimony necessary Franz suggested that psychiatrists would have to make a place for psychologists to aid in the “examination and investigation (for diagnosis and treatment) of mental abnormalities.”³² Franz sniped that “if some states have decided to utilize psychologists as experts regarding the normality or abnormality of the mental states of individuals, it is conceivable that it was done because previous medical expert testimony was not satisfactory.”³³

Another response from psychologists was Wallin’s passing the 1915 APA resolution discouraging “the use of mental tests...by individuals psychologically unqualified for this work” to the Resolutions Committee chair of the National Education Association. The National Education Association adopted it in 1919 as:

The diagnosis of the degree of mental defect and the classification of children upon such diagnosis should be in the hands of qualified psychologists only.³⁴

³⁰ Shepherd Ivory Franz, “Psychology and Psychiatry,” *Psychological Bulletin* 14, no. 6 (1917): 226.

³¹ Franz, “Psychology and Psychiatry,” 228-229.

³² Shepherd Ivory Franz, “Psychology and Psychiatry,” 227.

³³ *Ibid.*

³⁴ John Edward Wallace Wallin, *Clinical and Abnormal Psychology* (Boston: Houghton Mifflin, 1927), 172.

Neither resolution, however, had any “mechanism for (its) enforcement.”³⁵ Although the 1915 resolution represented APA’s first attempt at regulating psychological practice, the APA was simply not equipped to keep out unqualified practitioners. Between 1906-1916 the APA had also tried to restrict its membership to those with academic degrees who published research.³⁶ This effectively ruled out philosophers and educators from membership. More importantly, it raised the standards of membership so that unqualified Binet testers could not become members of the APA.³⁷

At the 1916 APA meeting at Columbia University, a small group of psychologists convened to discuss the issues at stake. They decided to invite other practicing psychologists to a round table at the subsequent APA meeting. The object was to discuss the advisability of establishing an association of clinical psychologists that would stress the “specialized interest and emphasis on the applied aspects of the science of psychology” and would elevate “the standards of qualification and the professional status of clinical psychologists”.³⁸

To redress their low status, seven of these psychologists met on December 28th, 1917 at the Carnegie Institute of Technology in Pittsburgh, where the APA meeting was

³⁵ Samuel W. Fernberger, “The American Psychological Association: A Historical Summary, 1892-1930” *The Psychological Bulletin* 29, no. 1 (1932): 46.

³⁶ Fernberger, “American Psychological Association.”

³⁷ Donald Seymer Napoli, *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945* (Port Washington, NY: Kennikat Press, 1981).

³⁸ Wallin, “Establishment of the Clinical Section,” 114; John Edward Wallace Wallin, “The “School Psychologist” in Retrospect,” *Journal of Consulting Psychology* 6 (1942): 309-312; Wallin, *Odyssey of a Psychologist*; Wallin, “History of the Struggles.”; John Edward Wallace Wallin, “A Note on the Origin of the APA Clinical Section,” *The American Psychologist* 16 (1961): 258; Arnold Gesell, “The Field of

being held, and agreed to found a new association known as the American Association of Clinical Psychologists (AACP).³⁹ They were Leta S. Hollingworth (Instructor in Educational Psychology at the Teachers College, Columbia University), Francis Maxfield (Assistant Director of the Psychological Laboratory at the University of Pennsylvania), James B. Miner (Carnegie Institute of Technology), David Mitchell (Director of Psychological Research at the Bureau of Educational Experiments in New York City and a psychological practitioner), Rudolf Pintner (Professor of Psychology at Ohio State University), Clara Schmitt (Psychologist in the Department of Child Study and Pedagogic Investigation in the Chicago public schools), and Wallin himself (then Director of the Psychoeducational Clinic and Special Schools in the St. Louis public schools and lecturer at the Harris Teachers College).⁴⁰ After appointing Wallin as chairman and Hollingworth as secretary, they invited approximately 48 psychologists to join the association, 46 of whom accepted.⁴¹ According to the public announcement made in the Journal of Applied

Clinical Psychology as an Applied Science: A Symposium," *Journal of Applied Psychology* 3 (1919): 81-83.

³⁹ Wallin, *Odyssey of a Psychologist*; Albert T. Poffenberger, "Leta Stetter Hollingworth: 1886-1939," *American Journal of Psychology* 53 (1940): 299-301; Stephanie A. Shields, "Ms. Pilgrim's Progress: The Contributions of Leta Stetter Hollingworth to the Psychology of Women," *The American Psychologist* 30 (1975): 852-857; J. P. Symonds, "Historical Sketch of Applied Organizations," *Journal of Applied Psychology* 21 (1937): 322-325. In a letter from Hollingworth to Terman, nine members are listed as being present; see Michael M. Sokal, "The Committee on the Certification of Consulting Psychologists: A Failure of Applied Psychology in the 1920s" (paper presented at the History of Applied Psychology: Department of Psychology Colloquium (Series II), Norfolk, VA, 1982), 71-90.

⁴⁰ Wallin, *Odyssey of a Psychologist*; Wallin, "Note On the Origin.,"; Wallin, "Red-Letter Day," 107-108.

⁴¹ Donald K. Routh, *Clinical Psychology Since 1917: Science, Practice, and Organization* (New York: Plenum Press, 1994): 14; Percival M. Symonds, "Leta S. Hollingworth," *Journal of Consulting Psychology* 4 (1940): 140; There seems to be a discrepancy in the number of psychologists invited to become members and those who actually accepted. While Routh and Napoli cite 48 and 46, respectively, Wallin and Symonds cite 47 and 45. See J. P. Symonds, "Toward Unity," *Journal of Consulting Psychology* 1 (1937): 23-24 and J. P. Symonds, "Historical Sketch."

Psychology, these charter members all had doctorates in psychology and were “engaged in the clinical practice of psychology...as directors of clinics, of bureaus of child welfare, of institutional laboratories; in army service, as mental examiners of officers and recruits; or connected with courts, hospitals and schools.”⁴²

The founding of the Journal of Applied Psychology was another expression of applied psychologists’ need for an outlet. Its first volume was published in March 1917 and was edited by G. Stanley Hall, John Wallace Baird, and L. R. Geissler, who privately financed the journal until it became self-supporting.⁴³ Its purpose was to “gather...together the results of workers in the various fields of applied psychology, or of bringing these results into relation with pure psychology.”⁴⁴ Rather than neglecting the “pure scientist”, this journal aimed to “contribute...to the sum-total of human happiness...in addition to throwing light upon the theoretical problems of...science.”⁴⁵ Toward this aim it included articles involving: “the application of psychology to vocational activities,” “studies of individual mentalities,” “the influence of environmental conditions,” and “the psychology of everyday activities.”⁴⁶

News of the new AACP spread fast and was unwelcome during the Pittsburgh meeting where it was founded. An anonymously-called rump business meeting revealed

⁴² “Notes,” *Journal of Applied Psychology* 2 (1918): 194.

⁴³ G. Stanley Hall, John Wallace Baird, and L. R. Geissler, “Introduction and Foreward,” *Journal of Applied Psychology* 1, no. 1 (1917): 1-7.

⁴⁴ Hall, Baird, and Geissler, “Introduction and Foreward,” 6-7.

⁴⁵ Hall, Baird, and Geissler, “Introduction and Foreward,” 6.

⁴⁶ Hall, Baird, and Geissler, “Introduction and Foreward,” 1-2.

strong opposition to the establishment of this new organization.⁴⁷ Wallin later recalled that many APA members felt this was a competing faction, much like the then Society of Experimental Psychologists, an explicitly dissident group which held its own meetings independently of the APA.⁴⁸ The first AACCP's meeting might indeed have been so scarcely attended because people were afraid of being identified as a member of a potential opposition group.⁴⁹ However, based on the organization's stated goals the AACCP was not meant to represent a schismatic movement. Its purpose was:

to promote an *esprit de corps* among psychologists who have entered the practical field, to provide media for the communication of ideas, to aid in establishing definite standards of professional fitness for the practice of psychology, and to encourage research in problems relating to mental hygiene and corrective education.⁵⁰

In contrast to the APA by-laws that stressed advancing psychology as a science, the AACCP focused on the *application* of psychology as a science and the "establishment of standards of professional practice".⁵¹

A few weeks following the Pittsburgh meeting Wallin appointed Maxfield as chairman and Hollingworth and Mitchell as members of the Organization and Constitution Committee.⁵² This Committee was to prepare a report about the intended association and a draft of a constitution to be presented at the following APA meeting a

⁴⁷ Wallin, *Odyssey of a Psychologist*; Wallin, "History of the Struggles."

⁴⁸ Wallin, "History of the Struggles."; Wallin, "Red-Letter Day."

⁴⁹ Wallin, "Note On the Origin."; Wallin, "Red-Letter Day."

⁵⁰ "Notes," 194.

⁵¹ Routh, *Clinical Psychology Since 1917*.

year later, in Baltimore.⁵³ A symposium on clinical psychology as an applied science was also scheduled for release prior to the Committee's report, but popular demand reversed the order of events. The academic and clinical psychologists at the Baltimore meeting spent so much time arguing the strengths and weaknesses of the report that the symposium had to be cancelled and the papers appeared instead in the March 1919 volume of the Journal of Applied Psychology.⁵⁴

The three papers that were scheduled to be delivered that December of 1918 were by Arnold Gesell (from the Connecticut State Board of Education), Henry Goddard (from the Bureau of Juvenile Research in Columbus, Ohio), and J. E. Wallace Wallin (then at the Psycho-educational Clinic and Special Schools in St. Louis). Gesell restricted his paper to the definition of clinical psychology, its relationship to the medical field and pseudo-psychologists and how it differed from "psychotechnology."⁵⁵ Clinical psychology was:

the science and art of individual mental examination and interpretation. It is rather more an art than a science, because its objective is the determination of the mental status of a subject, and the deduction of a practical conclusion as to the possibilities and limits of his improvement... Psychiatry is a recognized branch of medicine; while clinical psychology must, as yet, be considered in the relation of an auxiliary,

⁵² Wallin, "Establishment of the Clinical Section."; Wallin, *Odyssey of a Psychologist*.

⁵³ Wallin, "Establishment of the Clinical Section."; Wallin, "History of the Struggles."; Wallin, *Odyssey of a Psychologist*.

⁵⁴ Routh, *Clinical Psychology Since 1917*; Wallin, *Odyssey of a Psychologist*; J. E. W. Wallin, "History of the Struggles"; Wallin, "Note on the Origin," 257. (In Wallin, "Establishment of the Clinical Section," Wallin contradicts himself by claiming that most of the meeting was devoted to the symposium)

⁵⁵ Gesell described "psychotechnology" as dealing with "special and more or less technical questions of methodology and procedure in the fields of industry, commerce, advertising, salesmanship and school administration. Educational psychology, the mental survey, group testing and even trade testing have more affinities with psycho-technology than with clinical psychology. The latter has to do with diagnostic individual examination" (Gesell, "Field of Clinical Psychology," 81-82.

consultative specialty. Clinical psychology has not yet become as refined, as exact, nor as complex as clinical medicine; but if it is to be worthy of a similar position in the field of applied science, it must protect its standards. Quackery and charlatanism should be exposed and opposed; and methods must be found for guaranteeing and certifying proficiency.⁵⁶

When responding to the question of what a clinical psychologist is Goddard replied in his paper, “There is the rub – nobody knows.”⁵⁷ From Goddard’s perspective, if clinical psychology were defined as the *practice* of psychology, then it would involve the “personal examination of some one [sic] who is mentally abnormal, or subnormal.”⁵⁸ Adopting this definition would have reduced the number of individuals who could call themselves clinical psychologists to the point of not warranting a separate organization. If clinical psychology were defined as *applied* psychology then a separate organization of clinical or applied psychologists could be created but it would divide the membership of the existing APA. Irrespective of how clinical psychology were defined, however, Goddard was not an advocate of creating a separate organization from the APA. He anticipated “innumerable charlatans practicing under the name of psychologists” and thought that the only way “the evil (could) be headed off” was by creating a division within the APA

by vigorous action on the part of an organization of bona fide psychologists...As members of a division of the APA we would all be bound together with strong esprit de corps; we would hold our meetings together and would have an ever increasing influence and power with the American public.⁵⁹

⁵⁶ Gesell, “Field of Clinical Psychology,” 81-83.

⁵⁷ Henry H. Goddard, “The Field of Clinical Psychology as an Applied Science: A Symposium,” *Journal of Applied Psychology* 3 (1919): 84.

⁵⁸ Goddard, “Field of Clinical Psychology,” 85.

⁵⁹ Goddard, “Field of Clinical Psychology,” 86-87.

Wallin had the most to say during this symposium. His talk consisted of six points regarding the current state of clinical psychology followed by three policy suggestions. First, Wallin did not believe that group testers should be considered/called clinical psychologists, since by Witmer's (and the more traditional medical) definition, the word "clinical" implied individual examination and diagnosis. In addition, although clinical psychology had been associated with or restricted to "mentally deficient, backward and delinquent subjects" it should not preclude other (individual) problems from also being examined. A third point Wallin made, echoing what Witmer had said several years earlier, was that the three purposes of a clinical examination were diagnosis, prescription, and prognosis. Toward this aim Wallin believed clinical psychologists required a technical training above what is obtained through a doctoral degree in experimental psychology, which prepared individuals for careers in research and teaching. Wallin then described the technical training he had in mind, which was the proposal he had laid out in 1913. Only those who had undergone this training were worthy of the professional recognition Wallin felt clinical psychologists deserved. Wallin believed that an association requiring high membership and training standards would be the avenue toward this recognition.

As a result, Wallin finished his talk with the suggestion that no one should be eligible for membership in the AACP unless he or she were involved in clinical work, had the Ph.D. degree and relevant clinical publications, and had obtained additional technical training beyond the Ph.D. degree. Because he realized that this additional training was particular to the area of clinical work in which the individual was involved,

however, and that such training was not standardized across all clinical areas, he felt this last requirement to be the least tenable. He disagreed with relaxing the other membership criteria (i.e., accepting a lower rank of Associateship for mental testers who did not meet membership criteria), however, feeling that it would defeat the purpose of having an organization emphasizing high standards.⁶⁰

Given the acrimony over the establishment of this new association, action based on the AACP's Organization and Constitution Committee report was postponed until the following APA meeting in Cambridge in 1919, which Wallin did not attend.⁶¹ In the meantime, a reconciliatory Meeting Committee under the APA auspices consisting of Bird T. Baldwin (representing the APA), and Arnold Gesell (appointed by Wallin to represent the AACP in his absence) was appointed to study whether the new association should become a section of the APA rather than an independent association.⁶² Clearly, conflict or duplication of activities between the AACP and the APA would not have been desirable and thus discussion of whether to become a sub-section or remain independent was paramount. Gesell would have preferred to maintain close relations with the APA but have the AACP remain independent to pursue its ends at will. However, the advocates for becoming a part of the APA finally won; on the meeting held on December 31st, 1919, the American Association of Clinical Psychologists dissolved and became the

⁶⁰ John Edward Wallace Wallin, "The Field of Clinical Psychology as an Applied Science: A Symposium" *Journal of Applied Psychology* 3 (1919): 87-95.

⁶¹ Wallin, "Establishment of the Clinical Section."

⁶² Gesell, "Field of Clinical Psychology.," J. B. Miner, "The Significance and History of the Clinical Section of the A.P.A.," *The Psychological Exchange* 1 (1932): 7-11; Wallin, "Establishment of the Clinical

Clinical Section of the APA, the first of all the APA sections.⁶³ Membership to the Clinical Section required a Ph.D. degree in psychology, “a record of special preparation in some field of clinical psychology,” and published (or near-publication) research contributing to the mental testing or clinical psychology literature.⁶⁴

These high standards in practicing psychologists’ first professionalization attempts did not appease the medical field. The New York Psychiatric Society did not prove to be the only organization upset over the purported overstepped boundaries of the psychologist. The National Committee for Mental Hygiene (NCMH) was also medically dominated and psychologists were viewed as mere technicians. Clifford W. Beers had founded the NCMH in 1909, a year after the success of his published “plea for the prevention of mental disease as well as for better care in asylums” in the form of an autobiographical book: The Mind That Found Itself.⁶⁵ (Norman Dain’s book on Beers) Such prevention (and treatment) was considered to belong within the medical realm, however, and thus, even though individuals with varied backgrounds joined the mental health movement, physicians and psychiatrists were the ones leading it.⁶⁶

Section,” 114-115; Wallin, “History of the Struggles,” 287-308; Wallin, “A Note On the Origin,” 256-258; Wallin, “A Red-Letter Day,” 107-114.

⁶³ Gesell, “Field of Clinical Psychology.”; M. Mike Nawas, “Landmarks in the History of Clinical Psychology From its Early Beginnings Through 1971,” *Journal of Psychology* 82 (1972): 91-110; Wallin, “Establishment of the Clinical Section.”; Wallin, “History of the Struggles.” (The name of the Clinical Section was changed to that of Division of Clinical and Abnormal Psychology as a result of the reorganization of the APA in 1945 and later, in 1955, to Division of Clinical Psychology); Paul McReynolds, *Lightner Witmer: His Life and Times* (Washington, D.C.: American Psychological Association, 1997).

⁶⁴ Wallin, *Clinical and Abnormal Psychology*, 172. William Healy, who had an M.D., was exempted from the requirement for his “distinguished work in clinical psychology.”

⁶⁵ Napoli, *The Architects of Adjustment*.

For the first decade since its establishment, the NCMH established psychopathic wards and outpatient clinics in hospitals and surveyed the country's mental health facilities.⁶⁷ A bias was soon apparent in the lack of representation and employment of clinical psychologists in these various settings. Franz's article in 1917 pointed out how although the Committee theoretically attempted to preserve mental health, psychologists were given only token participation in the Committee:

...more than one third of this Committee are physicians, of which a large number are psychiatrists. The remainder are college presidents, bankers, merchants, women of wealth, social workers, professors of the social sciences, with two professors of education as the nearest approach to any recognition of psychology as one of the sciences concerned with mental matters...(by 1917 there was only) one psychologist among the 90 members of this Committee.⁶⁸

This same discrimination was also pointed out by Wallin in his autobiography, when he complained about how psychologists had been seen as mere "Binet testers" and how this perception had negatively influenced the Committee's approach to psychological or psychoeducational clinics throughout the country:

To them [i.e., psychiatrists] all psychologists were mere technicians, psychometrists, testers, or Binet testers. This attitude in my experience stemmed primarily from a few psychiatrists connected with, or dominated by, the National Committee for Mental Hygiene who persistently waged aggressive campaigns for the establishment of mental hygiene clinics to be directed only by psychiatrists holding the M.D.⁶⁹

...the National Committee for Mental Hygiene...has never been known to employ anyone, no matter how competent, who did not possess an M.D. to direct human engineering surveys, even of problems that are basically psychological,

⁶⁶ Ibid.

⁶⁷ See Paul O. Komora, "Mental Hygiene: The History and Development of the National Committee for Mental Hygiene," *Welfare Magazine* 19 (1928): 163-168.

⁶⁸ Franz, "Psychology and Psychiatry," 229.

⁶⁹ Wallin, *The Odyssey of a Psychologist*, 83.

educational, sociological, and eugenic in character. Its traditional attitude is reflected in the directories of mental clinics which it has sponsored. No psychological, psychoeducational, or mental hygiene clinic is ever included in these directories unless the director is an M.D., or unless it has a "psychiatrist in attendance at regularly scheduled hours." These clinics or bureaus have been rejected on a priori grounds without any attempt at investigation or evaluation. Many of the clinics thus arbitrarily discriminated against have for long rendered or are rendering precisely the same service as the so-called psychiatric, child guidance, or mental hygiene clinic included in extant directories.⁷⁰

With the advent of World War I the NCMH organized the army's psychiatric services so as to eliminate those not fit for service and treat those who returned "shell shocked." Such services bolstered psychiatrists' reputation and following the war they were able to expand into fields that were new to them (and for which they were often undertrained): education, business, and social work.⁷¹ Toward its preventive goals, the NCMH established the first child guidance clinic in 1921. Ten years later 25 full-time and over 200 part-time clinics existed in some of the largest cities in the country, but authorized by NCMH only if directed by a psychiatrist with an M.D. degree.⁷²

Although originally intended to prevent delinquency, as in Healy's Juvenile Delinquency Institute, the clinics expanded to include prevention from home or school maladjustment, overlapping with the psychoeducational clinics run by psychologists.⁷³ It was not that psychiatrists intended to prevent psychologists from engaging in applied work. In fact, the number of cases available soon overwhelmed the small number of

⁷⁰ Wallin, *The Odyssey of a Psychologist*, 74-75.

⁷¹ Napoli, *The Architects of Adjustment*.

⁷² *Ibid.*

⁷³ *Ibid.*

available psychiatrists so they more than welcomed practitioners in allied fields, so long as these practitioners worked under the psychiatrist's supervision. In contrast to Witmer's team approach, where the psychologist was leader of a trio of psychologist, psychiatrist/physician, and social worker, Healy organized the team approach with the psychiatrist as leader. The psychiatrist would determine and provide the treatment while the psychologist would administer tests and the social worker take case histories.

In an attempt to soothe relations between both fields, psychologist Phyllis Blanchard wrote an article in the Neurological Bulletin in 1921 that attempted to highlight the capabilities of both professionals as well as point out ways in which both professionals might benefit from collaborating. On the psychologists' behalf Blanchard pointed out the indispensability of mental tests developed and administered by psychologists:

Psychological work in the army gave an immense impetus to psychometric testing and particularly to the perfection of group examinations. The alpha and beta tests, used in estimating the intelligence of the army men, became a starting point for the...(group examinations)...in schools...for classifying pupils according to mental age, and segregating them into groups of average, superior and subnormal intelligence.

...the psychologist...is able to offer information which is of more material assistance in diagnosis than the mere reporting of an I.Q. or mental age.

...Neuropsychiatrists have for the most part become aware of the advantages to be derived from the use of intelligence tests such as the Stanford-Binet and the Performance Scale, both for diagnostic purposes and as an aid in determining how far the patient has recovered from a temporary psychotic attack. On active psychopathic services, psychological examinations are given in many instances as a part of the routine for borderline cases and mild or beginning mental disorders, as well as to patients suspected of simple mental deficiency. In hospitals for the insane, the mental tests are used upon patients coming up for parole, to aid in determining whether the subject is able to resume the status in society which he had occupied previous to his mental breakdown.⁷⁴

However, she also agreed with psychiatrists' concern over the lack of medical training among psychologists, because:

...psychologists have been somewhat slow to realize the necessity for some psychiatric training and experience with psychopathic and borderline subjects as a part of the equipment indispensable to the clinical psychologist.

...even with a broad psychiatric background and experience, the trained psychologist will sometimes be deceived. How much oftener will this be the case if the examiner is deficient in this respect.

The physician feels that the psychologist often attempts to pass judgment upon cases, on the basis of the rating of the intelligence test, without appreciating the importance of a medical and psychiatric examination or the necessity of considering other factors which enter into the picture. The physician realizes that this is due to narrow training and experience; once assured that the psychologist has a general background in neurology and psychiatry and appreciates their importance for study and diagnosis, the critical attitude of the neuropsychiatrist disappears and he welcomes the assistance which the psychologist is able to offer. Thus at the same time that the psychologist increases his own ability by the acquisition of a broader training and experience, he takes a definite step toward the creation of a more harmonious and friendly feeling between the medical and psychological professional groups.⁷⁵

In short, Blanchard recommended broadening the training of psychologists to include neurology and psychiatry so that the psychologist, in addition to providing mental test scores, could be better qualified to diagnose, particularly severe cases of psychopathology.⁷⁶

In addition to these individuals' proposals, attempts to resolve tensions between psychologists and psychiatrists were also made at the larger, national level.

⁷⁴ Phyllis Blanchard, "The Value of Psychometric Examinations in Psychiatric Work" *Neurological Bulletin* 3 (1921): 371-373.

⁷⁵ Blanchard, "Value of Psychometric Examinations," 373-376.

The National Research Council Conference (1921)

The impetus behind the establishment of the National Research Council (NRC) came from George Ellery Hale, renowned astronomer and foreign secretary of the National Academy of Sciences.⁷⁷ In the prewar years Hale had argued for an interdisciplinary and large-project approach to scientific research but had been unable to secure funding for such research as well as for publishing Academy proceedings and acquiring a building, in part because the Academy was not seen as advising the government much, its chartered mission. World War I's national emergency, however, changed that. Hale had proposed to President Wilson the establishment of a National Research Council consisting of leading scientists in higher education, industry, and government cooperating on basic and applied research toward national security and welfare.⁷⁸

A letter and telegram from President Wilson dated July 24, 1915 approved of such a plan. While the NRC mobilized science for defense it remained a private entity and its representatives were appointed by the Academy, not the government, and were responsible to the Academy, and not the nominating societies.⁷⁹

Yerkes, who had just been elected president of the APA in 1917, took it upon himself to mobilize the field of psychology to perform valuable wartime services. On April 9th, 1917 Yerkes wrote to Hale hoping to obtain the NRC's support for the creation

⁷⁶ See also Winifred Richmond, "The Psychologist in the Psychopathic Hospital," *The Journal of Abnormal Psychology and Social Psychology* 18, no. 4 (1924): 299-310.

⁷⁷ Daniel J. Kevles, *The Physicists: The History of a Scientific Community in Modern America* (Cambridge, MA: Harvard University Press, 1997).

⁷⁸ Ibid.

⁷⁹ Ibid.

of a Psychology Committee by highlighting how psychologists could contribute to the national defense by aiding in the “selection of recruits, of non-commissioned officers, and of individuals with special abilities, and in the reeducation of soldiers returned with physical and mental disabilities.”⁸⁰ Hale agreed and Yerkes suggested nine psychologists, seven of which had been APA presidents (including Yerkes himself), to serve on the newly appointed NRC Psychology Committee. Hale officially appointed Yerkes as chairman of the Committee on April 30th, 1917.⁸¹

Shortly after the war the NRC brought different disciplines together for conferences in Washington, D.C. While various plans resulted from such conferences the NRC never had the funding necessary to implement them.

One such conference was held on April 30th, 1921, in an attempt to smooth relations between the psychiatric and psychological fields. Eleven associations representing psychiatry and psychology attended in hopes of “recommendations...concerning the practical working relations of neuro-psychiatrists and psychologists in research and in clinical, correctional, hygienic, and other technological lines.”⁸² The associations present were the American Association for the Study of the Feeble-Minded, the American Medico-Psychological Association, the American Neurological Association, the APA, the APA’s Clinical Section, the American

⁸⁰ Thomas M. Camfield, “The American Psychological Association and World War I: 1914 to 1919,” in *The American Psychological Association: A Historical Perspective*, ed. Rand B. Evans, Virginia Staudt Sexton, and Thomas C. Cadwallader (Washington, D.C.: American Psychological Association, 1992), 97.

⁸¹ Camfield, “American Psychological Association.”

⁸² National Research Council, 4/30/1921, p. 1, M1643, Conference Program, DS.

Psychopathological Association, the National Committee for Mental Hygiene, the NRC, the NRC's Division of Medical Sciences, the New York State Association of Consulting Psychologists, and the Southern Society for Psychology. H. L. Hollingworth and Frederick L. Wells represented the APA, Francis N. Maxfield represented the APA's Clinical Section, R. M. Yerkes represented the NRC, and David Mitchell represented the newly established New York State Association of Consulting Psychologists.⁸³

Although there was little disagreement over the desire for cooperation among both fields, the nature of that cooperation was under contention. Should the fields work side by side or with one subordinate to the other? Perhaps not surprisingly, psychologists urged cooperation. Dr. Hollingworth submitted that

...in many of our universities the departments of education, sociology, psychology, biology, and medicine are sufficiently close together to allow ready access to each other and to hospitals, corrective institutions, and schools, so that there might well be planned a definite course of graduate instruction, upon the completion of which either the M.D. or the Ph.D. should receive a diploma in psychopathology. This would require more work than either the medical or the psychological courses, but less than both.⁸⁴

Woodworth read a statement at the conference in which he highlighted the mistakes that both psychologists and psychiatrists had made that had led to the current tense situation among both fields:

The offensive behavior of which psychologists are guilty consists in a crowding in upon the field of the psychiatrist, in aping the medical profession, and treading on the sensitive medical toes. The offense of the psychiatrist consists in staking out, on paper [the 1917 Report by the New York Psychiatric Society], an exclusive

⁸³ National Research Council, 4/30/1921, p. 2, M1643, Conference Program, DS; Frederick L. Wells, "The Status of "Clinical Psychology"" *Mental Hygiene* 6 (1922): 11-22.

⁸⁴ National Research Council, 4/30/1921, p. 7, M1643, Conference Program, DS.

claim to a large unoccupied domain, and insisting that the psychologist shall only work there in subordination to himself.⁸⁵

Although Woodworth did not address the psychiatric “offense” as much, it did “strike (him) as little less than absurd,” as it did to Franz two years earlier, in 1917, “that any profession should set itself up as competent to give expert advice on all phases of an individual’s life, biological, educational, social and economic.”⁸⁶ In addressing the psychologists’ offense, however, Woodworth felt that until state licensing existed to forbid self-styled “psychologists” from using the term “psychologist”, it would be desirable or beneficial for clinical psychologists to adopt an independent attitude and non-medical line of work and avoid the use of medical terms such as “diagnosis,” “feeble-minded,” “neurotic,” “hysterical,” “neurasthenic,” and “clinic.”⁸⁷ Woodworth, however, did see a purpose to consulting psychologists and psychiatrists working together: not only would patients benefit the most from both medical and psychological examinations, but psychiatrists would benefit from the many medical referrals that consulting psychologists would send their way.

The medical cohort at the conference naturally agreed to the teaching of a medical curriculum to psychologists over whom they would have diagnostic and treatment authority following graduation. Indeed, even an APA survey revealed that 81

⁸⁵ National Research Council, 4/30/1921, p. 8, M1643, Conference Program, DS.

⁸⁶ Ibid.

⁸⁷ National Research Council, 4/30/1921, M1643, Conference Program, DS. In an attempt to describe psychologists’ desire to employ the term “diagnosis” Woodworth (p. 9) wrote: “I suspect the chief reason is that the medical man about the clinic forbids the psychologist to use this sacred word, and therefore the psychologist longs to have the right to use it” (!) See also Robert S. Woodworth, “The Future of Clinical Psychology,” *Journal of Consulting Psychology* 1 (1937): 4-5.

psychologists ranked various medical (over psychological) courses as of greatest importance in understanding and treating “faulty mental adjustments.”⁸⁸ The conference, however, did not seem to be very conducive to any compromise. Both sides were combative and neither was ready to concede. Indeed, both fields could not even agree on basic terminology other than to hope that the term “clinical” would be discontinued from psychologists’ jargon because of the confound it presented to those individuals working in educational over pathological fields.⁸⁹ Harmonious collaboration among various mental health providers did not seem to be in the cards; there was simply too much at stake in terms of professional identity, autonomy, and status.

Geissler’s Proposal for Training (1918)

During the half century that spanned from Witmer’s coining the term “clinical psychology” to the Boulder model of 1949, many individuals, committees, and organizations presented recommendations for the training of clinical psychologists.⁹⁰ Up to this point we have seen the first or earliest suggestions for such training, by Witmer and Wallin, as well as the AACP’s attempts to improve the standards and qualifications of clinical psychologists. Another such attempt occurred around the time when the AACP dissolved to become the Clinical Section of the APA.

During this time, many university professors had ceased teaching and conducting research in order to serve in World War I, where applied research was of paramount

⁸⁸ Wells, “Status of “Clinical Psychology”,” 20.

⁸⁹ Napoli, *Architects of Adjustment*; Wells, “Status of “Clinical Psychology”.”.

⁹⁰ Wallin, *Odyssey of a Psychologist*.

necessity and the time and funding for their customary basic research was practically nonexistent. Wartime's demands of and opportunities for applied research led to a cooperative effort by psychologists to refine and apply "intelligence, aptitude, and rating tests...[as well as] tests of acquired abilities and tests of emotional stability" which conferred upon psychology an air of validity and respectability.⁹¹ Suddenly, the heavy demand for psychologists, especially by the business and industrial world, led to an overall flourishing in the field, as evidenced by a growth of departments, laboratories, positions, enrollments, and funding.

L. R. Geissler (Clark University) published an article in the Journal of Applied Psychology that called for a uniform training for applied psychologists at the undergraduate level.⁹² Geissler suggested a tentative "plan for the technical training of consulting psychologists" which he hoped would engender some widespread discussion and consensus about training. Pseudo-psychologists had entered the fields of business, vocational guidance and mental hygiene and despite little psychological background, had acquired enough psychological jargon to "supplement their oratorical or literary gifts."⁹³ He urged that in order to distinguish the real psychologist from the imposter, an exclusionary measure or professional recognition was needed.

Toward the double goal of eliminating the imposters and training the increasing number of consulting psychologists demanded by society, Geissler proposed

⁹¹ Camfield, "American Psychological Association," 113.

⁹² L. R. Geissler, "A Plan for the Technical Training of Consulting Psychologists," *Journal of Applied Psychology* 2 (1918): 77-83.

standardizing the term “consulting psychologist” so that no one without a certain technical training certified by a college degree could use it. Geissler distinguished three different grades. Those individuals with the technical background that led to a bachelor’s degree could call themselves “assistant consulting psychologists” (A.C.P.), those with a master’s degree “consulting psychologists” (C.P.), and those with a doctoral degree “expert consulting psychologists” (E.C.P.).

For this to work, however, a standardized plan of college study had to be developed first. Geissler focused primarily on the undergraduate training needed, particularly the first three years, since the special professional training in particular branches of applied psychology (e.g., medical, educational, industrial) would occur in the fourth and subsequent years of education. During the first year students would take English, mathematics, sociology, French, and German. The second year would also consist of French and German, Physics, Biology, General Psychology, as well as a course in either Commerce, Education, Law, Hygiene, Genetics or something related. Students in their third year would take courses in General Psychology, Theoretical Psychology, Experimental Laboratory Work, Translation of French and German texts, and Statistical and Advanced Mathematical Methods. Finally, the last year was reserved for Applied psychology, a Laboratory Course in Mental Measurements and Tests, and the choice of two major and one minor subject from: A. Commerce (journalism, marketing, manufacture, management, advertising; B. Law (pleading, evidence, general criminology, penology, sociology; C. Education (teaching, administration, supervising,

⁹³ Geissler, “Plan for the Technical Training,” 77.

educational measurements, vocational guidance and selection); and D. Mental Hygiene (psychiatry, neurology, psycho-analysis). At the end of the four years the “assistant consulting psychologist” was then qualified to work in minor positions in the four fields of applied psychology mentioned above.

If the student wanted to continue his/her education in order to become a “consulting psychologist” he/she would continue along the major area chosen and supplement his/her background with advanced work in theoretical and experimental psychology as well as write an original Master’s thesis. Finally, the title of “expert consulting psychologist” would require two more years of additional graduate work in all of the different branches of applied psychology, with further specialization along two particular ones. Original research of a problem and the publication of the dissertation would be expected.

The article ended with an appeal for further discussion which was addressed in the next issue by six individuals who responded to the appeal. Among them were Leta S. Hollingworth (of Barnard College), E. I. Keller (a consulting psychologist in New York), Walter Dill Scott (Northwestern University), Edward K. Strong, Jr. (of George Peabody College for Teachers), A. H. Sutherland (a school psychologist in Los Angeles), and Edward Thorndike (of Columbia University).

Responses to Geissler’s proposal

The next issue of the Journal of Applied Psychology printed seven responses to Geissler’s article. The first one, by Leta Hollingworth, one of the AACP’s founding members, recommended standardizing graduate, not undergraduate study. Because the

academic Ph.D. degree did not *de facto* ensure competency in the specific areas of applied psychology. Hollingworth suggested conferring to doctorates a diploma or certificate indicating one's area of specialty (e.g., diploma in clinical psychology) as opposed to the blanket denomination "consulting psychologist." She also disapproved of labeling those with bachelor and master degrees as "psychologists" since that would create an influx of job-seekers that would not improve the technical status of the field.⁹⁴

E. I. Keller, a consulting psychologist in New York, concurred with Hollingworth's preferred focus on training at the postgraduate level and added that prior to receiving the Ph.D. degree, the student should also have spent "years" of practical experience in clinics, laboratories, or businesses as well as have complemented his/her psychological training with biology and anthropology courses so as to hold a genetic or biological point of view.⁹⁵

Walter Dill Scott, chair of the Committee on Classification of Personnel in the Army, emphasized the need for practical experience in applied settings. A. H. Sutherland, school psychologist in Los Angeles, expressed some doubt as to the practicality of the courses suggested by Geissler and also brought up licensing and state legislation as matters to consider if others were to be prevented from using the name "applied psychologist."⁹⁶

⁹⁴ "Communications Regarding 'A Plan for the Technical Training of Consulting Psychologists'," *Journal of Applied Psychology* 2 (1918): 174-178.

⁹⁵ Ibid.

⁹⁶ Ibid.

Edward Strong, Jr. of the George Peabody College for Teachers and a member of the Committee on Classification of Personnel in the Army, also expressed some doubt as to the type of courses proposed by Geissler and agreed with Keller that he would prefer a more biological emphasis. Strong felt that B.A. degrees were not enough for someone to be knowledgeable enough about psychology to be of any practical use and therefore recommended the title “assistant consulting psychologist” to be conferred after five years of study, similar to other prestigious fields of study.⁹⁷

Los Angeles school psychologist A. H. Sutherland liked Geissler’s idea of a training course leading to three different degrees in applied psychology but believed the courses were too similar and that the only way to prevent charlatans from employing the term “applied psychologist” would be through license issuance and state legislation.⁹⁸

Professor Thorndike, from Columbia University, surprisingly admitted to caring little about “erecting formal distinctions between the charlatan and the scientific worker” and indeed claimed that rather than focus on the distinctions between the three degrees available from higher institutions, anyone who had two years of work beyond the Bachelor’s degree was qualified to carry a diploma as “psychologist”.⁹⁹

Finally, R. M. Ogden responded to Geissler’s article by submitting his own article on a training program for psychological examiners that was offered jointly by the

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

Psychology and Education departments at Cornell University.¹⁰⁰ This program, he wrote, resulted from the realization that the selection and classification of recruits for World War I necessitated individuals well trained in scientific psychology. As a result of the drainage that such a draft would create in the field and the laboratory, however, there was also a need for well trained psychologists to continue with the training and research that was being left behind. The aim of the Cornell course of study was to “emphasize the broad principles of experimental psychology and to afford training in the theory and practice of mental testing.”¹⁰¹ Toward this goal students took Elementary Psychology, Laboratory in Experimental Psychology, Educational Psychology, and Mental Testing. Ogden made a point to emphasize the scientific aspects of psychology, without which a sound technology could not stand; his comments resonated with Wallin’s criticisms some years earlier about how knowledge of test administration alone was not enough. For Ogden, a thoroughly trained psychologist could acquire the technique of test administration as well as exhibit “habits and points of view conducive to accuracy, circumspection and a general resourcefulness”, which would likely be lacking in those trained only to administer tests.¹⁰²

Later that year, Leta Stetter Hollingworth presented yet another response to Geissler’s proposal by addressing the certification of practicing psychologists in another article in

¹⁰⁰ Robert Morris Ogden, “The Training Course for Psychological Examiners at Cornell University,” *Journal of Applied Psychology* 2 (1918): 179-185.

¹⁰¹ Ibid.

¹⁰² Ogden, “Training Course for Psychological Examiners.”

the Journal of Applied Psychology.¹⁰³ Hollingworth suggested having a responsible organization such as the APA certify institutions (and publish a list of which institutions are so certified) that offered a prescribed three- to four-year course of training. Those institutions would then certify individuals by issuing them diplomas. As in her previous response, she was reluctant to certify anyone below the Ph.D. degree for fear that it would certify an inferior grade of training which would be widely used because of its inexpensiveness. Hollingworth saw two purposes for certification: assuring the best possible quality of service to the public and protecting those who were well trained from the competition of those who were not (the former not being attainable without the latter). As a result, she emphasized that a standardized course of training had to be developed and implemented before any certification could occur. As a solution, Hollingworth presented the first proposal for a Doctor of Psychology degree, a proposal which was not accepted and developed at the time.¹⁰⁴ Hollingworth suggested that the Doctor of Philosophy degree, based as it was on original research, was not very useful for applied psychologists. She therefore recommended a Doctor of Psychology degree involving actual practice. This degree would take seven years: four years of college, two years of graduate work, and a one year internship (instead of research). A doctorate degree, however, was imperative. Not only would the public be disinclined to go to someone without the title of doctor, but other professions would be likely to look down upon or

¹⁰³ Leta S. Hollingworth, "Further Communications Regarding "A Plan for the Technical Training of Consulting Psychologists"," *Journal of Applied Psychology* 2, no. 3 (1918): 280-285.

¹⁰⁴ The first proposal for a Doctor of Psychology degree is often mistakenly attributed to Loyal Crane, "A Plea for the Training of Psychologists," *Journal of Abnormal and Social Psychology* 20 (1925): 228-233. who will be discussed later.

impede qualified psychologists' work. Hollingworth acknowledged that academics, who had no knowledge of the usefulness of certificates, degrees, titles in the practical field, would find the issue of certification unimportant. Their concern was with the academic psychologist having the doctorate degree but they did not require it of the practicing psychologist, perhaps because of their attribution that it "requires less training and ability actually to direct and control human behavior, than to teach how to direct and control it."¹⁰⁵ Certification for the practicing psychologists, however, was of paramount importance to the progress of applied psychology.

In response to Hollingworth's article, Professor S. C. Kohs, of Reed College, submitted an article agreeing with Hollingworth's appointment of the APA as the organism certifying institutions but disagreeing with her suggestion to have the APA delegate certification of individuals to institutions/departments. Instead, Kohs suggested that an APA Standing Committee should be in charge of standards of training for the various areas of applied psychology, including acting as a national examining board and granting degrees and licenses to qualified individuals. Such a standing Committee would in fact be appointed by the APA only a couple of years later.

Summary

It was through Wallin's instigations for better training and higher standards that the American Association of Clinical Psychologists (AACP) was founded on December 28th, 1917.¹⁰⁶ Three significant factors led clinical psychologists to feel the need to

¹⁰⁵ Hollingworth, "Further Communications," 283.

¹⁰⁶ Routh, *Clinical Psychology Since 1917*; Wallin, *Odyssey of a Psychologist*.

organize a professional organization that would enhance their status. The first factor had to do with the upsurge of jobs for “psychologists” in the public school system during the second decade of this century. Unqualified individuals without any appropriate psychological background had been found to be in charge of measuring and diagnosing mental and educational deviations in children throughout the country. The second factor had to do with the low professional status of clinical psychologists. The early use of testing in the public schools and during World War I led to widespread use of testing by psychologists in a variety of settings following the war. Being such a new field and always having to work under the supervision of psychiatrists, however, led them to be seen as “mere technicians” and to share a low professional status vis-à-vis other mental health providers. Finally, the AACP was founded because clinical psychologists did not feel their needs were being met by the APA.

The AACP was founded to help resolve these three issues by focusing on elevating the standards of those engaged in clinical work and thus also promoting the higher standing of clinical psychologists vis-à-vis the psychotechnicians or mental testers.¹⁰⁷ For Wallin, the psychotechnician was qualified only to administer tests but the psychoclinicist was trained to interpret, diagnose, and propose remedial treatment as a result of such tests.

The APA resolution of 1915, the establishment of the AACP in 1917, and the various legislative attempts in Illinois and Missouri to grant more power to psychologists than they had yet entertained began to threaten the dominance of the medically-oriented

psychiatrists. Physicians and psychiatrists' increasing rivalry with psychologists was understandable. While psychologists had all along aided them in diagnosing mental deficiency, psychologists' exclusive claim to mental testing granted them rights and power that had heretofore belonged to physicians.

As historian Gerald Grob has described, psychiatrists had recently recovered from their own battles for status with another specialty in the medical field: neurology. While psychiatrists in the mid to late 1800s were always associated with practice in institutional settings such as hospitals, changes and improvements in psychiatric theory and practice led to a push out of institutions and into the community around the turn of the century. At the beginning they appreciated the skills of various other mental health providers who had more experience with working in the community and who were willing to bring their skills to the psychiatric team of the turn of the century, that was always under the supervision of the psychiatrist. As these other professionals began to organize and expect autonomy and authority, however, tensions rose.¹⁰⁸ A conference representing psychiatry and psychology in 1921, sponsored by the National Research Council, highlighted the tensions that had existed between both fields for the first two decades of the century. No hope of reconciliation or collaboration seemed near, however.

Psychologists continued to aim for higher professional standards and training models. A third proposal for training emerged from L. R. Geissler, one of the founders of

¹⁰⁷ Wallin, "History of the Struggles."

¹⁰⁸ Gerald Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991); Gerald Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983).

the Journal of Applied Psychology, focusing on the undergraduate background students should have and on the different titles that one could obtain (i.e., assistant consulting, consulting, and expert consulting psychologist) depending on the amount of education one had. Several individuals responded, many taking issue with the particular courses he suggested, but Leta Stetter Hollingworth's response in 1918 is noteworthy in that she responded with the first appeal to create a brand new degree for the clinical psychologist, the Doctor of Psychology (Psy.D.). No discussion ensued, however, and her proposal did not progress.

CHAPTER 3

THE APA CLINICAL SECTION (1919-1937)

As a section of the academic, parent organization, the Clinical Section of the APA was successful in presenting scientific papers at the annual meetings but it soon became clear that it was not meeting the goals it had set out to accomplish. Far from enjoying the legal and social status of physicians, applied psychologists watched as quacks and charlatans rose to prominence through self-help courses and mail advertisements.¹ Lacking state licensure, applied psychologists attempted to self-impose uniform high standards that would distinguish “real” psychologists from fraudulent ones through certification.²

Certification, however, required a consensus over the criteria that would be employed, a consensus which was lacking at the time. As historian Donald Napoli has pointed out, deciding on the minimum amount of training and experience necessary posed several problems. Requiring a Master’s degree alone did not bring additional status and prestige to those with doctorate degrees. In addition, other mental health providers, such as psychiatrists, neurologists, and physicians, possessed a doctor of medicine degree which would always place them in a position superior to psychologists with Master’s degrees.

¹ John C. Burnham, *How Superstition Won and Science Lost: Popularizing Science and Health in the United States* (New Brunswick, NJ: Rutgers University Press, 1987).

Since 84% of the APA members in 1917 held the doctorate degree it is not surprising that they felt that the doctorate degree should be the minimum requirement for certification.³ Requiring the doctorate degree, however, would rule out hundreds of individuals who already engaged in psychological work, a move which could either cost them their jobs or their job titles. Deciding what training should lead to this doctoral degree was also difficult. Napoli again pointed out the breadth of the field and the danger in assuming that the doctorate degree constituted “a guarantee of competence.”⁴ At the time, it was also rare to find institutions which offered graduate programs in applied psychology.

In 1919, David Mitchell, one of the founding members of the earlier AACP and a student of Witmer, proposed “a course of preparation for clinical psychologists which involved obtaining a Ph.D. degree followed by supervised clinical experience.”⁵ During the undergraduate years students should study the languages of the scientific literature (i.e., English, German, and French), science (i.e., biology, chemistry, physics), medicine (e.g., anatomy and physiology of the nervous system), education and educational procedure, sociology, and psychology (e.g., what we would today consider to be sensation and perception, cognitive psychology, learning theory, and emotion and motivation). In addition to formal coursework Mitchell proposed thorough training in

² Donald Seymer Napoli, *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945* (Port Washington, NY: Kennikat Press, 1981).

³ James McKeen Cattell, “Our Psychological Association and Research,” *Science* 45, no. 1160 (1917): 275-284.

⁴ Napoli, *The Architects of Adjustment*, 45.

data collection and in the interpretation of data through practical experience in examination, observation and diagnosis of clinical cases, both normal and abnormal.⁶ Familiarity with psychiatry and psychoanalysis would also be required, including “laboratory work in a hospital for the insane” and an “analysis of cases” in addition to coursework in these areas.⁷ Mitchell did not feel the APA could influence the courses offered in non-psychological fields, but he did feel that it could and should influence those in psychology by encouraging high standards in professional training among the individual psychology departments.⁸ Mitchell never proposed what a standardized practical program of training should look like, however.

Herbert Langfeld, the APA secretary at the time, described a symposium conducted at the 1918 APA meeting on the future of pure and applied psychology led by Robert Yerkes, G. Stanley Hall, and Edward Thorndike. In their meeting, Yerkes stated that some institutions should engage in applied work while others “continue with general instruction and should engage in applied work only in so far as it furthered such instruction.”⁹ Thorndike predicted that applied psychology would expand to have an equal footing with “teaching” (i.e., academic) psychology but that in both cases the important issue was that they should both be scientific and thus the doctorate degree was

⁵ William R. Morrow, “The Development of Psychological Internship Training” *Journal of Consulting Psychology* 10, no. 4 (1946): 166.

⁶ David Mitchell, “The Clinical Psychologist,” *Journal of Abnormal Psychology* 14, no. 5 (December 1919): 325-332.

⁷ Mitchell, “Clinical Psychologist,” 329.

⁸ Mitchell, “Clinical Psychologist.”

appropriate for both groups. Hall concluded by emphasizing that psychology needed to remain a science “but not so pure as to get our feet off the earth and thus not be able to help mankind.”¹⁰ The symposium ended with a discussion of the relationship between psychology and the NRC and a recommendation was made to establish “a division of the sciences of man, such as psychology, medicine, anthropology, sociology, and education” in the NRC.¹¹ Langfeld’s proceedings of the following, 1919, APA meeting suggest that this recommendation was adopted and an NRC Committee on Anthropology and Psychology was indeed established.¹²

Finally, a last issue concerning doctoral training that had previously been described by Wallin throughout the second decade was that “adequate” personality characteristics, such as rapport with clients, were often of as much importance in “making” a good practitioner as the actual degree was. With these issues in mind, Wallin again presented a resolution signed by Miner, Pressey, Mitchell, Goddard, Yerkes, Franz, Thomas H. Haines, and Wallin to the Executive Committee of the Clinical Section during the 1920 APA meeting in Chicago. Miner, Mitchell and Wallin were original founding members of the AACP and the resolution was meant to address issuing certificates to the members of the APA Clinical Section that would serve as “diplomas of competency.”¹³

⁹ Herbert S. Langfeld, “Proceedings of the Twenty-Seventh Annual Meeting of the American Psychological Association, 29-31 December, 1919,” *Psychological Bulletin* 16, no. 2 (1919): 34.

¹⁰ Ibid.

¹¹ Ibid.

¹² Langfeld, “Twenty-Seventh Annual Meeting.”

¹³ Wallin, “History of the Struggles.”

Such diplomas would certify its members as “consulting psychologists,” qualified to offer psychological services to the public.¹⁴

Committee on Qualifications for Psychological Examiners
and other Psychological Experts (1917-1927)

The APA had actually already independently appointed a Committee on Qualifications for Psychological Examiners and other Psychological Experts in 1917 (the same year that the AACP was organized), in response to the conflict that had arisen as a result of the New York Psychiatric Society’s official report regarding “psychological experts.”¹⁵ The Committee consisted of Major Melvin E. Haggerty, as chair, and members Mabel R. Fernald, Thomas H. Haines, Leta Stetter Hollingworth (former AACP secretary), Arthur H. Sutherland, Lewis M. Terman, Guy M. Whipple, and Helen B. Woolley but there were no means to enforce the resolution of the report they submitted in 1918.¹⁶ In 1919 this Committee was discharged and a Committee of five was appointed “to consider methods of procedure for certifying Consulting Psychologists.”¹⁷ Members of the Committee included Bird T. Baldwin (director of Child Welfare Research Station), chair, and members Walter F. Dearborn (academic educational psychologist), Leta Stetter

¹⁴ Routh, *Clinical Psychology Since 1917*; Wallin, “Red-Letter Day.”

¹⁵ Samuel W. Fernberger, “The American Psychological Association: A Historical Summary, 1892-1930,” *The Psychological Bulletin* 29, no. 1 (1932): 1-89; Arnold Gesell, “The Field of Clinical Psychology as an Applied Science: A Symposium,” *Journal of Applied Psychology* 3 (1919): 81-83.

¹⁶ Fernberger, “American Psychological Association.”

¹⁷ Herbert S. Langfeld, “Proceedings of the Twenty-Eighth Annual Meeting of the American Psychological Association, 29-31 December, 1919,” *Psychological Bulletin* 17, no. 2 (1919): 37; Michael M. Sokal, “The Committee on the Certification of Consulting Psychologists: A Failure of Applied Psychology in the 1920s” Paper presented at the History of Applied Psychology: Department of Psychology Colloquium (Series II), Norfolk, VA 1982.

Hollingworth, Beardsley Ruml (personnel psychologist in an industrial consulting firm), and Helen B. Woolley (Cincinnati Public Schools).

This Committee of Five's first report at the 1920 APA meeting favored certification and recommended the establishment of a Standing Committee on Certification of Consulting Psychologists to issue certificates.¹⁸ The Standing Committee consisted of five members with staggered terms: Frederic Lyman Wells (Psychological Laboratory of the Boston Psychopathic Hospital), chair, and Bird T. Baldwin, J. McKeen Cattell, Strong, and Woolley.¹⁹ At the (December 27th) 1921 APA meeting this Standing Committee on Certification of Consulting Psychologists issued an elaborate report, not all of which was approved. The report recommendation that the APA approved were that a new section, called the Section of Consulting Psychologists, be created for those members of the Clinical Section to whom certificates were to be issued. Such certificates required that the member's field of expertise be the "measurement of various types of intelligence and special abilities therein," that they possess "a doctoral degree in psychology, education or medicine or equivalent qualifications," and that they pay a \$35 fee (\$5 for the certificate and \$30 for Section dues).²⁰ The report's further recommendation that the APA establish Licentiates in Mental Measurement for the non-APA members (specifically, college graduates working under certified psychologists who

¹⁸ Fernberger, "American Psychological Association."; Sokal, "Certification of Consulting Psychologists."

¹⁹ Fernberger, "American Psychological Association."

²⁰ Edwin G. Boring, "Proceedings of the Thirty-First Annual Meeting of the American Psychological Association, Cambridge, Massachusetts, December 27, 28, 29, 1922," *The Psychological Bulletin* 19, no. 2 (1922): 74; "Notes and News" *The Psychological Bulletin* 19, no. 2 (1922): 462.

could administer mental tests but not interpret them) was not adopted.²¹ Although the report hoped that this licensing of the non-APA members would be a way to keep charlatans at bay, this move would have required that the APA, with its relatively tenuous scientific standing, be the one to evaluate the training and experience of individuals with no interest in promoting the field as a science.²² The APA rejected this risky motion.

In an article published in the Journal of Applied Psychology, Edgar A. Doll, then a psychologist at the New Jersey State Department Institutions and Agencies, questioned requiring a doctoral level degree “as a *sine qua non* in the ‘certification’ of a clinical psychologist.”²³ Although it provided a general training, which was desirable, it did not guarantee clinical ability nor did it provide the necessary specific technical ability (in physiology, psychiatry, anthropometry, and education). Furthermore, Doll believed clinical experience could only be obtained through an internship, not in the classroom, and thus could be obtained independently of the degree. As a result he advocated special certification rather than requiring the Ph.D. degree, allowing psychologists to prove their ability and expertise in clinical psychology.²⁴

The APA’s attempts at controlling professional psychology are evident in some sections of the 1921 proceedings’ report. For example, the APA felt that it was the most appropriate entity to maintain standards on a national level. Against Doll’s assessment,

²¹ Boring, “Thirty-First Annual Meeting.”

²² Napoli, *The Architects of Adjustment*.

²³ Edgar A. Doll, “The Degree of Ph.D. and Clinical Psychology,” *Journal of Applied Psychology* 4, no. 88-90 (1920), 88.

²⁴ Doll, “Degree of Ph.D.”

the APA required that all those who wanted to be certified had first to become members of the APA (requiring a high admission standard and the payment of dues) and that the certificate was valid only as long as the holder continued to be a member. It also determined that the funds available to the Standing Committee could be derived solely from the \$35 certification/membership fees.²⁵ A Notes and News item was published six months after the publication of the reports' requirements for membership in the new Section of Consulting Psychologists. It revealed that the membership was being opened to all members of the APA who were engaged in the application of psychology.²⁶

Although this adopted certification plan was unprecedented in the short history of the APA it did not bring about the benefits the Clinical Section hoped for. After all, any APA member who could afford the issuance fee could obtain the certificate which basically claimed that he or she was a "real" psychologist. The Standing Committee issued 13 certificates for the year 1922, 9 in 1923, and 1 each in 1924, 1925, and 1926.²⁷ Of the 25 psychologists ever to be certified under this plan, 21 were members of the APA Clinical Section and 17 of the AACP.²⁸ This disappointing enlistment (given that there were 56 members in the Clinical Section) led to further proposals at the 1922 and 1923

²⁵ Boring, "Thirty-First Annual Meeting."

²⁶ "Notes and News," *The Psychological Bulletin* 19, no. 2 (1922): 486.

²⁷ Boring, "Thirty-First Annual Meeting."; John E. Anderson, "Proceedings of the Thirty-Second Annual Meeting of the American Psychological Association, Madison, Wisconsin, December 27, 28, 29, 1923," *The Psychological Bulletin* 21, no. 2 (1924): 69-120; John E. Anderson, "Proceedings of the Thirty-Third Annual Meeting of the American Psychological Association, Washington, D.C., December 29, 30, 31, 1924," *The Psychological Bulletin* 22, no. 2 (1925): 69-138; Samuel W. Fernberger, "Proceedings of the Thirty-Fifth Annual Meeting of the American Psychological Association, Incorporated, Philadelphia, Pennsylvania, December 28, 29, 30, 1926," *The Psychological Bulletin* 24, no. 3 (1927): 137-155.

APA meetings for expanding certification of educational and industrial psychologists as well.²⁹ The formation of Sections in Educational and Industrial Psychology, with their own Committees coordinating the respective standards for certification, were recommended. Suddenly, the earlier requirement of psychologists working in the area of measurement of intelligence and special ability was expanded to include “psychologists not eligible to membership in the Association, but competent in psychological work under direction” and the certification and sections’ membership fees were reduced from \$35 to \$5.³⁰ The APA President at the time, Knight Dunlap, appointed two Committees (the industrial one chaired by Cattell and the educational one by Buford Johnson of Johns Hopkins) to look into this option and “found that industrial psychologists were generally but unenthusiastically favorable to a special section and educational psychologists had mixed reactions to the idea.³¹ Neither group was about to stage a rebellion like that of the clinical psychologists in 1917, and the association saw no pressing need to institute the new sections.”³² The report recommendations, therefore, were not adopted. According to psychologist Fernberger, when they were reintroduced in the 1924 APA meeting they were adopted but apparently never carried out.³³

²⁸ Includes overlapping membership. Routh, *Clinical Psychology Since 1917*, 25.

²⁹ Anderson, “Thirty-Second Annual Meeting.”; Boring, “Thirty-First Annual Meeting.”

³⁰ Boring, “Thirty-First Annual Meeting,” 72.

³¹ Sokal, “Certification of Consulting Psychologists.”

³² Napoli, *The Architects of Adjustment*, 58.

³³ Fernberger, “American Psychological Association.”

At this time the Section of Consulting Psychology was also renamed the Division of Consulting Psychology and the “Associate” grade of membership was introduced in the APA in 1924.³⁴ In contrast to the usual tightening of membership requirements, the need to expand the APA membership suddenly emerged for two reasons. First, a large number of doctoral students was emerging from graduate programs but were not being represented at the APA. They included a “distinct group...of persons engaged in psychological work of a scientific character at less advanced levels, or in psychological work which does not involve research.” the APA membership until then had required publications beyond the dissertation but the research these students conducted was not always published, thus excluding a large number of them. This lower “Associate” grade of membership would now represent them.³⁵ Second, with the start of the new Psychological Abstracts and the purchase of the Psychological Review Publications the APA needed to refill its treasury; lowering the scholarly requirements of membership to include “Associates” would bring in dues that would accomplish this goal.³⁶

Three classes of individuals could qualify for Associateship, which was reflected in the APA Year Book by an “(A)” typed before the Associate’s name:

- a. Any person devoting full-time to work that is primarily psychological;
- b. Any person with the degree of Doctor of Philosophy, based in part upon a psychological dissertation and conferred by a graduate school of recognized standing;
- c. Scientists, educators, or distinguished persons, whom the Council may

³⁴ Anderson, “Thirty-Third Annual Meeting.”

³⁵ Ibid., 82.

³⁶ Anderson, “Thirty-Third Annual Meeting.”

recommend for sufficient reason.³⁷

Associate membership did not carry much voice or power, however. Although associates were allowed to “have the right of the floor at the annual meetings” and “participate in the programs of the Association”, they were not allowed “to vote or hold office” in the APA.³⁸ This might well have been a cautionary move on the Association’s part, given that Section 10 of the Report of the Committee on the Establishment of an “Associate” Grade of Membership reminds the Association to “keep in mind the possibility that the number of Associates may in a few years equal the number of Members.”³⁹ Indeed, in just four years the number of APA Associates had surpassed that of APA Members (although there were not that many more nonacademics among the Associates than there were among the Members).⁴⁰ Practicing applied psychologists were aware of the financial benefit they provided to the APA but nonetheless appreciated now being able to join a national Association.

The following year, at the 1925 APA meeting, the Standing Committee on Certification of Consulting Psychologists presented a report with the first set of definite and detailed qualifications for the certification of consulting psychologists. This report

³⁷ Ibid., 82.

³⁸ Anderson, “Thirty-Third Annual Meeting,” 83.

³⁹ Ibid.

⁴⁰ Napoli, *The Architects of Adjustment*.

was accepted by the APA Council but was merely filed as a source of information and not published nor allowed to be circulated among the APA membership.⁴¹

At the 1926 APA meeting the Standing Committee reported “the increasing tendency to discontinue the use of the word “psychologist” for persons engaged in routine mental testing, substituting such designations as psychometrist, psychometrician and psychometric assistant.”⁴² The Committee approved of this tendency, believing that it allowed for the term “psychologist” to be restricted to “persons of senior level” while “psychometric assistant” would be the preferable term to be employed to describe the individual who synthesizes the mental test findings.⁴³

At this time, the Standing Committee had also expected the APA Executive Council to report the behavior of a particular certificate-holder reportedly having sexual relations with one of his clients. When it did not, the Standing Committee requested that the APA either clearly “1) make it plain that it disclaims responsibility for the conduct of [all of] its members, or 2) provide means by which charges may be brought and appropriate action taken if they are sustained.”⁴⁴ Doubts emerged regarding the APA being the proper entity to monitor and control professional standards and the Standing Committee thus suggested the creation of a professional organization outside of the APA:

⁴¹ John E. Anderson, “Proceedings of the Thirty-Fourth Annual Meeting of the American Psychological Association, Washington, D.C., December 29, 30, 31, 1924,” *The Psychological Bulletin* 23, no. 3 (1926): 113-174.

⁴² Fernberger, “Thirty-Fifth Annual Meeting,” 148.

⁴³ *Ibid.*

⁴⁴ Committee on Certification of Consulting Psychologists Report for the Year 1926 in Fernberger, “Thirty-fifth Annual Meeting,” 149.

The constituted objects of the Association are scientific, and this places it at a partial disadvantage in the maintenance of professional standards. Scientific men are predominantly schizoid, and while commonly energetic and at times heroic in the pursuit of personal aims and ideals, seldom exhibit the capacity for resolute common action which is observable in professional and more markedly in industrial groups. It is an open question whether the corporate resolution of a scientific group such as this one, without strong personal or professional interests at stake, can be counted on for effective opposition to the energy and resources which would be mustered by a colleague charged with misconduct and his professional life to fight for. One can see in this an argument for the organization of the psychological profession into a group distinct from the present one.⁴⁵

The APA's response was to appoint a Committee (of five) on Certification Policy "to study the effectiveness of the entire plan of certification, ...[and] to ascertain the sentiment of the Association with regard to certification" and professional standards.⁴⁶ The Committee, consisting of chair Margaret F. Washburn, Mark A. May, Louis L. Thurstone, Frederick Lyman Wells, and Helen B. Woolley, found that those in favor of certification suggested licensing non-APA practitioners (including non-clinical applied psychologists) and developing and enforcing professional standards.⁴⁷ At the 1927 business meeting, however, the Committee on Certification Policy reported that certification was not "practicable" and should be discontinued:⁴⁸ "the...conditions of certification require so high a standard that those persons who can meet it are so well established that they need no certification."⁴⁹ The APA Council voted in favor of discontinuing certification 73 to 20 ("more than the two-thirds required to amend the By-

⁴⁵ Ibid.

⁴⁶ Fernberger, "Thirty-Fifth Annual Meeting," 141.

⁴⁷ Napoli, *The Architects of Adjustment*.

⁴⁸ Fernberger, "American Psychological Association."

laws”) and recommended that the issuance fee be refunded and that the by-laws be changed so as to eliminate the practice of certification.⁵⁰

Extensive discussion over this drastic move and several attempts to save certification ensued but to no avail. Academic psychologists, tolerant but not supportive of actions toward applied professionalization, clearly still held the reins of the APA. The high standards for training and experience required for certification and the lack of need by such highly qualified psychologists to be certified in the first place led to the APA’s failure to control professional psychologists through certification. Ironically, these well trained psychologists were not the ones who needed the certification; it was the lower grade psychometricians whom the APA could not begin to control since they did not even qualify for the APA membership.⁵¹

After 1927 the Clinical Section existed mainly as an interest group and forum for members to present and discuss research related to clinical psychology.⁵² Due to the lowering of standards for the Associate grade of membership in 1924, the APA passed a by-laws amendment which began requiring publications beyond the dissertation for full membership in the APA.⁵³ Following the APA meeting at Columbia University in 1928 an additional by-laws amendment passed that required that no one could be either a

⁴⁹ M. F. Washburn to F. L. Wells, 9/15/1927, cited in Napoli, *The Architects of Adjustment*, 60.

⁵⁰ Samuel W. Fernberger, “Proceedings of the Thirty-Sixth Annual Meeting of the American Psychological Association, Incorporated, Columbus, Ohio, December 28, 29, 30, 1927,” *The Psychological Bulletin* 25, no. 3 (1928): 131.

⁵¹ Fernberger, “American Psychological Association.”; Napoli, *The Architects of Adjustment*.

⁵² Routh, *Clinical Psychology Since 1917*.

⁵³ Fernberger, “Thirty-Fifth Annual Meeting.”

member or an associate of the APA's Clinical Section without first being a member or associate of the APA first.⁵⁴ The result of both of these amendments was the exclusion of many practicing psychologists who did not conduct research. By 1931 the Clinical Section consisted of 92 members, 15% of the APA's membership at the time.⁵⁵

This exclusion of the non-researchers resembled the exclusion of non-psychologists earlier in the century, as documented by Fernberger's history of the APA between 1892-1930. When the APA was formed in 1892 philosophers, educators, and physicians could be APA members. By 1906, in an effort to curb the number of candidates elected to membership, the APA Council announced that to be elected a member of the APA one had to be advancing psychology as a science through professional occupation in psychology and research. This naturally ruled out many philosophers and educators from membership who had always added too much heterogeneity to the body, but they were now beginning to form and join national philosophical and educational organizations in a move toward their own professionalization.

In 1911 the APA Council again tried to tighten membership standards by requiring "a statement of the candidate's professional position and by copies of his

⁵⁴ Samuel W. Fernberger. "Proceedings of the Thirty-Seventh Annual Meeting of the American Psychological Association, Incorporated, New York, N.Y., December 27, 28, 29, 1928," *The Psychological Bulletin* 26, no. 3 (1929): 121-132; J. B. Miner, "The Significance and History of the Clinical Section of the A.P.A." *The Psychological Exchange* 1 (1932): 7-11.

⁵⁵ Elizabeth Q. Bulatao, Robert Fulcher, and Rand B. Evans, "Statistical Data on the American Psychological Association," in *The American Psychological Association A Historical Perspective*, eds. Rand B. Evans, Virginia Staudt Sexton and Thomas C. Cadwallader, (Washington, D.C.: American Psychological Association, 1992), 391-394; Miner, "Significance and History."

published researches.”⁵⁶ By 1916 the APA Council required that all membership proposals be supported by signatures from two existing APA members, “a statement of the candidate’s professional position and degrees...and by copies of his published researches.”⁵⁷ This was the first time that academic degrees were mentioned as a requirement for membership.

In 1921 the creation of a Fellows grade of membership was recommended to account for “psychologists of a more advanced degree of scientific attainment than is implied by admission to membership in the Association.”⁵⁸ This recommendation may have stemmed from the American Association for the Advancement of Science’s establishment of two separate membership categories in 1874, the more elite one, that of Fellow, “reserved for those who met certain criteria of publication and professional experience...who were nominated and elected by existing Fellows...[and who alone] could assume leadership roles in the organization.”⁵⁹ This recommendation, however, was rejected by the Association and membership remained based on “acceptable published research of a psychological character, a Ph.D. degree, based...on a psychological dissertation, and...the nominee (being) actively engaged in psychological work at the time of the nomination.”⁶⁰

⁵⁶ Fernberger, “American Psychological Association,” 9.

⁵⁷ Fernberger, “American Psychological Association,” 10.

⁵⁸ Boring, “Thirty-First Annual Meeting,” 76.

⁵⁹ Deborah J. Coon and Heather Allard Sprenger, “Psychologists in Service to Science: The American Psychological Association and the American Association for the Advancement of Science,” *The American Psychologist* 53, no. 12 (1998): 1254.

In 1923 the advisability of the establishment of a lower grade "Associate" member was suggested for individuals who did not meet membership criteria but who devoted "full time to work that is primarily psychological, (have a Ph.D. degree) based in part upon a psychological dissertation...or (were) scientists, educators or distinguished persons."⁶¹ The suggestion was finally passed in 1924 and 45 Associates were elected. The lowering of standards for the Associateship led to an increase in standards for the Membership: by 1927 qualifications for Membership required publications beyond the dissertation. This naturally led to an increase in the number of Associates and a decrease in the number of Members elected. The polarization between psychology as a science and as a profession outside academe was taking shape and dissatisfied practitioners were again looking elsewhere for representation.⁶²

Loyal Crane's Proposal for Training (1925)

In the meantime, the training and qualifications of practicing psychologists remained an important issue throughout the 1920s. In December 1925, the Journal of Abnormal and Social Psychology published "A plea for the training of psychologists" by Dr. Loyal Crane. In this article, Crane bemoaned the lack of social and professional recognition and the lack of earning power enjoyed by "consulting psychologists" as well as the medical profession's condescension and the lay public's image of psychologists as

⁶⁰ Fernberger, "American Psychological Association," 12.

⁶¹ Anderson, "Thirty-Second Annual Meeting," 72.

⁶² M. Mike Nawas, "Landmarks in the History of Clinical Psychology from its Early Beginnings Through 1971," *The Journal of Psychology* 82 (1972): 91-110.

an “extramedical practitioner.”⁶³ He attributed this state of affairs to the lack of a social and legal definition of what a “psychologist” is, emphasizing how even the possession of a Ph.D. degree is no guarantee of the competence of a clinical psychologist. Despite the relatively high standards demanded by the New York State Mental Deficiency Law it did not “interfere with the practice of psychology by unqualified persons” and

the actual machinery of commitment of mental defectives is so entirely in the control of the medical profession that...the privilege of functioning on such examining commissions is practically denied even the psychologist who holds his state license as a qualified examiner.⁶⁴

In order to clarify and improve the psychologist’s status Crane suggested that universities with departments of psychology, education and medicine organize a four-year course of study that would lead to a degree of “Ps.D”. After Leta Stetter Hollingworth’s in 1918, this is the second plea for a separate degree, the Doctor of Psychology, for practicing or consulting psychologists. Following three years of college with an emphasis on physics, biology, chemistry, sociology, economics, mathematics, and psychology, students could then enter this four-year Ps.D. program where the first two years would be spent taking medical science courses and the last two would involve technical psychological subjects. To conclude, Crane made two further recommendations. The first one was for psychologists to recognize the need for a physical examination prior to any psychological examination (and thus the obligation to refer all cases to physicians prior to psychological examination). The second one was

⁶³ Loyal Crane, “A Plea for the Training of Psychologists” *Journal of Abnormal and Social Psychology* 20 (1925): 228-233.

⁶⁴ Crane, “Training of Psychologists,” 229.

that psychologists “should emulate the physician by bringing moral pressure to bear upon newly graduated Ps.D.” so that they spend at least one year “obtaining practical clinical experience in some psychopathic hospital, state institution or neurological institute before presuming to offer his services to the public.”⁶⁵

The only visible response to Crane’s proposal came from Arthur Ernest Davies, from Colorado College, who took issue with the specifics of the courses Crane suggested. Overall, however, he claimed that in order to agree on the kind of training psychologists should have one must first agree to the “fundamental conceptions and methods” of psychology itself, which is what he felt was the culprit for psychology’s low status.⁶⁶ Toward this aim Davies suggested “the appointment of a representative Committee to study the whole matter and to report findings.”⁶⁷ This was the last that was heard in favor of a Doctor of Psychology degree for many years to follow. Characteristically, however, the APA did appoint a committee to study the problem.

Committee on Standards of Training for Clinical Psychologists (1931-1935)

In 1931 the APA Clinical Section appointed a Committee on Standards of Training for Clinical Psychologists to survey “the training and duties of clinical psychologists in the United States.”⁶⁸ The members of the Committee on Standards of

⁶⁵ Crane, “Training of Psychologists,” 232.

⁶⁶ Arthur Ernest Davies, “The Training of Psychologists,” *Journal of Abnormal and Social Psychology* 20 (1926): 344-348.

⁶⁷ Davies, “The Training of Psychologists,” 348.

⁶⁸ American Psychological Association Clinical Section Committee, “The Definition of Clinical Psychology and Standards of Training for Clinical Psychologists,” *The Psychological Clinic* 23, no. 1-2 (1935): 1-8; American Psychological Association Clinical Section Committee, “Guide to Psychological Clinics in the United States,” *The Psychological Clinic* 23 (1935): 9-140.

Training for Clinical Psychologists were chairman Andrew W. Brown (Institute for Juvenile Research, Chicago), Robert A. Brotemarkle (University of Pennsylvania, Philadelphia), Maud A. Merrill (Stanford University, Palo Alto), and Clara Harrison Town (Children's Aid Society, Buffalo) and they sent out questionnaires to roughly 800 psychologists engaged in clinical work.⁶⁹ The questionnaire consisted of 120 questions related to the definition of clinical psychology, whether it was a field of work or a method of approach, what the minimum qualifying educational and experiential requirements were, and whether there should be different educational and experiential levels required.⁷⁰ The results were published by Town, Merrill, and Brown in an article in the Psychological Exchange in August 1933.

The approximately 255 psychologists who responded were roughly classified into the following seven groups: 1) those working in a psychological clinic (along with a psychiatrist and social worker), 2) psychometrists (i.e., junior psychologists) in various settings, 3) university instructors with clinical work as part of their regular university work, 4) university instructors who examined cases for class demonstrations, 5) college instructors serving as personnel directors for their universities, 6) those working in research institutes doing research on child development, and 7) directors of child study departments and heads of bureaus. Across all seven groups, 140 (55%) of the 255 psychologists had a Ph.D. degree in Psychology, 94 (37%) had an A. M., and 8% had an A.B. When looking at those conducting clinical work exclusively (groups 1 and 2, as

⁶⁹ Nawas, "History of Clinical Psychology."

opposed to research or personnel work), however, only 23% had a Ph.D. degree while 61% had a master's and 16% had a bachelor's.

Clinical experience was not a common finding. Across all groups, 102 (41%) had no clinical experience prior to their first paid clinical job, 24% had less than a year, 22% less than two years, and 13% had two or more years. While the extant training for psychologists was geared toward teaching and not practical work, the lack of training courses for clinical psychologists in the university had required that individuals pursue a Ph.D. degree in general (i.e., experimental) psychology followed by a supervised apprenticeship at a psychological center or clinic.⁷¹ Because such apprenticeships were contingent on the growth and development of the clinics, college credit was ordinarily granted. Graduate credit for assistantship training, however, was more difficult to procure. Where requirements for psychometrists were concerned, wherever there were any standards at all, the A. M. degree and some experience were the minimum requirement. Women clearly dominated the clinical field: 63% of the survey's respondents were female, a percentage which increased to approximately 80% when focusing exclusively on groups 1 and 2.

The duties of clinical psychologists varied according to the training of the psychologist and the setting in which he/she worked. The principal duty was administering standardized tests but there was also research, teaching, taking social histories, interviewing children, and interviewing children's parents. Treating patients

⁷⁰ Clara Harrison Town, Maude A. Merrill, and Andrew W. Brown, "Report on the Survey of the Training and Duties of Clinical Psychologists," *The Psychological Exchange* 2 (1933): 109-114.

was also reported, where “treatment” involved “remedial teaching, vocational advice, and psychotherapy.”⁷² Given the range of duties available for clinical psychologists the Committee concluded that there would always be “those who will do little more than a psychometric test.” While withholding its own opinion, the Committee nonetheless encouraged discussing at a future “round table conference” whether such psychometrists should be considered “clinical psychologists.”⁷³

Such a panel discussion of “outstanding men and women in clinical psychology”, chaired by Andrew Brown, was held in September 1933, during the APA annual meeting in Chicago, with the discussion centering on “the meaning of clinical psychology and standards of training for clinical psychologists.”⁷⁴ Six panelists presented their views and an open-floor discussion ensued: Dr. Edgar A. Doll (Director of the Department of Research at the Vineland Training School), Dr. F. Kuhlmann (APA Clinical Section Chairman and Director of the Division of Research at the State Department of Public Institutions, State Capitol, St. Paul), Dr. Henry H. Goddard (Ohio State University and former Director of Vineland Institute), Dr. Francis N. Maxfield (Ohio State University), Dr. Hymen Meltzer (Washington University, St. Louis), and Dr. Clara Town (Director of

⁷¹ William S. Casselberry, “The Psychologist in Private Practice,” *The Psychological Exchange* 4 (1935): 57-58.

⁷² Town, Merrill, and Brown, “Survey of Training and Duties,” 113.

⁷³ Town, Merrill, and Brown, “Survey of Training and Duties.”

⁷⁴ Andrew W. Brown, “The Meeting of the Clinical Section of the American Psychological Association,” *The Psychological Exchange* 2 (1933): 174; Donald G. Paterson, “Proceedings of the Forty-First Annual Meeting of the American Psychological Association, Incorporated, Chicago, Illinois, September 7, 8, 9, 11, 12, 13, 1933,” *The Psychological Bulletin* 30, no. 9 (1933): 631-742.

the Psychological Clinic of the Children's Aid Society, Buffalo, NY and member of the Committee on Standards of Training for Clinical Psychologists).⁷⁵

Goddard addressed the Committee's earlier concern about the variability in duties for clinical psychologists and emphasized that the standards of training were dependent upon the psychologist's ambitions: those content with being a psychometrist did not require as high standards as those aspiring to the status of a physician. For the latter, the Ph.D. degree, training including hundreds of varied cases, and an internship of two years at a hospital for the insane and of one year at an institution for the feeble-minded were required.⁷⁶ Town emphasized the need for clinical practice in tests and measurement, courses in sociology, economics, educational methods, biology, anatomy and physiology of the brain and nervous system, nervous and mental diseases, speech development and training...all leading to the Ph.D. degree in Psychology as well.⁷⁷

Morgan (from Northwestern University), an audience member, disagreed with the Committee's recommendations for requiring the Ph.D. degree as the standard for all training given that most of what clinical psychologists did in clinics was administer Binet tests. Rather than "play second fiddle to a physician" Morgan had been advising his students, looking for advice on careers in clinical psychology, to forgo pursuing

⁷⁵ Brown, "Meeting of the Clinical Section."

⁷⁶ Ibid.

⁷⁷ Ibid.

psychology formally and instead pursue medicine while attempting to take as many psychology courses as possible.⁷⁸

Doll vigorously objected, insisting on equal professional status with physicians and pointing out the work that clinical psychologists could undertake in the fields of education, industry, law, and vocational guidance.⁷⁹ Specifically, he felt that psychologists could work in the fields of educational diagnosis and guidance, occupational selection and adjustment, mental hygiene, and social welfare without the need to compete with other “professional workers such as psychiatrists, educationists and social workers.”⁸⁰ There were so many fields to work in that Doll felt psychologists’ work would never displace nor duplicate that of other professional workers.⁸¹

Kuhlmann compromised between Morgan and Doll’s positions by acknowledging that although there was not much room in the field of clinical psychology for budding clinicians, psychologists needed to educate the public about the nature and duties of a clinical psychologist.

In order to clarify further the term “clinical psychologist” and the standards for training, the Committee on Standards of Training for Clinical Psychologists asked 25 outstanding clinical psychologists again to define clinical psychology, whether it referred to a field of work or to a method of approach and what the minimum requirements for

⁷⁸ Brown, “Meeting of the Clinical Section,” 176.

⁷⁹ Brown, “Meeting of the Clinical Section.” See also Edgar A. Doll, “Preparation for Clinical Psychology,” *Journal of Consulting Psychology* 3, no. 5 (1939): 137-140.

⁸⁰ Edgar A. Doll, “Fields of Clinical Psychology” *The Psychological Exchange* 3 (1934): 134-137.

⁸¹ *Ibid.*

qualification as a clinical psychologist should be. The offshoot of the Committee's two surveys and the round table meeting was a substantial, 140-page long two-part report published by the Committee in Witmer's journal, The Psychological Clinic, in 1935. The first part of the report addressed the definition of clinical psychology and the standards of training for clinical psychologists. The second part provided a guide to the number and location of psychological clinics in the United States, including information on their "organization, staffs, clientele, methods of procedure, and training offered in clinical practice."⁸²

The report noted dissatisfaction with the term "clinical," for its implication of bedside care and for having been borrowed from medicine. The terms "psychological counseling", "personal development service", "psychological service", and "individual psychology" were suggested as better alternatives but the Committee decided to keep the term "clinical" since it had been prevalent for 25 years and its usage was not restricted to its literal sense any longer. The Committee thus defined clinical psychology as "that art and technology which deals with the adjustment problems of human beings" and strongly recommended that the research method be an integral part of it.⁸³ Specifically, the Committee described clinical psychology as

A form of applied psychology which aims to define the behavior capacities and behavior characteristics of an individual through methods of measurement, analysis, and observation; and which, on the basis of an integration of these findings with

⁸² American Psychological Association Clinical Section Committee, "Definition of Clinical Psychology," 3.

⁸³ American Psychological Association Clinical Section Committee, "Definition of Clinical Psychology," 5.

data secured from the physical examinations and social histories, gives suggestions and recommendations for the proper adjustment of that individual.⁸⁴

Clinical psychology was endorsed as being both a field and an approach. It was viewed as the former in that it was the “application of certain psychological principles, knowledge, and procedures to the individual problems of human adjustment” but it was also viewed as the latter in that this body of principles was applied through specific techniques or methods.⁸⁵

As concerned training standards, the Committee acknowledged the wide diversity of human problems and thus the difficulty in determining a single set of standards. As a result, it recommended specialization in one particular branch after a general course of study. More specifically, exposure to regular academic psychology courses such as “general, experimental, comparative, systematic, abnormal, child, and educational psychology, as well as statistics and mental and educational tests” were a given, under the assumption that “if one is to be a clinical psychologist he should first be a psychologist.”⁸⁶ Furthermore, exposure to various factors of adjustment was also necessary: schools (private and public), institutions for placement and training, philosophy of education, modern educational methods, types of special education,

⁸⁴ Ibid. For a detailed description of each component of this definition see also C. M. Louttit, “The Place of Clinical Psychology in Mental Hygiene,” *Mental Hygiene* 21 (1937): 373-388.

⁸⁵ Ibid.

⁸⁶ American Psychological Association Clinical Section Committee, “Definition of Clinical Psychology,” 6.

sociology and social pathology, physiology, neurology, anatomy, heredity, and one or more years of clinical experience.⁸⁷

While the committee may have been general in its recommendation for standards of training, it was quite specific regarding the qualifications needed for two levels of clinical work. The title of “clinical psychologist” required a Ph.D. degree (or equivalent), mastery of experimental and research methods, competency to conduct and direct independent research, familiarity with modern educational philosophy and methods, general knowledge of the biological and social sciences, a supervised one-year internship, and knowledge of court procedure in commitment cases. The psychologist who possessed an M.A. degree (or equivalent) and a one-year supervised internship would receive instead the title of “assistant clinical psychologist.”⁸⁸

The second part of the report consisted of a guide of psychological clinics in the United States. Between January 1933 and June 1934 the Committee had received 150 questionnaires from clinics throughout the country, 87 of which were psychological, 32 psychiatric, 24 employing clinical methods and 8 being private consulting practices. The 87 psychological clinics were broken down into nine groups, those representing: 1) universities and colleges, 2) public and private schools, 3) social agencies, 4) state agencies, 5) county agencies, 6) city agencies, 7) self-supporting clinics, 8) foundations, and 9) institutions. Of the 350 psychologists working in the 87 psychological clinics 42% had Ph.D. degrees, 35% had Master’s degrees, and 11% had B.A. degrees and were

⁸⁷ American Psychological Association Clinical Section Committee, “Definition of Clinical Psychology,” 7.

graduate students. When comparing the credentials of psychologists employed at universities and colleges vs. those employed at public and private schools, the ratio of psychologists with Ph.D. degrees to those with M.A. degrees differed significantly: from close to 4:1 in universities and colleges to almost 1:3 in public and private schools.⁸⁹

The Committee “sharply criticize(d) the present neglect of adequate provision for research in the existing clinics” and also did not find much uniformity in the admission requirements or type of training offered by the clinics: only 48% of the 87 clinics offered training and practice in clinical service and 69% of those that did belonged to group 1, representing universities and colleges.⁹⁰

Although the APA disbanded the Committee following publication of the report, this Committee is significant in that it reflects the first official organization to survey, discuss, and propose a formal program of graduate study for clinical psychologists. Because of its APA membership the Committee naturally suggested that such training require a doctorate degree with a heavy research background and necessary field work in the form of an internship.

Presenting a different perspective than that of the academic psychologist was Henry A. Murray, a physician in Harvard’s Laboratory of Psychology, who published an article in 1935 on psychology and the university in the Archives of Neurology and

⁸⁸ American Psychological Association Clinical Section Committee, “Definition of Clinical Psychology,” 7-8.

⁸⁹ American Psychological Association Clinical Section Committee, “Guide to Psychological Clinics.”

⁹⁰ *Ibid.*, 18.

Psychiatry.⁹¹ As someone with the perspective of a physician, Murray described two scenarios for the student interested in learning psychology: becoming a graduate student in psychology at a university or attending medical school and subsequently applying for psychoanalytic training. He did not feel the first option was very wise, given the wide variety of perspectives held by the faculty of psychology departments which would not allow for a unified set of assumptions about the multiple subjects available and their corresponding terminology. However, he did not feel medical school was optimal either. Medical school was long and expensive; the psychology student would not need four of the nine years of required education and the condescending attitude of the medical profession would not be supportive for those who wanted to study the influence of the psyche on the body. In addition, a medical education would emphasize a mechanistic attitude and a search for physical signs which would detract from the intuitive process needed to make psychological diagnoses. Finally, medical school would not offer courses in normal psychology or in psychological observation and experimentation. Furthermore, at the time that Murray was writing, he believed there were four incompatible schools of psychoanalysis, each dogmatic and myopic to the point that it would be as limited in vision as the academically trained psychologist.

As a result, Murray suggested establishing schools of psychology within universities that would offer a four-year course of study leading to clinical practice. Following preliminary studies in physics or chemistry, biology, psychology, and anthropology or sociology, students would take courses on the scientific method, general

physiology, neuroanatomy, and neurophysiology during their first year. The second year would include general psychology, sensory psychology, animal psychology, the developmental and educational psychology of the child, and the psychology of personality. The third year would cover courses in psychopathology and psychoanalysis, supplemented with courses in clinical medicine, principles of psychotherapy and psychoanalysis. Murray held that this school of psychology had to be affiliated with institutions that would offer practical experience: orphanages, progressive schools for problem children, child guidance clinics, clinics for the treatment of neuroses and for feeble-minded, delinquent, and psychotic patients. For the fourth and last year, in order to balance the heavy physiologic orientation, Murray recommended courses in social psychology, sociology and psychology of art, religion and science.

Toward this school of psychology Murray believed that universities needed to change four aspects of the way they ordinarily conducted business. First, psychology had to be strengthened in the graduate school by including courses in human motivation, child psychology, psychopathology, and clinical psychotherapy. Second, the psychology of motivation and development had to occupy a primary position within the department. Third, more practical or clinical courses had to be completed prior to awarding the Ph.D. degree. And last, closer relationships with allied fields such as physiology, sociology, and anthropology had to be established. Psychotherapists needed to become members of these psychology departments since they were the ones with first-hand experience of abnormal psychology. Murray recognized that having therapists on the faculty implied

⁹¹ Henry A. Murray, "Psychology and the University," *Archives of Neurology and Psychiatry* 34 (1935):

admitting psychoanalysis into the university, since all therapists at the time used psychoanalytic techniques in some form or another.

No response from the psychiatric or psychological fields seems to have emanated from Murray's proposal and the APA Committee on Standards of Training for Clinical Psychologists, having completed its task of prescribing a training program in clinical psychology, disbanded after publishing its report.⁹²

Summary

The APA Clinical Section was not very successful in accomplishing its intended goals and so an APA Standing Committee on Certification of Consulting Psychologists put forth an appeal in 1921, that was approved, to have its members certified as "consulting psychologists" who were qualified to offer psychological services to the public. Within two years of initiating certification for consulting psychologists only 25 members of the APA Clinical Section had been certified and by 1927 the APA discontinued the certification. In 1927 and 1928 the APA changed its bylaws so that only those publishing research beyond the dissertation could be members of the APA and only the APA members could become members of the Clinical Section, thus excluding a large number of applied psychologists who did not conduct research. Clearly the "powers that be" within the APA were not willing to combine pure and applied psychology and the

803-817.

⁹² John M. Reisman, *A History of Clinical Psychology*, eds. Charles D. Spielberger and Irwin G. Sarason, 2nd ed., *The Series in Clinical and Community Psychology* (New York: Hemisphere Publishing Corporation, 1991).

clinical section remained, as Andrew Brown, Vice-President of the Clinical Section at the time, called it, an “impotent ‘paper-reading’ group.”⁹³

The APA Clinical Section appointed a Committee on Standards of Training for Clinical Psychologists in 1931, chaired by Andrew W. Brown from the Institute for Juvenile Research in Chicago. Following a survey conducted by the Committee in 1932 and a round table discussion held in 1933, the APA’s Clinical Section Committee published the APA’s first formal suggestion of what “clinical psychology” meant and encompassed and what the minimum requirements for training for individuals to be considered “clinical psychologists” should be: a Ph.D. degree (or equivalent), mastery of experimental and research methods, competency to conduct and direct independent research, familiarity with modern educational philosophy and methods, general knowledge of the biological and social sciences, a supervised one-year internship, and knowledge of court procedure in commitment cases. The psychologist who possessed an M.A. degree (or equivalent) and a one-year supervised internship would receive the subordinate title of “assistant clinical psychologist.”⁹⁴ Clearly, those proposals emanating from the APA members, such as that by the APA’s Clinical Sections’ Committee, were more likely headed toward and reflected a bias in favor of a heavily

⁹³ “Reports of the A.A.A.P.,” *Journal of Consulting Psychology* 2 (1938): 78.

⁹⁴ American Psychological Association Clinical Section Committee, “Definition of Clinical Psychology,” 7-8.

academic background for clinical/all training in psychology. Those proposed by psychiatrists or unknown applied psychologists such as Loyal Crane, fell on deaf ears.

CHAPTER 4

THE ASSOCIATION OF CONSULTING PSYCHOLOGISTS (1930-1937)

The creation of the APA Clinical Section on December 31st, 1919 was the first hopeful indication that clinical psychologists would now have a voice in the academically-ruled APA. At this time, however, the membership requirements to the Clinical Section included a Ph.D. degree in psychology, “a record of special preparation in some field of clinical psychology,” and published (or near-publication) research contributing to the mental testing or clinical psychology literature.¹ With the exclusion of clinical practitioners whose positions did not require such research as well as the certification fiasco of the 1920s, dissatisfaction with the Clinical Section and its lack of representation of clinical interests increased.² There was a growing chasm between academic and clinical psychologists. In the spring of 1921, David Mitchell founded the first state psychological association, the New York State Association of Consulting Psychologists (NYSACP).

The New York State Association of Consulting Psychologists (1921-1930)

Mitchell is considered to be the first private practitioner and had also been one of the founding members of the earlier AACP.³ His NYSACP was to become the strongest

¹ John Edward Wallace Wallin, *Clinical and Abnormal Psychology* (Boston: Houghton Mifflin, 1927), 172.

² Donald K. Routh, *Clinical Psychology Since 1917: Science, Practice, and Organization* (New York: Plenum Press, 1994).

of about a dozen state associations active during the 1920s and 1930s.⁴ Based on an unpublished history of the NYSACP written by Dorothea McCarthy (former NYSACP president), Mitchell would invite 12-25 psychologists from the New York metropolitan area to monthly dinner meetings at his home where they would exchange professional ideas and experiences. In the beginning the NYSACP had 31 active members (two of whom were also founding members of the AACP (Mitchell and Hollingworth)) and four honorary ones: James McKeen Cattell, Edward L. Thorndike, Margaret F. Washburn, and Robert M. Yerkes. While the honorary members did not participate in the NYSACP, they “gave (it) their blessing,” according to McCarthy.⁵

The goals of the NYSACP were:

The promotion of high standards of professional qualifications for consulting psychologists” and “stimulating research work in the field of psychological analysis and evaluation.” Membership (was) limited to those who (had) the minimum requirements of two years graduate work in psychology.⁶

In fact, throughout the 1920s, psychologists and physicians in New York State were listed as certified examiners to sign “certificates of mental defect” and “commitment (sic) papers for mental defectives”.⁷ Drs. Woodworth and Mitchell were

³ Dorothea McCarthy, 1956, M91, History of the New York State Psychological Association, WWC; John Edward Wallace Wallin, “History of the Struggles Within the American Psychological Association to Attain Membership Requirements, Test Standardization, Certification of Psychological Practitioners, and Professionalization,” *Journal of General Psychology* 63 (1960): 287-308.

⁴ Donald Seymer Napoli, *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945* (Port Washington, NY: Kennikat Press, 1981).

⁵ Dorothea McCarthy, 1956, p. 2, M91, History of the New York State Psychological Association, WWC.

⁶ “Notes,” *Psychological Bulletin* 18 (1921), 439.

⁷ Dorothea McCarthy, 1956, p. 3, M91, History of the New York State Psychological Association, WWC; Wallin, *Clinical and Abnormal Psychology*, 173.

involved in legislation for psychologists, and state medical authorities would contact Dr. Achilles and Dr. Richard H. Paynter, unofficial secretaries of the NYSACP throughout the 1920s, for information regarding the training and qualifications of individuals seeking such certification. The 1919 New York State Mental Deficiency Law required that such training involve at least “two full years of postgraduate study in psychology at an incorporated university or college and three years of actual clinical experience.”⁸ The first school psychologists in New York City were actually NYSACP psychologists who volunteered to examine individually the “mental potentials” of 1113 children in New York City for “scientific classification” before being assigned to one of eight public schools.⁹

The Association of Consulting Psychologists (1930-1937)

Following nine years of “one-man rule” of the NYSACP by Mitchell, a meeting was held on October 19, 1930 at the Men’s Faculty Club of Columbia University to “broaden the horizons” of the Association by reorganizing as the Association of Consulting Psychologists (ACP), with Douglas Fryer as its first president.¹⁰ The “Association of Clinical Psychologists” had actually been the association members’ preferred name but it was felt to have too strong a medical connotation as well as to be too exclusive of the interests of psychologists in the areas of industry and marketing.¹¹

³ Wallin, *Clinical and Abnormal Psychology*, 173.

⁹ Dorothea McCarthy, 1956, p. 3, M91, History of the New York State Psychological Association, WWC.

¹⁰ Dorothea McCarthy, 1956, p. 4, M91, History of the New York State Psychological Association, WWC; J. P. Symonds, “Toward Unity,” *Journal of Consulting Psychology* 1 (1937): 23-24.

As a result, the qualifier “consulting psychologist” was chosen instead, after a long debate, in order to represent the psychologist “who was qualified to engage in independent practice, whether the nature of the practice be clinical, industrial, educational, or some combination of these.”¹²

The ACP’s purpose was to “become an effective force in the professional practice of psychology in the fields of medicine, education, industry, law, social work and (vocational) guidance” and to establish and maintain “professional standards of work in the various fields of applied psychology.”¹³ Its membership was restricted in two ways. The membership area was limited to within 100 miles of New York City and there were also two classes of membership, Members and Associates. In order to become a member of the ACP one had to have two full years of university graduate study in psychology and two years’ experience (or equivalent); to become an Associate the qualification was one year of graduate study and one year’s experience.¹⁴ The first published membership list revealed 159 psychologists as members of the ACP.¹⁵

Membership to ACP was stiffened even more by 1932-1933 by requiring a Ph.D. degree in psychology or education and two years’ experience (or equivalent). In addition to higher standards, communication within and without the ACP also increased. Within

¹¹ Albert T. Poffenberger, “The Training of a Clinical Psychologist,” *Journal of Consulting Psychology* 2, no. 1 (1938): 1-6.

¹² Routh, *Clinical Psychology Since 1917*, 28.

¹³ Dorothea McCarthy, 1956, p. 4, M91, History of the New York State Psychological Association, WWC.

¹⁴ Dorothea McCarthy, 1956, p. 5, M91, History of the New York State Psychological Association, WWC.

¹⁵ Robert A. Brotemarkle and Elaine F. Kinder, “Organization Reports - A.C.P. to A.A.A.P.: Progress,” *Journal of Consulting Psychology* 1 (1937): 93-97.

three months of the reorganization in 1930 a mimeographed Newsletter was circulated announcing that 50 members were involved in 12 Committees working toward “advancing the status of psychology as a profession.”¹⁶ This Newsletter would subsequently become the photo-offset journal The Consulting Psychologist, in 1937 The Journal of Consulting Psychology, and in 1968 The Journal of Consulting and Clinical Psychology.¹⁷ Radio broadcasts devoted to the application of psychology also began in 1933.

Psychologists of the time saw the 1930s as “the dawn of a golden age in professional psychological organizations.”¹⁸ The ACP incorporated itself in New York State on July 14, 1932. Although geographically constrained “the vision of a national organization was already present in the minds of [its] leaders.”¹⁹ The ACP concerned itself with issues of standardized training, licensing and certification, remuneration, and group ethics of the profession.²⁰

In December of 1932 the ACP published a set of suggestions for the Training and Standards for the Clinical Psychologist in The Psychological Exchange for further

¹⁶ Dorothea McCarthy, 1956, p. 6, M91, History of the New York State Psychological Association, WWC.

¹⁷ James McKeen Cattell, “Retrospect: Psychology as a Profession,” *Journal of Consulting Psychology* 1 (1937): 1-3.

¹⁸ Dorothea McCarthy, 1956, p. 4, M91, History of the New York State Psychological Association, WWC.

¹⁹ Dorothea McCarthy, 1956, p. 5, M91, History of the New York State Psychological Association, WWC.

²⁰ Dorothea McCarthy, 1956, M91, History of the New York State Psychological Association, WWC; Napoli, *The Architects of Adjustment*; Routh, *Clinical Psychology Since 1917*; Wallin, “History of the Struggles.”

consideration at the following APA meeting.²¹ The ACP proposed that the clinician's undergraduate training should consist of "basic courses in general psychology and experimental psychology" as well as "one course in...biology, chemistry, mathematics, ...[and] physics."²² The proposed graduate program consisted of seven required courses and eight supplementary ones:

Required:

- Experimental psychology
- Genetic psychology
- Physiological psychology or neuro-anatomy
- Abnormal psychology and mental hygiene
- Statistics applied to mental measurement
- Psychological tests
- Laboratory training in mental measurements

Supplementary:

- Educational psychology
- Remedial measures in educational disabilities
- Educational guidance
- Behavior disorders or personality problems
- Clinical work with mental cases
- Industrial personnel work
- Vocational guidance
- Social psychology or sociology²³

In addition, the ACP also proposed standards for three ranks of psychologists:

Student, Junior, and Senior.²⁴ The Student Psychologist was required to have a Master's degree in psychology (or its equivalent), be skilled in administering mental tests, and be

²¹ Association of Consulting Psychologists, "Training and Standards for the Clinical Psychologist," *The Psychological Exchange* 1, no. 5 (1932): 10-11.

²² Association of Consulting Psychologists, "Training and Standards," 10.

²³ Ibid.

²⁴ Association of Consulting Psychologists, "Training and Standards," 10-11.

studying to achieve the higher ranks. Student Psychologists could work only under the supervision of a Senior or Junior Psychologist.

Junior Psychologists were also required to have a Master's degree (or equivalent), to be a "Qualified Psychologist under Article 2, Section 19, of the Mental Hygiene Law," and have had three years of experience as a Student Psychologist.²⁵ The Junior Psychologists' duties were four: 1) conducting psychological examinations of children or adults with behavior or guidance problems or for institutional admission 2) conducting psychological examinations of problem children in school, measuring special aptitudes and providing educational guidance, 3) supervising Student Psychologists, and 4) signing commitment papers.

Finally, Senior Psychologists had Ph.D. degrees in psychology (or equivalent), had four years of experience as Student and Junior Psychologists, and were to have experience in five areas:

- a) facility in the use of various scales
- b) interpretation of test findings
- c) remedial procedures in educational disabilities, behavior disorders, personality difficulties
- d) vocational guidance
- e) educational guidance²⁶

Furthermore, in addition to supervising Student and Junior Psychologists, Senior Psychologists directed psychological research.

These attempts to standardize professional standards for psychologists had already been seen in Geissler's article of 1918, although Geissler's ranking made

²⁵ Association of Consulting Psychologists, "Training and Standards," 11.

²⁶ Ibid.

distinctions between psychologists who had a bachelor's degree, a master's degree, and a doctoral degree. The ACP sought to tighten such standards by requiring a minimum of a master's degree for anyone who wanted to consider him/herself a psychologist.

The ACP had also established an Ethics Committee in 1932, under the chairmanship of Warren Coxe, and published a Code of Professional Ethics for ACP members for the first time in 1933.²⁷ Its overall message was that as a profession, psychology's first aim should be "the service it can render to humanity."²⁸ ACP members were expected to "pledge themselves to cooperate in any public movement of recognized social value where their special knowledge and training may be of service" as well as to refrain from promising and advertising too much. In return the ACP would warn the public against any malpractice within or without the ACP."²⁹ The code further specified that all information about clients was to be confidential and that psychologists' fees should be based on a sliding scale. Finally, the code proscribed public criticism of colleagues' practices and giving or receiving commissions for case assignments. Furthermore, it mandated that appropriate consultation with specialists should be sought when necessary, and it encouraged information exchange and publication. Violations of any of these principles could lead to expulsion from the ACP.

A code of ethics was important to the ACP as a way to establish the legitimacy and trustworthiness of the organization. In contrast to charlatans, who provided no

²⁷ Warren Coxe, "Proposed Code of Professional Ethics" *The Psychological Exchange* 2 (1933): 11-12.

²⁸ Coxe, "Code of Professional Ethics," 11.

²⁹ *Ibid.*

guarantee for their “services”, psychologists working under such a code guaranteed their services to the public by staking their careers on them.³⁰ As a result, “real” psychologists would had nothing to fear for doing their job and charlatans were expected to be run out of the business. Unfortunately, because the code only applied to ACP members, there was no way to enforce its principles beyond its membership, unless the ACP became large and powerful enough to enlist all applied psychologists.³¹ This it began to pursue by expanding beyond New York State.

By the time the ACP’s 1934-1935 Yearbook was published, membership had increased to 234, with nearly one third of the members from states bordering New York and 24 from other states.³² This expansion began to create conflict with members of the APA Clinical Section. The Section, in its goal to address professional issues, felt the ACP was competing with it, which led its secretary, Edward Greene, in November 1934 to ask the APA secretary, Donald Paterson, to curtail the ACP’s activities.³³ Paterson, who wanted to maintain the academic hegemony of the APA, felt the ACP was better suited to control professional psychology, and he reminded Greene of the APA’s disinterest in and lack of support for applied psychology as evidenced by the failure of the certification plans of the 1920s.³⁴ As far as Paterson was concerned, the ACP did not compete with the Clinical Section/APA in its interest and focus on professional

³⁰ Napoli, *The Architects of Adjustment*.

³¹ Ibid.

³² Brotemarkle and Kinder, “A.C.P. to A.A.A.P.”

³³ Napoli, *The Architects of Adjustment*.

psychologists. Furthermore, Paterson took this opportunity to convince the APA Executive Council that the APA and its Clinical Section should not even be involved in professional issues and should confine itself to scientific activities, leaving the applied issues to the ACP.³⁵

The ACP soon came to embrace all applied and professional interests in psychology.³⁶ Most members of the ACP belonged to the APA, the already existing national professional group, but the APA continued to be dominated by academic psychologists whose aim was to advance psychology as a science and obtain recognition for the field as separate from philosophy. The APA cared little for the sorts of issues that non-academic practitioners faced at the time: licensing, certification, legislation, etc.³⁷ Clinicians, educators, industrial psychologists and other applied psychologists, however, needed a national organization which would address such issues. When Paterson convinced the APA Executive Council that the Clinical Section should restrict itself to scientific activities and leave professional issues up to the ACP, the ACP was then free to enlist the attention of local groups of psychologists toward the formation of such a national organization.

The White House Conference on Child Health and Protection (1932)

The relations between the fields of psychiatry and psychology continued to be addressed. In 1932, as a result of a White House Conference on Child Health and

³⁴ Ibid.

³⁵ Ibid.

³⁶ Symonds, "Toward Unity."

NOTE TO USERS

Page(s) missing in number only; text follows. Page(s) were microfilmed as received.

117

This reproduction is the best copy available.

UMI[®]

The Great Depression and its Effects (1929-1942)

Throughout the 1920s and following the stock market crash of 1929, the American psychological profession in general had witnessed an expansion as relatively affluent individuals who could afford to “ride out” the economic crisis entered the field believing the academic and professional world would be immune to the economic consequences. As a result, there was an increase in doctorates and masters in psychology in the early 1930s which led to an “overcrowding” of trained personnel. One of the repercussions of such overcrowding was an unemployment that led budding psychologists to “volunteer” their services in order to obtain necessary clinical experience.⁴⁰

While the APA did not explicitly interest itself in matters pertaining to professional psychologists, rising unemployment in academic settings did force it to study the employment scene for psychologists. At the APA meeting in 1933 a Committee on Standard Requirements for the Ph.D. in Psychology was established to survey the situation.⁴¹ Its initial members consisted of Walter S. Hunter (Clark University), chair, and members Edwin G. Boring (Harvard University), Harvey A. Carr, A. T. Poffenberger (Teachers College, Columbia University), and Lewis M. Terman

³⁹ White House Conference on Child Health and Protection, *Psychology and Psychiatry in Pediatrics: The Problem: Report of the Subcommittee on Psychology and Psychiatry* (New York: The Century Co., 1932), 28.

⁴⁰ Sol Diamond, “The Economic Position of the Psychologist,” *The Psychological Exchange* 4 (1935): 5-8.

⁴¹ Donald G. Paterson, “Proceedings of the Forty-First Annual Meeting of the American Psychological Association, Incorporated, Chicago, Illinois, September 7, 8, 9, 11, 12, 13, 1933,” *The Psychological Bulletin* 30, no. 9 (1933): 631-742.

(Stanford University?).⁴² Except for Carr, all four other members had been APA officials, served together in the Army testing program of World War I, and were prominent in the eugenics movement.⁴³ This undoubtedly led to what Finison has coined a “restrictivist” ideology with respect to the unemployment of academic psychologists which was prevalent throughout the 1930s.⁴⁴ That is, in line with the eugenic sentiment prevalent up to the 1920s, this Committee, constituted by former leaders of the psychological establishment, favored restricting the production of Ph.D. graduates as a means to curb unemployment.

The Committee published two reports. The first report, “The Supply and Demand for Psychologists,” was published in the 1933 APA meeting proceedings and consisted of the 350 responses to a questionnaire the Committee had sent to 505 institutions throughout the country. The questionnaire asked each institution to rate “the make-up of the staff in the reporting institution” and the “students turned out by each institution and the disposition made of them.”⁴⁵ The results were disheartening. In 1932, 100 new doctorates competed for 33 positions that were created during the four-year period and the following year 129 new doctorates were predicted would compete for 32 new positions. The situation for those with Master’s degrees was even more dismal. Again in 1932, 405 new Master’s competed for 40 new positions and the 331 new Master’s that

⁴² Ibid.

⁴³ Lorenz J. Finison, “Unemployment, Politics, and the History of Organized Psychology,” *The American Psychologist* (1976): 747-755.

⁴⁴ Ibid.

were predicted for the following year would be competing for only 44 new positions. The report's conclusion: "The trend is... for the supply of both Ph.D.'s and M.A.'s to exceed the demand. The remedy must be either to decrease the supply or to increase the demand, or both. It is easier to decrease the supply than to increase the demand."⁴⁶

At the APA meeting in 1933 the Council of Directors instructed the Committee

...to prepare the facts for presentation to prospective graduate students in psychology who are thinking of teaching psychology as a career, and further to instruct the Committee to consider the problem of redirecting graduate training in psychology in such a way that professional psychological service can make increasing contributions to community life, and, finally, to ask the Committee to serve as a clearing house of information regarding such matters as standards of training for various types of psychological service.⁴⁷

The second report, "Standards for the Ph.D. Degree," was also published in Psychological Bulletin in 1934. A questionnaire on the standards for the Ph.D. degree was sent to 22 graduate schools asking for statements on their current practices as well as any desirable ones.⁴⁸ Although all of these institutions responded, the distinction between what they did and what they would prefer was not made and thus the Committee on the Ph.D. Degree in Psychology refrained from making any recommendations and merely reported the institutions' practices. Overall, the graduate schools preferred that students have training in science outside of psychology, preferably biology, and that they have reading knowledge of German and French. What they most agreed on, however,

⁴⁵ Albert T. Poffenberger et al., "Report on Supply and Demand for Psychologists Presented by the Committee on the Ph.D. in Psychology," in Paterson, "Forty-First Annual Meeting," 648.

⁴⁶ Poffenberger et al., "Supply and Demand," in Paterson, "Forty-First Annual Meeting," 653.

⁴⁷ Paterson, "Forty-First Annual Meeting," 638.

⁴⁸ Edwin G. Boring, Harvey A. Carr, Lewis M. Terman, Albert T. Poffenberger, and Walter S. Hunter, "Standards for the Ph.D. Degree in Psychology," *The Psychological Bulletin* 31, no. 1 (1934): 67-72.

was that “training in experimental psychology (was) fundamental and required for all psychologists.”⁴⁹

At the following year’s annual meeting the Committee appointed E. A. Bott to fill in for Boring, who resigned feeling that the Committee’s goals were futile.⁵⁰ The Committee’s chair, Hunter, also resigned, but was willing to be a member; Poffenberger accepted the resulting open chairmanship of the Committee “with misgivings.”⁵¹ With respect to the instructions received, the Committee made the results of their surveys available to graduate students and their advisors. It did not address the raising of training standards, however; given the few students who became psychologists after receiving the M.A. degree, the committee was unable to reach any consensus regarding appropriate training. Finally, the Committee did act as a clearing house of information on standards of training for various psychological services, despite the fact that there were “only a few calls for such service.”⁵² Considering the lack of funds available for the Committee to meet and develop appropriate plans of action it asked to be discharged at the 1934 APA meeting.⁵³

The lack of openings for new psychologists, in turn, threatened graduate departments that anticipated decreased enrollments. Consequently, several attempts were

⁴⁹ Ibid.

⁵⁰ Donald G. Paterson, “Proceedings of the Forty-Second Annual Meeting of the American Psychological Association, Incorporated, New York, New York, September 5, 6, 7, 8, 1934,” *The Psychological Bulletin* 31, no. 9 (1934): 647-754.

⁵¹ Ibid., 663.

⁵² Paterson, “Forty-Second Annual Meeting,” 664.

made to address unemployment. In 1932 the journal The Psychological Exchange was founded (and edited) by two associate members of the APA: Norman Powell and James Hargan.⁵⁴ Powell and Hargan had both obtained Master's degrees at Columbia University and had managed to find work at the Classification Clinic of Sing Sing Prison, administering "psychological tests and conduct[ing] applied research on inmates' behavior, speech, and medical problems."⁵⁵ As described by Powell in a letter to David Boder, The Psychological Exchange would appeal to both applied as well as academic psychologists:

The publication will be devoted to the professional interests of psychologists. It will attempt to serve as an orientation center for psychological research by listing research projects under way. In addition, a series of vocational analyses will appear, written by practical workers, discussing research and placement possibilities in the various psychological fields: schools, vocational guidance and behavior clinics, courts, prisons, hospitals, industries, etc. – wherever psychologists are active.

Following the example of the Journal of the American Medical Association, notices will appear of those who are available for employment.

The bulletin will also carry news of Civil Service examinations, fellowships, research grants, report the formation of clinics, and appointments and resignations of psychologists. Every year, it will publish lists of those receiving doctors', masters', and bachelors' degrees in psychology, together with the titles of their dissertations.⁵⁶

⁵³ Paterson, "Forty-Second Annual Meeting."

⁵⁴ Powell to Boder, 2/19/1932, M23 Professional Correspondence 1929-1936, DPB.

⁵⁵ Benjamin Harris, "Boundary Skirmishes in Applied Psychology, 1932-1939: The Psychological Exchange and the Psychologists' League" (in preparation).

⁵⁶ Powell to Boder, 2/19/1932; M23 Professional Correspondence 1929-1936, DPB.

Although this was the “professional journal of psychologists,” practically every corresponding (six) and co-operating (30) editor of the journal was based at an academic institution.⁵⁷

The first issue of the journal appeared in April 1932 and proposed a cooperation between state and federal governments “to found [eventually self-supporting] civic institutes of psychology throughout the country...[to] provide therapy and guidance to the public and carry out...psychological research.”⁵⁸ A similar idea had come from Percival Symonds, at Teachers College, who proposed alleviating unemployment by having schools employ one psychologist per 500 pupils.⁵⁹ Educators who equated “real” psychologists with the mental testers were not enthusiastic about the idea, highlighting psychology’s need to resolve issues of training, standards, and definitions.⁶⁰

In fact, three articles appeared in The Psychological Exchange in 1935-1936 addressing issues involving training. Eugene Henley, from New York City, suggested that in addition to a “sound working knowledge of psychiatry,” any consulting psychologist who wanted to open up a private practice needed an academic “foundation in educational and social psychology, neurology, physiology and endocrinology, a good training in psychological testing, thorough-going work in abnormal psychology and courses of study in applied, vocational and personality psychology” followed by several

⁵⁷ White to Miles, 10/27/1933, M1123, CCM.

⁵⁸ Napoli, *The Architects of Adjustment*, 65.

⁵⁹ Napoli, *The Architects of Adjustment*.

⁶⁰ Fred Brown, “The Crisis in Clinical Psychology,” *The Psychological Exchange* 4 (1935): 18-20.

years practical experience in a psychological clinic or social agency. To complete the training, "an analysis of the sub-conscious" would also be desirable as a means to gain self-awareness and overcome any negative effects resulting from one's own "quirks and tangles."⁶¹

In addition, Fred Brown, from the Alfred Willson Children's Center in Columbus, Ohio, also published an article bemoaning the fact that clinical psychologists were looked down upon as mere "educational specialists," "school psychologists," or "psychometrists" because of their lack of appropriate training.⁶² According to Brown, too many theoretical courses, the occasional courses in mental testing, and the lack of internship opportunities represented the typical graduate exposure to the clinical field and was to blame for the reputation of clinical psychologists. In order to remedy this Brown also suggested that students take courses more along the lines of the work they would be doing later: sociology of family relations, criminality, pauperism, racial interaction, machinery of juvenile court and social agencies, facilities and limitations of the school system, acquaintance with county and state institutions, social case work mechanics, psychometry, abnormal and physiological psychology, personality and its assessment. In addition, he concurred with Henley that no course could offer the practical experience that school and home visits, for example, would provide students.

The Psychological Exchange also published a proposal for graduate training by Edward Burchard in 1936. Burchard had obtained his Ph.D. degree at the University of

⁶¹ Eugene H. Henley, "The Psychologist in Private Practice," *The Psychological Exchange* 3 (1935): 219.

⁶² Brown, "The Crisis in Clinical Psychology."

Pittsburgh four years earlier and was senior psychologist at Torrance State Hospital, in Pennsylvania, when he published his proposal. Burchard felt that the graduate curriculum aimed at teaching and conducting experimental research was already “well taken care of” and that universities needed to attend more to the techniques and training that would prove more valuable to clinical psychologists later on.

Broadly speaking, Burchard recommended that the curriculum should be oriented toward the courses and the individualistic orientation of case studies that would be of value to the clinical psychologist.⁶³ Prior to beginning the program students should have an undergraduate background in physics, chemistry, biology, elementary psychology, sociology, anthropology, cultural history, cultural anthropology and foreign languages.

More specifically, Burchard proposed a four-year program beyond the bachelor’s degree. During the first year students would learn about general physiology, neuroanatomy, physiology of neural structures, general psychology, and the scientific method. Courses in physiological psychology, animal psychology and learning theory, and developmental and educational psychology of the child would constitute the second year of study. The third year would see an emphasis on clinical courses: statistical method, experimental method, psychology of personality, and testing. Finally, during the last year of the program, students would take courses in clinical medicine, clinical neurology, psychotherapy, general psychopathology, psychoanalytic technique, and would undergo a personal didactic analysis. Concurrent with the coursework of the last

⁶³ Edward M. L. Burchard, “The Reform of the Graduate School Curriculum in Psychology,” *The Psychological Exchange* 5 (1936): 7-12.

two years, students should have available the opportunity for applied clinical work at general hospitals, mental hospitals, psychiatric clinics, juvenile courts, institutions for the feeble-minded, reform schools, penitentiaries, divorce courts, and social service agencies. In Burchard's view, at least half of the fourth year should be devoted to such applied clinical work.

At the end of the four years students would move on to a one-year rotating internship in mental hospitals, institutions for the feeble-minded, penitentiaries, and social service clinics. Burchard saw two advantages to this. Students would continue to gain practical clinical experience and increase the number of potential employment opportunities. These agencies, on the other hand, would also obtain first-hand experience on what the well-trained clinical psychologist does and what he/she can bring of value to the agency.

Burchard suggested four titles for the doctorate degree students would obtain as the result of this program: "Ph.D. in clinical psychology," "doctor of medical psychology," "doctor of clinical psychology," or "doctor of psychology." In order to differentiate this new doctorate from the existing physicians and academic psychologists, however, Burchard preferred the term "doctor of clinical psychology," as had Hollingworth and Crane before him. The title itself was not important to Burchard as long as the actual training he suggested was provided, whether in medical or graduate schools. Since it was unlikely that medical schools would opt for adding two to three years to the already existing medical curriculum for a training that only those in psychiatry would be interested in pursuing, however, it made more sense that graduate

schools should be the ones involved in offering this program. As a result of such training, the clinical psychologist would be better trained than the average physician and just as competent as a psychiatrist.

Burchard anticipated possible conflicts that might emerge from psychiatrists who might feel these new clinical psychologists were rapidly encroaching on their territory. Burchard, however, saw the field of clinical psychology as very new and narrow, still 40 years after Witmer first described it. In order to prevent it from being quickly overrun by poorly trained or incompetent clinical psychologists, he encouraged only selecting the “deserving” few “from the standpoint of personality and intelligence” to pursue such a program and subsequently practice in the field.⁶⁴

Unfortunately, The Psychological Exchange was short-lived; it began in 1932 and its last volume appeared in 1936. This might explain why there seemed to be no reaction to Henley’s, Brown’s, or Burchard’s discussions and proposals for training. It was instrumental, however, in the creation of the Psychologists’ League. By 1934, The Psychological Exchange’s championing of Master’s graduates had not gone unnoticed.

Mary Bressler (Wolman), a fellow Columbia Master’s graduate working as a psychologist at Bellevue Hospital, wrote to Hargan in October 1934 calling for “group action by psychologists in defense of M.A. practitioners.”⁶⁵ This prompted Hargan to propose a couple of organizational meetings in late November and early December, attended by Bressler and some Marxist colleagues as well as by Hargan and various apolitical clinician friends. Such meetings have been thoroughly documented by

⁶⁴ Burchard, “Reform of Graduate School,” 11.

psychologist Benjamin Harris.⁶⁶ All parties involved denounced the psychiatric confinement of psychologists to mental testing as well as the institutions' use of non-psychologists for such testing. Disagreement obtained, however, as a result of the various proposals for protecting psychologists and society from unqualified individuals. Bressler's side opposed heightening standards for certification and instead proposed forming a trade union of existing certified psychologists. The invited clinicians advocated elevating the role of psychologist as tester to include "diagnosis, therapy, and patient management" by demanding graduate coursework and post-doctoral training as rigorous as that of psychiatrists. Hargan, rather than heightening certification standards, proposed educating the public by highlighting the work of legitimate psychologists and denouncing that of amateur psychologists.

While the clinicians preferred to protect applied psychology from within the APA Clinical Section or the ACP and Hargan from the context of his journal, Bressler and her colleagues wanted to create a more politicized organization of psychologists. At this time, the largest number of unemployed mental health professionals was in New York City. Between 1932-1934 "social workers, medical students, physicians, interns, and other health workers" had been active unionizing and organizing politically, particularly at Bellevue Psychiatric Hospital.⁶⁷ At the time of the meetings organized by Hargan, a small group of young clinical psychologists with Master's degrees consisting of Bressler,

⁶⁵ Harris, "Boundary Skirmishes in Applied Psychology," 13.

⁶⁶ Harris, "Boundary Skirmishes in Applied Psychology."

Karen Alper (Machover) and Solomon Machover had already formed at Bellevue. On January 16th, 1935 they held a citywide public meeting which led to the formation of a larger group of psychologists, The Psychologists' League, which "felt that...professional practice and the science of psychology alike had much to gain from an orientation that would emphasize their relation to the social scene."⁶⁸

By November 1936 Hargan had offered Bressler the subscription list of The Psychological Exchange.⁶⁹ Although another journal was interested in these subscribers, Hargan was "more in sympathy with [the League's] attitudes" and was hoping the League would adopt them instead.⁷⁰ Handwritten notes on this letter indicate that Bressler apparently did accept Hargan's subscription list and also invited him to be serve on The Psychologists' League News Bulletin Committee. In a follow-up letter from Hargan to Bressler on December 6th, 1936, Hargan accepted serving on the Committee during the transition of the acquisition of one journal by the other but expressed a wish to "become less active as time goes on."⁷¹ (cutting because 1 or more of the actors seem to have been maneuvering more than being honest)

The origins, mission, and activities of the Psychologists' League have been well

⁶⁷ Lorenz J. Finison, "The Psychological Insurgency: 1936-1945," *Journal of Social Issues* 42, no. 1 (1986): 25.

⁶⁸ 1937 May Day Invitation from the Psychologists' League, M2151, Folder 19, Materials and Reprints, KM.

⁶⁹ Hargan to Bressler, 11/30/1936, KM.

⁷⁰ Ibid.

⁷¹ Hargan to Bressler, 12/6/1936, KM.

documented by psychologists Lorenz Finison and Benjamin Harris and historian Donald Napoli, and I will briefly recapitulate them here.⁷² The Psychologists' League owed its origin and growth to the high concentration of unemployed psychologists in New York City following the Depression and also to the politics of the Popular Front. The Communist Party had developed Pen-and-Hammer clubs for intellectuals and between 1934-1935 such clubs were transformed into the National Research League. Solomon Diamond, who became the leader of this League, attempted "to involve [these] intellectuals, . . . including psycholog[ists], in political discussion and action."⁷³ These psychologists formed The Psychologists' League. Few held academic positions, only 40 of its 200 or so members had doctorate degrees, and many were female and/or Jewish.

The Psychologists' League's primary purpose was to examine "the social roots and implications of psychology as a service, a science, and a profession."⁷⁴ The League's "Statement of Principles and Objectives" explained:

Guided by general humanitarian considerations the League has engaged in many social actions. It has always maintained an outspoken anti-fascist position, identifying genuine professional interests with the historically progressive, democratic resolution of social conflicts . . .

And so the League has vigorously protested assaults on academic freedom and civil liberties. It has supported the movement for an adequate program of unemployment and social insurance and of work relief . . . Finally, though a series of functions, the League has raised and is continuing to raise funds for medical aid to

⁷² Finison, "Unemployment, Politics, and History."; Lorenz J. Finison, "Unemployment, Politics, and the History of Organized Psychology, II: The Psychologists' League, the WPA, and the National Health Program," *The American Psychologist* (1978): 471-477; Finison, "Psychological Insurgency: 1936-1945."; Harris, "Boundary Skirmishes in Applied Psychology."; Napoli, *The Architects of Adjustment*.

⁷³ Finison, "Psychological Insurgency: 1936-1945," 26.

⁷⁴ Napoli, *The Architects of Adjustment*, 72.

the Spanish government. This money is contributed through the Psychologists Committee to Aid Spanish Democracy.⁷⁵

The League is most well known, however, for its attempts to secure employment for psychologists. While the 1933-1934, academically-constituted APA Committee on Standard Requirements for the Ph.D. in Psychology had attributed the large unemployment of psychologists to excessive numbers of graduate students coming out of psychology departments with low standards, the more expansionist Psychologists' League attributed the unemployment to an underutilization of available psychologists. Rather than limiting the supply of trained doctorate students these "psychological insurgents," as Finison calls them, attempted to address the unemployment and the lack of psychological services available to the public by promoting a variety of social service positions that would employ such new doctorates.

According to the League members, new doctorates should not have to volunteer their services for lack of a paying job in order to obtain clinical experience, particularly when that non-paid experience would not qualify for licensing purposes.⁷⁶ As a result, the League agitated for state and federal support of psychologists through the Works Progress Administration (WPA). Toward this goal the League proposed the employment of thousands of psychologists in educational, vocational, healthcare, and legal facilities throughout the city, a progressivist proposal that would "justify psychologists' entry into

⁷⁵ The Psychologists' League, Principles and Objectives, M2151, Folder 15, Comprehensive Questions, KM.

⁷⁶ Finison, "Psychologists' League."

new areas of social betterment and social control” as well as insure their proper social utilization.⁷⁷

4,000 psychologists in the New York City schools (one for every 250 children), one psychologist for every 400 new court cases per year, and one psychologist to every 300 new neighborhood clinic cases per year (with one clinic to every 20,000 of the population). They further proposed the employment of 10 or more psychologists to work in cooperation with teachers on developing new curriculum for educationally maladjusted school children; five psychologists per institution of 2,000 inmates; [and] one full-time psychology instructor for every 200 enrolled students in adult education.⁷⁸

The Psychologists’ League also proposed the establishment of a Psychological Advisory Board that would write pamphlets on various mental health topics which the Government Printing Office would then publish for distribution among the public. Finally, the Psychologists’ League published The Psychologists’ League News Bulletin between 1935-1937, which became The Psychologists’ League Journal between 1937-1941, in an attempt to critique psychological theory from a sociopolitical perspective.⁷⁹

The employed, academic members of the APA never endorsed these proposals but Albert T. Poffenberger nevertheless commended the Psychologists’ League, in his 1935 presidential address to the APA, for its attempts at securing employment for young psychologists (many of whom were or had been his own students). A third of the APA members were not academically affiliated and therefore not adequately represented by the APA. The League’s attempts had also been successful enough that the APA felt

⁷⁷ Harris, “Boundary Skirmishes in Applied Psychology.”

⁷⁸ Finison, “Unemployment, Politics, and History,”

⁷⁹ Harris, “Boundary Skirmishes in Applied Psychology.”

obliged to cooperate with The Psychologists' League and other organizations in this mission of securing employment:

The problem of unemployment in the profession has been a major concern and has claimed considerable time and energy... In this field the League considers as its most significant achievement the awakening of the profession as a whole to its responsibility for the economic welfare of its members.⁸⁰

In the proceedings of the APA meeting of 1936, the APA secretary, Donald Paterson, wrote that the League requested that the APA endorse "a W.P.A project drawn up by the Psychologists' League to provide for a National Consultation Bureau which would utilize the services of a large number of unemployed psychologists."⁸¹ the APA appointed two senior members of the Association to represent the APA, in collaboration with the Psychologists' League and the ACP, "to consider the feasibility of working out ways and means of increasing the opportunities for psychological service in education, government, social service and business and industry."⁸²

Harris has documented how the ACP did not approve of the less credentialled members of the Psychologists' League, most of whom held only B.A. and M.A. degrees, and demanded information on its membership standards prior to appointing its representatives to the Joint Committee. By the spring of 1938 the ACP had disbanded in

⁸⁰ The Psychologists' League, Principles and Objectives, M2151, Folder 15, Comprehensive Questions, KM.

⁸¹ Donald G. Paterson, "Proceedings of the Forty-Fourth Annual Meeting of the American Psychological Association, Incorporated, Hanover, New Hampshire, September 2, 3, 4, 5, 1936," *Psychological Bulletin* 33, no. 9 (1936): 687.

⁸² Ibid.; Elaine F. Kinder, "Report of the Eighth Annual Meeting of the Association of Consulting Psychologists," *Journal of Consulting Psychology* 1 (1937): 63. See also Harris, "Boundary Skirmishes in Applied Psychology," for more information on the Joint Committee on Unemployment (established in December 1935 by Poffenberger's Committee on Social Utilization of Unemployed Psychologists, the Psychologists' League, and the ACP) and its relationship to the WPA.

favor of the AAAP and, despite an appeal to take over the ACP's responsibility in the Joint Committee, the AAAP refused and the Joint Committee consisted of the Psychologists' League and the APA alone until its discharge in September of 1940.

Established practitioners also worried about the League's position as regards professional standards. Horace B. English, who would become the AAAP's Executive Secretary, objected to the League attempting to find employment for applied psychologists who did not possess the doctorate degree. Later on he would criticize the League because he felt it "encouraged incompetents, was controlled by communists, and had too many unassimilated Jews among its members," quite the opposite circumstances that one would find among academic psychologists.⁸³

As the intellectual leader of the League (and head of the National Research League), Solomon Diamond wrote in The Psychological Exchange in 1935 his objections to heightening standards at that time as a solution to fitting the supply to the demand of psychologists: it would protect those already holding good positions, it would allow institutions to hire highly qualified psychologists at apprentice wages (thus extending the volunteer system), and it would insure prolonged graduate study.⁸⁴ Two years later the Psychologists' League formally approved of "excluding unqualified practitioners" from membership but preferred to combat charlatans by creating "new public service jobs" for "real" psychologists rather than turn its back on psychologists who had not received a

⁸³ Napoli, *The Architects of Adjustment*, 74.

⁸⁴ Diamond, "Economic Position."

doctorate degree (i.e., the majority of its membership).⁸⁵ In its literature the League pointed out that it had:

...campaigned successfully for a liberalization of job requirements consistent with full maintenance of professional standards. It has been effective in securing considerable consolidation of opinion in opposition to the practice of employing volunteers... It has formulated a bill for the licensing of psychologists in which the need for protection of the public is recognized without closing potential fields of effective service to qualified younger psychologists. The Psychologists (sic) League has taken a stand against quackery and its success in securing the dismissal of a notorious charlatan from the faculty of a large college stands as a convincing demonstration of the effectiveness which such a campaign could have if undertaken by the entire organized profession.⁸⁶

A 1936 article in The Psychological Exchange by the chair of the Psychologists' League's Committee on Professional Welfare, Karen Alper, addressed the issue of professional standards with respect to licensing. Alper agreed that protecting the public by eliminating charlatans and quacks was paramount but disagreed that state licensing was the way to go about it, at least for the present. Alper felt that there was "no way to stop...unscrupulous practitioners from accumulating the necessary credits and experience to become licensed" and instead urged educating the public about the high quality service "real" psychologists provided and against which the untrained quacks would be unfavorably compared.⁸⁷

As Harris points out, however, those whom the League considered "unqualified practitioners" consisted of individuals who had taken only a few undergraduate courses,

⁸⁵ Napoli, *The Architects of Adjustment*, 74.

⁸⁶ The Psychologists' League, Principles and Objectives, M2151, Folder 15, Comprehensive Questions, KM.

but the League's academic colleagues in the APA, the ACP, and the AAAP did not feel that an undergraduate degree devoid of applied or clinical experience (as most League members had) made them any more qualified to provide psychological services. For the academic psychologists, such low qualifications threatened their professionalization attempts toward equity among more prestigious mental health providers, particularly psychiatrists.

Psychiatrists themselves were unhappy with the expansionist approach of applied psychology in the 1930s. Physicians had experienced unemployment as a result of the Great Depression and were less inclined than ever to accept competition from practicing psychologists. In addition to criticizing lay members of the psychiatric team, typical of mental hygiene clinics, they also "explicitly attacked the incursions of non-medical and non-psychiatric personnel into psychiatric practice" and "deplored the formation of the Association of Consulting Psychologists."⁸⁸ To make matters worse, the lay analysis which Freud advocated was not well received by his followers in the United States; psychoanalysts in the United States required analysts to hold a medical degree, hoping to exclude non-medical practitioners from their ranks.

Despite such tensions, psychologists continued to make inroads into the psychiatrically-dominated psychotherapeutic world. The Psychologists' League, however, was not a part of these rising non-medical practitioners. The League held its final conference and published its last issue of the Psychologists' League Journal in 1941.

⁸⁷ Karen Alper, "Qualifications and Standards for Psychologists," *The Psychological Exchange* 4 (1936): 137.

Finison and Harris offer several reasons why the League collapsed.⁸⁹ The League was the product of economic duress. The fact that its members were mostly female and/or Jewish, unemployed psychologists with only a Master's degree was not viewed appreciatively by the higher status, academic psychologists of the APA and ACP who were trying to emphasize high standards in applied psychology. The League also represented strong left-wing political views. The Soviet-German pact of August 1939, "which overnight shifted the CPUSA's foreign policy from bellicose interventionism to militant pacifism," led to political disruption of the Left.⁹⁰ Daniel Harris, chair of The Psychologists' League, resigned in April 1940 after the League refused to condemn the Soviet Union's November 1939 invasion of Finland. The WPA dissolved and psychologists began to mobilize for wartime service. Finally, the APA 1940 meeting saw the dissolution of the APA and Psychologists' League Joint Committee.

Psychologists' Gender During the First Half of the 20th Century

Psychologists consisted of both academicians and practitioners. In contrast to other applied fields, however, many practicing psychologists began in the ivory tower, where they had been academic psychologists.⁹¹ The first generation of female academic psychologists existed prior to World War I. Psychologists Laurel Furumoto, Elizabeth Scarborough, and Nancy Felipe Russo have all thoroughly documented the contributions,

⁸⁸ John C. Burnham, "The Struggle Between Physicians and Paramedical Personnel in American Psychiatry, 1917-1941," *Journal of the History of Medicine and Allied Sciences* 29 (1974): 102-103.

⁸⁹ Finison, "Psychologists' League.,"; Harris, "Boundary Skirmishes in Applied Psychology."

⁹⁰ Harris, "Boundary Skirmishes in Applied Psychology," 39.

as well as the difficulties, faced by women in psychology during the early decades of this century.⁹²

In 1906 James McKeen Cattell published the first edition of American Men of Science. This biographical directory of more than 4,000 scientists included 186 psychologists, 22 (12%) of whom were female (92% of those holding a Ph.D. degree), a percentage that was higher than that for any other science.⁹³ Of the top 50 psychologists in the directory, three were females: Mary Whiton Calkins, Christine Ladd-Franklin, and Margaret Floy Washburn. At the time many argued against the higher education of women, claiming that it would “ruin their health”, “atrophy their reproductive organs”, and make them unfit to fulfill the widely accepted obligations toward “piety, purity, submissiveness, and domesticity.”⁹⁴ These attitudes were reflected in the education and employment of men and women, respectively. Doctorate degrees were rarely conferred upon female students: less than 20% of all degrees and 6% of doctorate degrees went to women by 1900 and by 1920 only 62 women had a Ph.D. degree in psychology.⁹⁵ More

⁹¹ Laurel Furumoto, “On the Margins: Women and the Professionalization of Psychology in the United States, 1890-1940,” in *Psychology in Twentieth Century Thought and Society*, eds. Mitchell Ash and William R. Woodward (NY: Cambridge University Press, 1987).

⁹² Furumoto, “On the Margins.”; Laurel Furumoto and Elizabeth Scarborough, “Placing Women in the History of Psychology: The First American Women Psychologists,” *The American Psychologist* 41, no. 1 (1986): 35-42; Nancy Felipe Russo, “Psychology’s Foremothers: Their Achievements in Context,” in *Models of Achievement: Reflections of Eminent Women in Psychology*, eds. Agnes N. O’Connell and Nancy Felipe Russo (New York: Columbia University Press, 1983).

⁹³ James McKeen Cattell, “Our Psychological Association and Research,” *Science* 45, no. 1160 (1917): 275-284.

⁹⁴ Furumoto and Scarborough, “Placing Women in History,” 37.

⁹⁵ Russo, “Psychology’s Foremothers.”

males than females also filled the ranks of university presidents or professors: 65% vs. 50%.⁹⁶

Furumoto, Scarborough, and Russo have cited three reasons that contributed toward this: the “cruel choice,” the “family claim,” and discrimination against minorities.⁹⁷ Not only did women have to choose between pursuing a career or a family because universities did not hire married women, but even unmarried daughters had the responsibility of looking after their parents’ welfare, often at the expense of an occupational opportunity away from home. Such restrictions confined women to work primarily at teaching at women’s colleges and high schools and also in guidance centers, clinics, hospitals, and custodial centers. By not being exposed to the leading figures in the field, these female psychologists found it harder to keep up to date with the latest ideas, thus limiting their own research activities and their ability to become leading figures themselves. Even within the academic world, there were large differences between teaching at a university and teaching at a women’s college: at the research universities the salaries, prestige, and research support were higher and the teaching loads lower than at most of the top-ranking women’s colleges.

With World War I psychology aided the war effort by screening for occupational skills and testing the intelligence of new recruits. Differences in status were also evident here, with test developers and researchers enjoying the higher status and the lower status going to the test administrators. Applied psychology boomed following World War I, in

⁹⁶ Furumoto, “On the Margins.”; Russo, “Psychology’s Foremothers.”

the form of intelligence and psychiatric testing as well as child welfare research. By 1930 there were twice as many Ph.D.s as there had been in 1920 and between the wars the APA membership also increased five-fold, from 233 to 1,220 and the number of applied jobs increased thirty-fold, from 24 to 694.⁹⁸

A deep division between applied and academic psychology existed in the 1920s, however; only one fifth of clinical psychologists belonged to the APA.⁹⁹ Men comprised two thirds of all academic psychologists. Because women had been hardly involved in the war effort they were barely able to benefit from the new-found contacts established then. As a result, and with the increase in doctoral graduates competing, via the “old boys network”, for the scarce academic positions available, women turned toward the more bountiful applied jobs outside of academia. Similar status issues to those evidenced during the war again emerged: while men tended to dominate the academic positions the women were more likely to be found in the lower status positions of mental testers, school psychologists, social workers, and clinicians.¹⁰⁰

With the Great Depression in the early 1930s more men began to look toward applied positions. By 1938 an approximately equal number of males and females co-existed in the clinical field, although females dominated school psychology by a ratio of 3:1. Nonetheless, by 1944 women held 60% of applied psychological positions, as

⁹⁷ Furumoto, “On the Margins.”; Furumoto and Scarborough, “Placing Women in History.”; Russo, “Psychology’s Foremothers.”

⁹⁸ Furumoto, “On the Margins.”

⁹⁹ Ibid.

¹⁰⁰ Ibid.

opposed to 26% of academic positions, despite comprising only 30% of all psychologists. Furthermore, women made 20-40% less money than their male counterparts.¹⁰¹ Applied psychology was clearly still female-dominated while academic psychology remained male-dominated.

Summary

David Mitchell, one of the founding members of the earlier AACP, had founded the New York State Association of Consulting Psychologists in 1921 in order to continue to promote high professional standards among consulting psychologists. He had also, the year before, proposed his own program of training for clinical psychologists, focusing on undergraduate coursework and the opportunity for practical work. By 1930, the growth in interest and membership led the NYSACP to reorganize as the national Association of Consulting Psychologists and to focus on issues of licensing and certification, training standards, and ethics and public relations.

The stock market crash of 1929 led to a rush of people into graduate school; this in turn resulted in a subsequently larger number of unemployed people holding graduate degrees. In order to address this situation several things were done. The APA established a Committee on Standard Requirements for the Ph.D. in Psychology which published two reports regarding the supply and demand of psychologists and the standards for the Ph.D. degree. Although the Committee hoped to tighten standards that would reduce the number of psychologists being trained it never made such recommendations.

Other measures attempted to address the existing large unemployment rates. The journal The Psychological Exchange was published by two APA associate members in an effort to broaden the scope of psychology to include current applied problems that were of interest at the time. Three articles regarding the training and background of clinical psychologists were published in it during 1935-1936. Furthermore, the leftist organization The Psychologists' League, also existed between 1935-1941 and was established as a direct consequence of the Depression and widespread unemployment. The Psychologists' League was interested in social explanations for psychological theories as well as in obtaining jobs, often through the WPA, for unemployed psychologists, many of whom only had M.A. degrees and were female and/or Jewish.

Resistance from the academic APA to pursue applied matters, however, and an expanding ACP membership and the need for a legitimizing organization to represent clinical psychologists and maintain and endorse high standards, led to the dissolution of the ACP in favor of the national American Association of Applied Psychologists in 1937.

The individual and organizational proposals that we have seen span the first 40 years of the twentieth century have all been early attempts to define the field of clinical psychology and what standards and training it should pursue at a time when it was struggling to legitimize itself.

¹⁰¹ Russo, "Psychology's Foremothers."

CHAPTER 5

THE AMERICAN ASSOCIATION OF APPLIED PSYCHOLOGISTS (AAAP) (1937-1945)

The first talk of a national organization occurred in December 1933, spearheaded by the New York-based ACP. The Executive Committee members' first decision, in April of 1935, was to appoint Edgar A. Doll to head a Committee on Federation in charge of affiliating with state and regional groups as well as possibly the APA Clinical Section.¹ The chair of the APA Clinical Section, Greene, had in fact received a suggestion in March of 1935 for the Clinical Section to disband from the APA and join the ACP.² Instead, in May 1936 Doll's Committee recommended the affiliation of the ACP with the APA, which finally occurred on September 8th, 1938.³ In September 1936, the ACP held a meeting during a dinner at the APA annual meeting held in Dartmouth. Representatives from 14 groups attended and although there was a consensus that the time was ripe for a national association free of all local or regional responsibilities, the differences in standards, size, and individual group influences prevented immediate action.⁴

¹ Robert A. Brotemarkle and Elaine F. Kinder, "Organization Reports - A.C.P. to A.A.A.P.: Progress," *Journal of Consulting Psychology* 1 (1937): 93-97.

² Donald Seymer Napoli, *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945* (Port Washington, NY: Kennikat Press, 1981).

³ Ibid.

⁴ Brotemarkle and Kinder, "A.C.P. to A.A.A.P."; Napoli, *The Architects of Adjustment*.

A National Committee for Affiliation and Association of Applied and Professional Psychology was established at the 1936 APA meeting to plan such an association and it was decided to avoid creating a federation of regional and state organizations in favor of individual membership in a single national organization.⁵ The Committee chair was Douglas Fryer (New York University) and its original members consisted of Robert G. Bernreuter (Harrisburg), Francis N. Maxfield (Ohio State University), Donald G. Paterson (University of Minnesota), and Martin L. Reymert (Mooseheart Laboratory for Child Research).⁶ Ironically, although the Committee eventually consisted of 29 members, it did not truly represent the field of applied psychology: two thirds of the Committee members were male APA members, occupationally secure academicians who were involved in teaching and research.⁷ It did not represent the young, Master's trained, female-dominated field of applied psychology of the 1930s.

The national association was formally established on August 31st, 1937, just before the APA annual meeting in Minneapolis where over 400 APA and ACP applied psychologists attended a final organizational meeting and presented 58 research reports.⁸ Douglas Fryer was appointed President for a one-year term and Horace B. English was

⁵ Napoli, *The Architects of Adjustment*.

⁶ Dorothea McCarthy, 1956, M91, History of the New York State Psychological Association, WWC; National Committee for Affiliation and Association of Applied and Professional Psychology, "The Proposed American Association for Applied and Professional Psychology," *Journal of Consulting Psychology* 1 (1937): 14-16.

⁷ Napoli, *The Architects of Adjustment*.

the Executive Secretary over a three-year term.⁹ Its name, purpose, and organization were quickly decided. A straw vote at the meeting indicated a preference for the title “American Association of Applied Psychologists” (AAAP); other close contenders were “American Association of Professional Psychologists” and “American Association of Consulting Psychologists.”¹⁰ The purpose of the association was to unite “regional and state organizations of workers in all occupational specializations concerned with the application of psychology as a science into one national association.”¹¹ It consisted of four semi-autonomous sections: Clinical, Consulting, Educational, and Business and Industrial Psychology.

A letter from Edward B. Greene, Secretary and Treasurer of the APA Clinical Section, addressed to all of the members of the section, reported that a study conducted in 1936 revealed that 70% of the existing 135 members “wished to disband the organization in favor of one which would more fully meet their professional needs.”¹²

⁸ Horace B. English, “Organization of the American Association of Applied Psychologists,” *Journal of Consulting Psychology* 2 (1938): 7-16.

⁹ National Committee for Affiliation and Association of Applied and Professional Psychology, “Association for Applied.”; National Committee for Affiliation of Applied and Professional Psychology, “The Proposed American Association of Applied and Professional Psychology,” *Journal of Applied Psychology* 21 (1937): 320-341; John Edward Wallace Wallin, “History of the Struggles Within the American Psychological Association to Attain Membership Requirements, Test Standardization, Certification of Psychological Practitioners, and Professionalization,” *Journal of General Psychology* 63 (1960): 287-308.

¹⁰ “News Notes,” *Journal of Consulting Psychology* 2 (1938a): 26. The American Association of Applied Psychologists would be incorporated as the American Association for Applied Psychology the following year, in 1938 (Wallin, “History of the Struggles.”).

¹¹ Wallin, “History of the Struggles,” 305.

¹² Greene to APA Clinical Section members, 9/10/1937, DPB.

As a result, on September 1st, 1937 the members of the APA Clinical Section voted to disband as a section and joined the AAAP.¹³ Greene wrote to the APA Clinical Section members on September 10th informing them that prior membership in the APA Clinical Section, however, did not necessarily entitle them to membership in the AAAP, and they would need to apply and meet the new AAAP's membership requirements.¹⁴ The first chair of the Clinical Section of the AAAP (1937-1938) was Francis N. Maxfield, who had also been chair of the APA's Clinical Section during its first three years.¹⁵

On September 2nd, 1937, a day after the APA Clinical Section disbanded, the ACP also voted to disband in favor of the AAAP.¹⁶ It bequeathed The Consulting Psychologist to the AAAP, which began publishing the journal in January of 1937 under the new name The Journal of Consulting Psychology.¹⁷ The bimonthly journal would publish meetings and notices of the AAAP, applied research reports, professional techniques, portraits of AAAP presidents and significant applied psychologists, book reviews, news notes, and editorials. Its editors hoped that doing so would create an esprit de corps among applied psychologists.¹⁸

¹³ "News Notes," *Journal of Consulting Psychology* 1 (1937): 106-107.

¹⁴ Greene to APA Clinical Section members, 9/10/1937, DPB.

¹⁵ Donald K. Routh, *Clinical Psychology Since 1917: Science, Practice, and Organization* (New York: Plenum Press, 1994).

¹⁶ Napoli, *The Architects of Adjustment*.

¹⁷ Ibid.

With the formation of the national AAAP in 1937 the New York state psychologists had had to reconstitute themselves as a new state organization.¹⁹ The ACP's Executive Committee met one last time on October 15, 1937 and then elected new officials and adopted a new constitution as the New York State Association of Applied Psychologists (NYSAAP) during a meeting held on December 4, 1937 at Columbia University.²⁰ Warren W. Coxe (Educational Research Division of the State Education Department of Albany) was elected President, Helen P. Davidson (Child Study Dept. of the Rochester Board of Education) was elected Vice-President, and Elaine Kinder (Letchworth Village) was elected Treasurer.²¹

The first meeting of the newly formed NYSAAP Executive Committee occurred on January 10th, 1938 at Fordham University and the NYSAAP's first annual meeting was held on May 7th, 1938 at Columbia University, with over 100 members participating in the program.²² Several roundtables were held at this meeting, including one chaired by A. T. Poffenberger on clinical training. The other members of the roundtable were C. C. Burlingame, Istar Haupt, James Q. Holsopple, Anna Starr, and Percival M. Symonds (1934: Teachers College, Columbia) and the focus of the discussion was on "what the training of a clinical psychologist should be, what the working relationship between

¹⁸ Editorial Regulations for the Official Journal, 1939?, AAAP, Editors, 1938-1940, Box 689, APA; Napoli, *The Architects of Adjustment*.

¹⁹ Dorothea McCarthy, 1956, M91, History of the New York State Psychological Association, WWC.

²⁰ "News Notes," 27. The name was changed to New York State Association for Applied Psychologists in 1940.

²¹ Coxe to Olson, 12/7/1937, Box 41, Administration, Executive Officers File, Executive Secretary, Willard C. Olson, General Administrative File, NYSAAP, 1937-1945, APA.

psychologist and psychiatrist should be, where the psychologist is supposed to get the background necessary for better jobs, and how psychologists' salaries compare to that of other professions."²³

The NYSAAP's goals were to continue the previous ACP's activities and to become affiliated with the AAAP.²⁴ The AAAP was to become the home for many clinical practitioners and its main goal was to guarantee professional competence and to control professional standards in clinical psychology as well as other applied fields of psychology.²⁵ Toward this goal the AAAP imposed rigid membership requirements. At the organizational level, "standards for membership in local organizations applying for affiliation [had to] be equal or higher than those of the AAAP."²⁶ At the individual level, they were just as rigid. Agreeing on what the standards for membership would be, however, had been a thorny issue.

The National Committee for Affiliation and Association of Applied and Professional Psychology published tentative proposals for the organization of the AAAP in the Journal of Consulting Psychology and in the Journal of Applied Psychology in 1937 in order for local and state groups, as well as individuals, to discuss and return feedback to the Committee prior to presentation of final proposals and discussion during

²² Dorothea McCarthy, 1956, M91, History of the New York State Psychological Association, WWC.

²³ "News Notes," *Journal of Consulting Psychology* 2 (1938c): 124.

²⁴ "News Notes," *Journal of Consulting Psychology* 2 (1938b): 63.

²⁵ M. Mike Nawas, "Landmarks in the History of Clinical Psychology From its Early Beginnings Through 1971," *The Journal of Psychology* 82 (1972): 91-110.

²⁶ Achilles to Louttit on a Louttit to AAAP 1940 Board of Governors, 1/30/1940, AAAP, Memoranda 1938-1942, Box 688, APA.

the following APA meeting in Minnesota in 1937.²⁷ Although the Journal of Applied Psychology report stated that any applied psychologist with an M.A. or Ph.D. degree who was working on any facet of applied psychology could participate in the organizational meeting scheduled in Minnesota, some Committee members felt that this “opened the door too wide and that professional purposes might thus be diluted.” As a result, a subsequent 19 to 6 vote within the Committee decided that only members or associates of the APA and ACP who held applied positions in psychology were to be invited to vote at the organizational meeting.²⁸

The Committee’s first 1937 proposals suggested two membership levels: Fellow and Associate. The status of Fellow would have required the “Ph.D. or equivalent degree in psychology or educational psychology and either four years practice and/or teaching (experience) in the application of psychology...or published...research in applied psychology.”²⁹ The rank of Associate would have required the

M.A. or equivalent in psychology or educational psychology and either one year practice and/or teaching (experience) in the application of psychology under the direction of a psychologist with qualifications of a Fellow or...one or more research contributions (published or unpublished) in applied psychology.³⁰

While many felt that no standards could be defined at that moment, most felt that the standards were too low and that “it would be dangerous to have associates in the

²⁷ National Committee for Affiliation and Association of Applied and Professional Psychology, “Association for Applied.”

²⁸ English, “American Association of Applied Psychologists,” 9.

²⁹ National Committee for Affiliation and Association of Applied and Professional Psychology, “Association for Applied,” 15.

³⁰ Ibid.

membership.”³¹ As a result, later that same year, the Journal of Consulting Psychology published information as regards membership applications for the AAAP and a striking difference in membership requirements is evident: the candidate’s application now needed to be accompanied by the recommendation of two sponsors; the suggestions and changes to the earlier tentative proposals clearly favored academic psychologists. The rank of Fellow now required the

Ph.D. or equivalent degree or certificate of training in psychology or applied psychology, and either...four years practice in the application of psychology as a science...or (significant) published research...in the applications of psychology beyond the doctoral dissertation...(For the present an equivalent for the doctorate may be accepted at the discretion of the Council, defined as two or more years of directive or supervisory practice in addition to the four years required above).³²

Associate status revealed the greatest change; it now required the

Ph.D. or equivalent degree or certificate of training in psychology or applied psychology and one year practice in the application of psychology under the direction of a psychologist with qualifications of a Fellow. (For the present an equivalent for the doctorate may be accepted at the discretion of the Council defined as two or more years of practice largely under own guidance in the application of psychology in addition to one year required above.)³³

Increasing the requirements for Associateship from an M.A. to a Ph.D. degree prevented “mere practitioners” from joining the AAAP ranks while it allowed academic psychologists to become Associates or Fellows through applied research alone.³⁴

³¹ English, “American Association of Applied Psychologists,” 9.

³² “Application for Membership in the A.A.A.P.,” *Journal of Consulting Psychology* 1 (1937): 97.

³³ “Membership in the A.A.A.P.”; Greene to APA Clinical Section members, 9/10/1937, DPB.

³⁴ Napoli, *The Architects of Adjustment*.

The AAAP finally settled on a purpose and membership requirements for its constitution. Its goal was:

the advancement of applied psychology as based on scientific principles. Its particular business shall be: the conduct of meetings for the presentation of papers dealing with the applications of scientific psychology; the issuance of publications relating to such applications; the definition and promotion of high ethical and professional standards in the application of psychology; [and] the advocacy and support of adequate training for applied psychologists.³⁵

Membership requirements were further changed from the preliminary suggestions mentioned above. All applications now required three, as opposed to two, sponsors (one of which had to be from the Section representing the candidate's field of specialization). The highest rank, Fellow, required that the application of psychology be the candidate's primary vocation (or that candidates direct programs concerned with the direct application or research of applied psychology) and the Ph.D.-equivalent was raised to three years of supervised work. And the Associate rank's Ph.D.-equivalent criterion was changed and reduced to a M.A. degree and five years of practical experience.³⁶

The issue of requiring a Ph.D. or a Ph.D.-equivalent for membership was hotly debated. The AAAP constitution stated that applicants for Associateship without a Ph.D. degree would be accepted in exceptional cases where the applicant has "adequate training beyond the bachelor's degree and five years of practical experience in the application of psychology."³⁷ However, those requirements were too general to establish policy and

³⁵ John E. Anderson, "Proposed Constitution of the American Association of Applied Psychologists" *Journal of Consulting Psychology* 2 (1938): 108.

³⁶ Anderson, "Proposed Constitution."

³⁷ Louttit to AAAP 1940 Board of Governors, 1/30/1940, AAAP, Memoranda 1938-1942, Box 688, APA.

given the number of inquiries received by the AAAP, Louttit wrote to the AAAP Board with English's suggestion of non-Ph.D. applicants being considered for Associateship only if they met a minimum number of requirements:

1. They hold the Master's degree
2. They present a minimum of five full years' experience in positions that are unquestionably in the applied area.
3. At the time of application they be holding a full-time job in applied psychology.
4. Graduate work beyond the Master's degree to be evaluated year for year with experience.
5. That they have good sponsorship from people who know of their work first-hand.
6. That such applications except in the most unusual cases be accepted only for associateship.³⁸

On Loutitt's letter to the Board, Paul Achilles, a representative from the Board of Governors of the AAAP's Consulting Section scribbled on his copy of Louttit's letter to the Board an additional requirement that he felt needed to be made:

7. That applications from M.A.'s be considered only in cases where the degree was received more than 5 years prior to date of application. Perhaps 8 or 10 years would be better – i.e., sufficient interval after receipt of the M.A. to establish clearly professional status without the "professional degree."³⁹

The AAAP also addressed the idea of certificates that would identify membership in the AAAP. In the same letter Louttit had written to the AAAP Board of Governors, Louttit discussed how consultants would find such a certificate of value. Suggestions were made for issuing certificates to all members or for issuing them only after an elaborate procedure and the payment of a fee.⁴⁰ Paul Achilles, possibly recollecting the

³⁸ Ibid.

³⁹ Achilles to Louttit on a Louttit to AAAP 1940 Board of Governors, 1/30/1940, AAAP, Memoranda 1938-1942, Box 688, APA.

APA Clinical Section's fiasco over certification in the 1920s, was strongly opposed to any type of certification. He jotted on his copy of Louttit's letter: "NO! What is a Ph.D. diploma for? It should be the "certificate" for anyone to practice – pending state licensing or a professional degree sometime in the future."⁴¹

Despite the high standards required, membership in the AAAP grew very quickly, passing 400 by September 1938.⁴² The 1940 APA Yearbook revealed that over half of the AAAP membership consisted of members or associates of the APA: 169 (30%) of 551 AAAP Fellows were APA members and 148 (27%) of 551 AAAP Associates were also APA Associates.⁴³ The fact that another 166 AAAP Fellows only met criteria for the lower Associate rank of APA membership (when membership standards were similar or higher for the AAAP) and that 16 other AAAP Fellows did not belong to the APA at all, seemed to indicate that the APA continued not to recognize the professional needs, interests, and qualifications of psychology's practitioners.⁴⁴

The AAAP's Ph.D.-equivalent clause, however, revealed its own uncertainty regarding the importance of the Ph.D. The AAAP was supposed to be an association for applied, practicing psychologists, while the Ph.D. degree was (and continues to be) a non-professional degree that indicated training and expertise in conducting research. As

⁴⁰ Louttit to AAAP 1940 Board of Governors, 1/30/1940, AAAP, Memoranda 1938-1942, Box 688, APA.

⁴¹ Achilles to Louttit on a Louttit to AAAP 1940 Board of Governors, 1/30/1940, AAAP, Memoranda 1938-1942, Box 688, APA.

⁴² Napoli, *The Architects of Adjustment*.

⁴³ Horace B. English, "Forum: Notes on Membership Standards," *Journal of Consulting Psychology* 4 (1940): 79.

⁴⁴ English, "Notes on Membership Standards."

a result, all those pursuing or already having obtained such a degree had been exposed to theory and research at the expense of “real world” clinical problems that the applied psychologist needed and would be working with.

In theory, this clinical experience could be compensated for by requiring some field work as part of the doctoral program, but the increasing and dominant numbers of students seeking training for applied careers made this solution untenable on a large scale and thus alternatives had to be pursued. A. T. Poffenberger, professor of psychology at Columbia University, suggested three such alternatives in his 1938 article in the Journal of Consulting Psychology: 1) “liberalize” the traditional Ph.D. program in the direction of professional training, 2) create a Ps.D. (Doctor in Psychology) professional degree for Applied Psychologists, or 3) create a professional clinical training program that leads to a certificate or diploma.⁴⁵

Poffenberger himself attempted the third alternative. Poffenberger presented to the psychology department at Columbia University an outline of a course of training in clinical psychology which he had prepared. The program would be completed over the course of three years.⁴⁶ The first year consisted of two semesters of Statistics, two semesters of Physiological Psychology, two semesters of Abnormal Psychology, two semesters of Clinical Psychology, and two semesters of “General Courses” (as listed in the Division Announcement of the university).

⁴⁵ Albert T. Poffenberger, “The Training of a Clinical Psychologist,” *Journal of Consulting Psychology* 2, no. 1 (1938): 1-6.

⁴⁶ Poffenberger’s Confidential and Tentative Outline: A Training Program for Clinical Psychologists. M1389, Poffenberger, A. T., DS.

Upon satisfying all requirements for the M.A. degree the student would then be admitted to the second year of this proposed program. This second year consisted of two semesters of Behavior Problems of Children, two semesters of Psychopathology, two semesters of Psychological Tests, Methods, and Results, two semesters of Field Course in Clinical Psychology, and two semesters of either "Advanced Group" courses (according to the Division Announcement) or of Remedial Programs in reading, spelling, arithmetic, or speech.

Finally, for the third and last year, students would be assigned to a full year internship in order to acquire "experience in institutional work."⁴⁷ Because Poffenberger had suggested doing an internship in place of the usual dissertation, he proposed awarding a professional certificate, rather than the Ph.D. degree, at the end of the three years.⁴⁸ As Poffenberger admitted to Shakow in a letter dated January 19th, 1937, "the program is intended not so much to conform to current standards of training as to provide some eventual basis for setting up proper and adequate standards."⁴⁹ Nevertheless, the Boston Society of Clinical Psychologists fully endorsed such a three-year model of training.⁵⁰

In January 1937, Poffenberger sent copies of his proposed program to David Shakow, chief psychologist at Worcester State Hospital, and, as Poffenberger put it, 11

⁴⁷ Ibid.

⁴⁸ Poffenberger, "Training of a Clinical Psychologist."

⁴⁹ Poffenberger to Shakow, 1/19/1937, M1389, Poffenberger, A.T., DS.

other “well-known and successful clinical psychologists, all attached to prominent institutions.”⁵¹ When Poffenberger published his proposal in the Journal of Consulting Psychology in January 1938 he described the significant variation he found in the responses he received from those twelve psychologists from whom he had requested comments. Independent of or in addition to the three-year program Poffenberger proposed there were suggestions that students should arrive already well trained in Biology, Anthropology, Sociology, General Physiology, Anatomy, Philosophy of Education, Psycho-analysis, Educational, Experimental and Animal Psychology, the Theory of Measurement and the Psychology of Learning.”⁵² They also recommended “a breadth of philosophical outlook”, “a depth of insight into human nature”, and a heavier emphasis on normal over abnormal psychology. Several felt statistics was overemphasized and, finally, there was some concern that internship directors and state associations would not accept students who only had a professional certificate, not the Ph.D. degree. Overall, these suggestions concerned the students’ general background, while Poffenberger’s proposed plan itself was intended to “provide the training which will qualify students for recommendation for state, city, and other clinical positions.”⁵³

In February of 1938, Poffenberger informed Shakow that the proposed plan had

⁵⁰ John M. Reisman, *A History of Clinical Psychology*, eds. Charles D. Spielberger and Irwin G. Sarason, 2nd ed., *The Series in Clinical and Community Psychology* (New York: Hemisphere Publishing Corporation, 1991).

⁵¹ Poffenberger, “Training of a Clinical Psychologist,” 2.

⁵² Poffenberger, “Training of a Clinical Psychologist,” 3.

⁵³ Poffenberger’s Confidential and Tentative Outline: A Training Program for Clinical Psychologists. M1389, Poffenberger, A. T., DS.

been tentatively adopted by his department: "The program of clinical training began this academic year with three students. We are merely trying out what would be the second year of the program, and we will continue it at least one more year".⁵⁴ Unfortunately, it did not continue for very long; Poffenberger's program was vetoed by the Graduate Committee on Instruction of the Faculty of Philosophy at Columbia.⁵⁵

Concerns over the pretensions of quacks and charlatans competing with qualified psychological practitioners continued to exist and AAAP attempted to address them. Steuart Henderson Britt, of George Washington University and chair of the AAAP Committee on Legislation, published a model "Certified Psychologists' Act" in the July-August 1939 issue of the Journal of Consulting Psychology for discussion among AAAP members. He hoped for its possible introduction into various state legislatures. Its goal was clearly to protect the professional field of psychology from fraudulent pseudo-psychologists:

In recent years the efficacy of psychological methods has been increasingly recognized, and the people of this (State) have more and more turned to psychologists for aid.

In the wake of this development many unscrupulous and untrained persons have posed as qualified to apply psychological methods to individual cases. The public has been unable to discriminate between the trained and untrained, and the legitimate psychologists have found it impossible to protect their reputations. As a result many persons have been defrauded, their welfare has been seriously impaired, and their confidence in psychological methods destroyed.

⁵⁴ Poffenberger to Shakow, 2/25/1938, M1389, Poffenberger, A. T., DS.

⁵⁵ James H. Capshew, *Psychologists On the March: Science, Practice, and Professional Identity in America, 1929-1969* (Cambridge: Cambridge University Press, 1999); William R. Morrow, "The Development of Psychological Internship Training," *Journal of Consulting Psychology* 10, no. 4 (1946): 165-183.

Experience in analogous fields has proved that establishment by law of certain minimum requirements of character, education, and training for the practice of psychology is essential to the protection of both the public and the profession.

...establish[ing] minimum requirements for the practice of psychology...will protect the public welfare, prosperity, and health of the people of this (State).⁵⁶

Toward this certification psychologists would be required to be at least 21 years old, be a U.S. citizen of “good moral character,” have a Ph.D. degree from a registered college or university, at least one’s year’s experience in psychology, and have paid the \$25 fee and passed the national, standard Board of Examiners of Psychologists examination.⁵⁷

Following this report, the Committee on Legislation held a round table on Certification of Psychologists in Washington, D.C. on November 25th, 1939, during the AAAP’s third annual meeting.⁵⁸ Dewey B. Stuit, from the University of Iowa, wondered whether a state board should designate “appropriate” training centers and whether to expect graduate schools to provide post-doctoral internships. Percival M. Symonds, from Teachers College, did not feel there were enough applied psychologists to warrant legislation, that a distinction needed to be made between permissive and mandatory legislation, that there needed to be a certain amount of approval from other professional groups. He also wondered whether there should be two levels of certification (senior and junior) and whether the certification should be specialized (e.g., school, clinical,

⁵⁶ Steuart Henderson Britt, “Report of the Committee on Legislation, Board of Affiliates of the A.A.A.P.,” *Journal of Consulting Psychology* 3 (1939): 123.

⁵⁷ Steuart Henderson Britt, “Report of the Committee on Legislation, Board of Affiliates of the A.A.A.P.,” *Journal of Consulting Psychology* 3 (1939): 123-127.

⁵⁸ Steuart Henderson Britt, Percival M. Symonds, Lowell S. Selling, Robert G. Bernreuter, T. Ernest Newland, and Dewey B. Stuit, “Resume of Washington Round Table on Certification of Psychologists,” *Journal of Consulting Psychology* 5 (1941): 74-77.

industrial, etc.).⁵⁹ Finally, T. Ernest Newland, from the Department of Public Instruction in Harrisburg, PA, wondered whether AAAP membership standards did not already represent a first step toward qualification/licensing, while Stuit felt that the act should probably only apply to psychologists in private practice. Britt's report on the round table clearly indicates that there was little consensus among members of the Committee on Legislation as regards issues of training, certification, and legislation.⁶⁰

This round table, however, was influential in the creation of the AAAP Committee on Relations with the Medical Profession. The Illinois State Medical Society Lobby had blocked a licensing law and the state of New Jersey had attempted to pass a law that would prevent anyone but a licensed physician to dispense any "advice of even a quasi-medical nature."⁶¹ As a result, AAAP president Horace English appointed L. S. Selling as chair, and David Shakow, Gilbert S. Rich, and Gladys D. Frith as members of the Committee on Relations with the Medical Profession. The goals of this Committee were to investigate why psychologists had been omitted from the list of qualified individuals in setting up the Children's Bureau, to classify psychologists' professional and ethical relationships with physicians, and to investigate the "medical antagonism to

⁵⁹ Ibid. Permissive legislation would recognize psychologists' qualification but not exclude those who practice without a license while mandatory legislation would require that everyone be licensed prior to practicing in the field.

⁶⁰ Britt et al., "Certification of Psychologists."

⁶¹ Chauncey McKinley Louttit, "Summarized Proceedings and Reports of the Fifth Annual Meeting of the American Association of Applied Psychologists," *Journal of Consulting Psychology* 6 (1942): 30.

psychological licensure and the seeming anti-psychological phases of the New Jersey law.”⁶²

Selling approached “several men who had important posts in organized medicine” and discovered that many did not know how applied psychology functioned and were “antagonistic, claiming that (a) psychologists were fakes, (b) psychologists attempted to intrude on psychiatry, (c) disliked some particular psychologist, usually one who was not even engaged in clinical work.”⁶³ As a result of his conversations, Selling wrote a letter to Morris Fishbein (at his request), Editor of the Journal of the American Medical Association, addressing the need to illustrate who is a qualified psychologist, the qualifications demanded by the AAAP, the value of clinical psychologists to medicine, the value of applied psychologists in non-medical fields, as well as an invitation for the American Medical Association to address these issues with the AAAP.⁶⁴ Fishbein forwarded Selling’s letter to William D. Cutter, secretary of the Council on Medical Education and Hospitals of the American Medical Association, who wrote back to Selling with a terse reply:

Generally speaking, it appears to me that it is unwise for the state to license groups to perform particular services until the exact nature of these services has been clearly defined and unless by some reliable testing procedure the fitness and qualifications of applicants for such license can be accurately determined.⁶⁵

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Louttit, “Fifth Annual Meeting.”

⁶⁵ Committee on Relations With the Medical Profession, in Louttit, “Fifth Annual Meeting,” 31.

As a result, the Committee decided to continue to work with the American Medical Association but aiming toward certification, rather than licensing, until “phraseology inimical to conciliation between both professions be eliminated.”⁶⁶

The AAAP quickly began to create professional Committees to address the varied professional problems of applied psychologists. Specifically, the AAAP was interested in pursuing four different areas: training, internal activities of the profession, applied techniques, and public and professional relations.⁶⁷ Within the training area it appointed three Committees. The Committee on Applied Instruction in Colleges and Secondary Schools was chaired by E. R. Henry and consisted of F. N. Freeman, T. E. Newland, J. G. Jenkins, R. A. Davis, E. B. Royer, Goodwin Watson. Its purpose was to “survey and establish standards of instruction of applied psychology in colleges and secondary schools.”⁶⁸ The Committee on Dissertations in Applied Psychology was expected to establish “standards for meritorious M.A. and Ph.D. dissertations in applied psychology” and was chaired by Albert Poffenberger.⁶⁹ Its members were F. N. Freeman, F. L. Goodenough, Francis N. Maxfield, and P. V. West. Finally, the Committee on Graduate Instruction in Applied Psychology was chaired by F. N. Freeman (who was also a member of the two other Committees) and consisted of Walter V. Bingham, H. E. Burt, Douglas Fryer, Albert T. Poffenberger, E. K. Strong, and Frederic L. Wells. Its purpose

⁶⁶ Ibid.

⁶⁷ “Organization Reports,” *Journal of Consulting Psychology* 2 (1938): 47-54.

⁶⁸ “Organization Reports,” 47.

⁶⁹ Ibid.

was to “survey and establish standards of graduate instruction in applied psychology.”⁷⁰

These three Committees were later combined into one Committee on Instruction of the AAAP in 1940.

Since the report published by the APA in 1935 on the training and duties of clinical psychologists no follow-up of the issues addressed had occurred. The expansion of the field was making these issues even more critical, however. In response, the AAAP appointed a Committee on Certification of Clinics in May 1940 to study the psychological clinics in the United States. Louttit, as AAAP Executive Secretary, asked Anthony J. Mitrano, of the Dept. of Child Study and Special Education of the Rochester Board of Education, to chair the Committee. Mitrano readily agreed, having expressed an interest in the topic several months earlier. Mitrano suggested Robert Bernreuter, Bronner, Edgar Doll, Carl Rogers, Morris Viteles, and Frederic Wells, as possible Committee members but Louttit wrote back claiming that except for Doll, all those whom he mentioned were already overburdened with other Committee work.⁷¹ In their stead, Louttit suggested Herman de Fremery (Chief psychologist at Alto Psychological Center in San Francisco), Edgar A. Doll (Vineland Training School), Arnold Hilden (Child Research Council), Paul L. Hill (Director of Psychology at the Ormsby Village (Louisville and Jefferson Country Children’s Home) in Anchorage, KY), and Elmer D. Hinckley (University of Florida), not only because they represented every geographical region but also because “there is so great a tendency for most of us to keep thinking of

⁷⁰ Ibid.

⁷¹ Louttit to Mitrano, 5/21/1940, AAAP, Subject File, Clinical Certification, 1940-1944, n.d., APA.

the same names and therefore they get appointed on many Committees and much of the rest of the membership is neglected.”⁷² The Committee had two tasks:

1. To compile a list of all the psychological clinics in this country. This list would ultimately serve as a directory, annually revised for distribution to all members of the Association.
2. ...to establish criteria for the operation of clients in respect to (a) facilities for effective work and (b) value as a training center.⁷³

In August 1940 a questionnaire was sent out to 508 AAAP members whose addresses appeared in the APA directory asking them 1) for a complete list of clinics in their community/vicinity, 2) what information should be gathered about each one, 3) what the minimum standards for admission to the directory should be, and 4) what “the minimum requirements for listing a clinic as an approved training center” should be.⁷⁴

One hundred and sixty-six members wrote back emphasizing the importance of this project. Two hundred and eleven clinics were listed in response to question 1. Following a detailed questionnaire which was sent to all clinics desiring approval, the suggestions of nearly 200 AAAP members led to a list of 14 criteria that the clinics needed to meet in order to be admitted into the directory and of 21 criteria they needed to meet in order to be considered as an approved training center. Following such approval the Committee on Certification of Clinics published yearly lists of approved clinics and training centers in the U.S. in cooperation with state educational and mental hygiene

⁷² Ibid.; Mitrano, AAAP, Memoranda 1938-1942, Box 688, APA.

⁷³ Mitrano, AAAP, Memoranda 1938-1942, Box 688, APA.

⁷⁴ Ibid.

departments.⁷⁵ By September 1942 Mitrano wrote to Louttit against publishing a report that year due to war-time conditions and the difficulty of coordinating the Committee members' work.⁷⁶ On October 22nd, 1943 the AAAP Board had reconstituted the Committee on Clinic Certification, appointing David Shakow, of Worcester State Hospital, as its chair. The Committee was then charged with "preparing standards for psychological clinics, making a survey of existing clinics, and recommending clinics for certification".⁷⁷ The Board also recommended Donald Lindsley (Emma Pendleton Bradley Home), Jerry Carter (Wichita Guidance Center), Norman Fenton (Stanford University), and C. M. Louttit (Indiana University) as Committee members. Given the conceptual difficulties regarding definitions of what constituted a psychological clinic, the reconstituted Committee's report postponed the latter two tasks, only addressed standards for clinics, and in the meantime recommended the continued use of the February 1942 list published by the earlier Committee.

1941 Lindsley Conference

In addition to focusing on the approval of training centers, the AAAP eventually also set up Committees concerned with the training of applied psychologists. On March 26th, 1941, Donald B. Lindsley, director of the Psychological and Neurophysiological Laboratories of the first residential treatment center for children, the Emma Pendleton

⁷⁵ Ibid.

⁷⁶ Mitrano to Louttit, 9/13/1942, AAAP, Subject File, Clinical Certification, 1940-1944, n.d., APA.

⁷⁷ Bryan to Shakow, 11/7/1943, AAAP, Subject File, Clinical Certification, 1940-1944, n.d., APA.

Bradley Home in East Providence, Rhode Island,⁷⁸ approached Chauncey M. Louttit, then executive secretary of AAAP, about attending “a small, informal conference [at the New York Psychiatric Institute] which is being organized for the discussion of clinical psychology: its problems, methods and training for people entering the field.”⁷⁹

The idea arose a short time ago when Don Marquis of Yale and I were discussing the training which should be provided for people planning to enter the clinical field. We came to the conclusion that it would be a good idea to bring together a few people active in the field and a few others concerned with or interested in the training of people planning to enter the field for a discussion of the problems and methodology with a view to determining among other things the course of training to be offered, especially in academic institutions.⁸⁰

Lindsley had invited 14 individuals (including Louttit) for the day-long conference on May 3rd and had asked Louttit whether he had any suggestions of other key figures who should be present.

Louttit applauded Lindsley’s conference idea, having himself planned on introducing “the matter to the A.A.A.P. at its next meeting and have a Committee call such a conference.”⁸¹ He suggested that the “discussion . . . stick to problems of training, which as I see it is of greatest importance at the present time”⁸² and noted the fact that only half of the 14 individuals suggested by Lindsley to attend the conference were members of the one national, applied association (i.e., The American Association of

⁷⁸ Capshew, *Psychologists On the March*; Nawas, “History of Clinical Psychology.”

⁷⁹ Lindsley to Louttit, 3/26/1941, Box 12, Folder 223, CML.

⁸⁰ Ibid.

⁸¹ Louttit to Lindsley, 3/29/1941, Box 12, Folder 223, CML.

⁸² Ibid.

Applied Psychology). Eleven psychologists were able to attend the conference: Florian Heiser (Norwich State Hospital and University of Connecticut), J. Q. Holsopple (New Jersey State Hospital and Princeton University), Elaine F. Kinder (Letchworth Village and Columbia University), Carney Landis (New York State Psychiatric Institute and Hospital and Columbia University), Donald B. Lindsley (Bradley Home and Brown University), Donald G. Marquis (Yale University), H. A. Murray (Harvard Psychological Clinic and Harvard University), A. T. Poffenberger (Columbia University), Carl R. Rogers (Ohio State University), David Shakow (Worcester State Hospital), and Joseph Zubin (New York Psychiatric Institute). Heiser was an Associate member of the APA; the remaining 10 psychologists were all full-fledged Members of the APA. Holsopple, Kinder, Landis, Poffenberger, Rogers, Shakow, and Zubin were also Fellows of the AAAP.

Louttit's comment to Lindsley regarding whom he suggested attend the conference was a clearly reference to the minority representation of the AAAP at a meeting involving a clearly applied issue. In a letter to Louttit dated April 10th, 1941 Lindsley explained his choice of individuals by claiming that he had:

no very adequate explanation other than to say that the whole idea has developed more or less spontaneously and I believe that everyone invited has a fundamental interest in the problems to be considered and will have some contribution to make to the discussion. No intention was present to be exclusive nor to be all-inclusive, but simply to bring together a few people representing different points of view on the subject with the hope that a good discussion could be aroused. If certain objectives in clinical training (particularly with reference to problems, methods and training) can be agreed upon by this small, informal group perhaps some definite steps can be taken to get the ball rolling in a larger more inclusive fashion. I have no doubt that there are others in the field of clinical psychology better qualified to

participate than some of the people invited, yet I believe that it will be healthy to have some variety of point of view represented.⁸³

As it turns out, Louttit had misunderstood the meeting date of May 3rd to have been May 10th and was not able to attend this conference. He was not the only one; five psychologists were also unable to attend, although they were otherwise actively involved in the discussion. These were: E. A. Doll (Vineland Training School), W. C. Halstead (Division of Psychiatry at the University of Chicago), Carlyle Jacobsen (Washington University Medical School and Barnes and St. Louis Children's Hospital), H. S. Liddell (Cornell University), and R. M. Yerkes (Yale University). Once again, all five were full APA Members and Doll, Jacobson, and Yerkes (and Louttit himself) were also Fellows of AAAP.

Louttit was keenly interested in what had transpired, however, and Lindsley sent him a copy of his six-page long summary of the conference discussion.⁸⁴ Although Lindsley and Marquis were the initiators of the idea of holding an informal conference on the standards and training in clinical psychology, it was Poffenberger who agreed to chair and coordinate the discussion. Poffenberger presented six issues for discussion: What clinical psychology is (and what it is not and what its relationship to psychiatry is); what the clinical psychologists' functions should be; what standards or qualifications are necessary for such functions; how best to finance and provide such qualifications and

⁸³ Lindsley to Louttit, 4/10/1941, Box 12, Folder 223, CML.

⁸⁴ Louttit to Lindsley, 5/6/1941, Box 12, Folder 223, CML; Lindsley to conference members, 6/27/1941, Box 12, Folder 223, CML.

preparation; how to identify such qualified individuals; and an assessment of the current and future demand of clinical psychologists.⁸⁵

With respect to its definition, participants distinguished clinical psychology from industrial, vocational, and consulting psychology and from psychometrics, psychotherapy, and psychopathology. Carl Rogers offered a definition of clinical psychology that the group accepted with little modification: "Clinical psychology is the technology and art of applying psychological principles to problems of the individual person for purposes of bringing about a more satisfactory adjustment."⁸⁶ The group felt the question regarding the relation of clinical psychology to psychiatry was too large and problematic; thus, it was not thoroughly discussed. However, they agreed that the position and standing of psychologists, although usually under the supervision of psychiatrists, was improving, and that establishing higher standards for the training and experience of psychologists could only increase the services provided and improve their recognition in relation to psychiatry.

The members of the conference were asked to list the functions they performed in their daily work and although there was a variety depending on the position held most of the functions converged around four tasks: diagnosis (psychometric testing), research (mainly on developing new diagnostic tools and methods and in therapeutic efficacy), therapy (mostly confined to psychosocial re-training and re-education of people with disabilities and problem behavior), and teaching (clinical courses to university students

⁸⁵ Lindsley's summary of the May 3rd, 1941 Conference on the Training of Clinical Psychologists, AAAP Professional Training in Clinical Psychology, 1939-1941, Box 691, APA.

and/or elementary psychology to nurses and attendants). Research and teaching were the most commonly listed functions.⁸⁷

In terms of the qualifications needed to undertake these functions the conference group agreed that a “suitable personality” and “high intellectual abilities” were the most essential in the selection of students. Following the selection of students by personality and abilities, the group tended to agree that the most appropriate model of training to follow was the medical one, where a fixed program of courses would culminate in more clinical experience and an internship.

There was some variation in the specific courses suggested, however. With the exception of Rogers, who already had a course of training outlined for his psychology majors at Ohio State University, most members at the conference preferred a strong liberal arts education for undergraduates with little exposure to psychology. Subsequently, students could obtain their psychological training during the graduate years, a heavy medico-physiological background during the first year followed by more psychological courses in later years, with opportunities for plentiful practical experience in between. The group generally agreed that the course of training would require the same basic courses and the same background in experimental methodology, and would be just as rigorous as the programs required for students seeking the Ph.D. degree for a

⁸⁶ Ibid.

⁸⁷ Ibid.

career in academia, but with a heavier emphasis on clinical work toward the latter years and a year of internship experience.⁸⁸

There was general agreement that the training for such students should be provided primarily in the psychology departments of universities, although allowing for outside qualified professionals to be invited to teach appropriate courses in the university. Hospitals, clinics, and other professional institutions located near the universities were seen as advantageous to the exchange of ideas and experiences and to the possibility of openings for internships. The timing of the internship year was not yet a fixed concept, though all saw it as an essential element. Some thought it should take place during the course of study, others after the M.A. degree, and still others following the Ph.D. degree. If the APA and the AAAP sponsored suitable standards the conference group hoped that funding for internships could be obtained, if not through university fellowships (during the course of study), then through foundation support or the support of institutions where the internships were held.⁸⁹

The specific degree with which to identify qualified psychologists was not discussed in depth but it was generally agreed that training that led to a Ph.D. degree was most desirable. Although a Ps.D. degree for those devoted entirely to clinical work was suggested, Lindsley concluded that “this was believed to be undesirable.”⁹⁰ However, a certificate that would identify those who had undergone a period of training similar to

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

that of the internship but for which no academic credit was received, was considered useful. Increased standards of training were seen as the best gateway to greater and more varied services provided by psychologists. Hospitals, clinics, courts, public schools, penitentiaries...all were seen as institutions with an increasing need for well trained psychologists.

At the conference's conclusion, Lindsley hoped that a proposal for action specifically outlining a course of academic and professional training for clinical psychologists could be formulated by the following APA and AAAP annual meeting in September of that year.⁹¹ When Lindsley described the AAAP as a subsidiary of the APA and hoped that the APA would "set up and sponsor" the proposed training criteria, Louttit strongly disagreed, writing to Lindsley:

the AAAP is no more a subsidiary of the Apa [sic] than the American Psychiatric Association is a subsidiary of the A.M.A., or than the Association of Cereal Chemists is of the Amer. Chem. Soc. [sic] In fact I believe this whole problem is one within the the [sic] AAAP. . . . Because the whole plan must be worked out in connection with academic centers I believe [sic] in a joint Committee [with the APA], but the AAAP should invite the joint Committee.⁹²

Clearly, there was deep disagreement over what organization should oversee the licensing and education of clinical psychologists.

In addition to his own conference summary, Lindsley also sent Louttit a copy of the 24-page long proposal submitted by Shakow regarding a course of training for clinical psychologists. Since psychology was, at the time, concerned with establishing itself professionally, the overall goal of the proposal was that the training course should

⁹¹ Lindsley to conference members, 6/27/1941, Box 12, Folder 223, CML.

⁹² Louttit to Lindsley, 6/30/1941, Box 12, Folder 223, CML.

prepare clinical psychologists to be competent in diagnosis, therapy and research (as opposed to becoming a technician). As a result, the proposal covered undergraduate through postgraduate years of training and expected the training to be as rigorous as and as inclusive of the traditional Ph.D. requirements with the addition of the internship year.⁹³

Shakow outlined an undergraduate program intended to provide a flexible and general scientific background consisting of a major in the biological and physical sciences with a minor in the social sciences, some work in mathematics, philosophy and comparative literature, three or four introductory psychology courses, languages (French and German), and statistics.⁹⁴

The professional graduate program Shakow proposed would last four years, including the one year internship, and would be modeled on the medical school program. The first year would consist of two courses each of systematic general psychology, systematic dynamic psychology, and developmental psychology, and four courses in medical science...to provide a foundation of knowledge of psychology and an acquaintance with medical science. The second year would provide the student with a background in experimental, psychometric and therapeutic approaches to clinical psychology by requiring two courses each of experimental dynamic psychology, intelligence testing, and projective tests, as well as a course each of therapeutic theory

⁹³ Shakow's *The Training of the Clinical Psychologist*, AAAP Professional Training in Clinical Psychology, 1939-1941, Box 691, APA. For the published version see also David Shakow, "The Training of the Clinical Psychologist," *Journal of Consulting Psychology* 6, no. 6 (1942): 277-288.

⁹⁴ Ibid.

and methods, educational theory and practice, and introductory clinical medicine, with all courses emphasizing as much clinical contact as possible. Shakow suggested the third year would be devoted to the internship, where students could be exposed to clinical experience through psychometrics, research, courses and conferences, and therapeutics.⁹⁵ Finally, the last, fourth year of graduate study would be spent finishing the dissertation and taking cross-disciplinary seminars and seminars on professional problems.⁹⁶

Shakow's proposal for training differed from the proposal Poffenberger circulated between Shakow and other key psychologists in several ways. Shakow was proposing a four-year plan of study in contrast to Poffenberger's three-year plan. Both Shakow and Poffenberger envisioned the first two years of graduate study as consisting of coursework and the third year devoted to obtaining clinical experience through a year-long internship, but Shakow's first two years of study relied more heavily on medical courses and background and Poffenberger's emphasized educational or remedial coursework. Shakow also required a fourth year to complete a doctoral dissertation which would lead to the Ph.D. degree while Poffenberger advocated the internship in lieu of the research dissertation and thus also a professional certificate in lieu of the Ph.D. degree.

Not everyone agreed with Shakow's proposal for the training of clinical psychologists, however. Louttit wrote Lindsley (and sent copies to the entire group) that

⁹⁵ This internship plan had already been outlined by Shakow; see David Shakow, "An Internship Year for Psychologists (With Special Reference to Psychiatric Hospitals)," *Journal of Consulting Psychology* 2 (1938): 73-76.

⁹⁶ Shakow's *The Training of the Clinical Psychologist*, AAAP Professional Training in Clinical Psychology, 1939-1941, Box 691, APA.

although he was “in full accord with the general principles” of the proposal, he disapproved of Shakow’s reliance on the medical model and medical background required and preferred that students obtain a more liberal arts and psychology background. He also believed Shakow should expand the internship experience from psychiatric institutions to include more educational and social agencies such as schools, prisons, and agencies. He wrote:

Requiring a major in biological and medical sciences introduces a hurdle to acceptance...which is as unnecessary as it is great. . . . I would like to see this be a major...in psychology. In addition to such a major I would add at least a five hour elementary course in chemistry, biology and physics.

In this connection also I think that the social sciences are neglected. . . . Also what about education. . . . The whole paper shows the...psychiatric hospital influence. There are many problems in crime, delinquency, school adjustment, industrial adjustments, college personnel, etc., etc., which are very definitely clinical, but not psychopathological by any stretching of the connotations of that word. . . . I would argue long that internships in prisons, in public schools, in social case work agencies are as valuable as those in psychiatric or feebleminded institutions.

My greatest general criticism of Shakow’s scheme is that it doesn’t give enough place to social studies [sociology, history, anthropology, economics], which are worth more I feel than the usual neural anatomy course, etc.⁹⁷

Edgar E. Doll, from the Vineland Training Institute in New Jersey and, at the time, president of the AAAP, had also been unable to attend the May 3rd conference but had also read Lindsley’s and Shakow’s materials and Louttit’s letter to Lindsley. In replying to Lindsley (and sending copies to the entire group) he agreed with much of what Louttit had said. Doll also disagreed with the heavy psychiatric outlook Shakow had adopted and encouraged a broader view of clinical psychology, a background in liberal arts, a broader selection of internship sites, and an acknowledgement of the

⁹⁷ Louttit to Lindsley, 6/30/1941, Box 12, Folder 223, CML.

progress and accomplishments that applied psychology had achieved in the previous 40 years:

It seems to me the group should have taken a much broader view of clinical psychology as a specialized approach to many problems of human adjustment. . . . Therefore, I am somewhat surprised at the statement "Clinical psychology is not to be identified with industrial or vocational psychology." . . . that statement is obviously more limited than was intended.

I think emphasis should be laid on the importance of internships throughout the entire course of training and perhaps even preceding it. In this connection I think a great deal of interne type of work might be organized at the training centers as practicum courses by placements in nearby school systems, institutions, industries, welfare fields, and so on. In respect to the training program proposed by Shakow I agree with Louttit that it is much too influenced by the psychiatric hospital point of view and by emphasis on applications to the mentally, physically and socially abnormal individuals.

I agree with Louttit that the training course should not overlook preparation in the field of education. Almost all clinical-psychological outcomes have an educational or training aspect. . . . While recognizing the importance of sound preparation in biological science, this should not be overdone at the expense of education and sociology. We might say that the background science is biology, the technique science psychology, the application science is sociology, and the treatment science education. Our problem is to work out the best balance of these four fields of related discipline (sic).

You have started something of serious importance and I hope it can be seen (sic) through to a successful issue. The report of the conference itself, however, shows a certain ingenuousness and a lack of familiarity with the antecedents of the past forty years. After all, we are not starting *de novo*, and there is no reason to ignore the past.⁹⁸

Elaine Kinder, chief psychologist at Letchworth Village and secretary of the AAAP Clinical Section, was present at the Lindsley conference. She agreed with Louttit and Doll regarding expanding the kinds of sites available for internships and also wanted to emphasize the research aspect of clinical psychology as opposed to viewing the field

⁹⁸ Doll to Lindsley, 7/7/1941, Box 12, Folder 223, CML.

entirely in terms of a service field. She wrote to Lindsley (while mailing copies to the remaining group members):

I would agree with both Dr. Louttit and Dr. Doll that internship and externship training of the applied psychologist should be as extensive as possible....

I think some of us who have worked in institutions feel that a brief residential period in the type of situation which is found in institution-living furnishes a sort of test (not infallible to be sure) by which a student's sensitivity to social phenomena and general fitness for clinical work may be estimated. A summer at an institution, or something similar to the clinical clerkships of Mr. Shakow's proposal, (I should hesitate to call these internships) fairly early in a student's academic course might help determine the appropriateness of entering the clinical field, both for the student and for those who will pass on his admission to advanced training. I therefore stand firmly with Mr. Shakow's formulation of the importance of some institution training, though I agree with Dr. Louttit and Dr. Doll that prisons, or other than psychiatric units should be included in any list....

The tendency to think of clinical psychology as chiefly a service field (as in both Dr. Rogers' definition and Dr. Doll's revision) is deeply rooted, and there is little warrant for taking exception to this. However, there is, fortunately, a growing recognition of the research possibilities which the clinical field presents, and though it is probably too early to attempt more than a suggestion, I should like to see those who are taking responsibility for the organization of a training program give as much emphasis as possible to consideration of training for research with clinical material.⁹⁹

Yerkes was at Yale University and had been instrumental in the dissolution of the AACP in favor of the APA Clinical Section in 1919 while he served as president of the APA. He suggested much broader changes to Shakow's proposal for training. Not only did he feel that the APA should be fully involved in such professionalization, but he also hoped that, rather than focusing on training in clinical psychology alone, a program for professional psychology as a whole could be generated, within which smaller special-interest groups could then make individualized provisions. In a response letter to Lindsley (which he mailed to Marquis and Shakow) Yerkes wrote:

⁹⁹ Kinder to Lindsley, 8/1/1941, Box 12, Folder 223, CML.

...Although in general your report and Doctor Shakow's statement seem to me admirable and I find myself in hearty agreement with your point of view, I am convinced that we should deal with the question of the professionalizing of psychology more broadly than your statements indicate. There are several principal divisions of psychotechnology, and it may seem a little presumptuous to single out clinical psychology as most important or even as most worthy of special training provision. Another group of conferees might have cited industrial psychology, educational psychology, social-consulting, or yet another category, as at least potentially equal with clinical psychology in significance. Hence, my contention that we should broaden the base of discussion and attempt to map a professional school program for psychology as science and as technology, permitting the provisions for specialties to take appropriate place in the total picture. In view of the above, I do not consider it desirable to discuss the detailed recommendations which Doctor Shakow has offered. ...

Although, as Doctor Louttit says, this whole matter is primarily the concern of the AAAP, it would not seem to me wise that the APA be ignored. As our oldest national organization in psychology it should be vitally interested in the professionalizing of the subject and in every step which can be taken to increase the adequacy of training along general as well as technological lines. I therefore am heartily in favor of the suggestion that a joint Committee of the two societies be proposed to make a careful study of the general problem of professionalization.¹⁰⁰

In a letter to Louttit, Lindsley passed on Yerkes's concerns, adding that he felt the AAAP sections could set up standards independently (rather than as a body of general professional psychology with smaller special-interest groups, as Yerkes had suggested):

...Yerkes as you probably know is in favor of attempting to do something about the professionalizing of psychology on a larger scale than just for clinical psychology, i. e., for industrial, personnel, educational etc.... I gathered from the discussion that took place at the meeting in May that although the others are in favor of the broader plans they felt that the people composing the various divisions of the AAAP, such as clinical, industrial, consulting etc. would have to attempt to outline their own standards and allow the AAAP to O.K., reject, or modify them as they see fit. In other words it seemed to be the feeling that individual branches of the AAAP might proceed somewhat independently at the start...¹⁰¹

¹⁰⁰ Yerkes to Lindsley, 7/7/1941, M1506, Conference on the Training of Clinical Psychologists, DS.

¹⁰¹ Lindsley to Louttit, 7/14/1941, Box 12, Folder 223, CML.

In response to Yerkes's letter to Lindsley (which Yerkes had copied to Marquis and Shakow), Shakow wrote to Lindsley, impatient with and dismissive of Yerkes for having failed to grasp the entire purpose of the Lindsley conference:

...I have the impression that Yerkes did not quite understand the scope and purpose of the main group. It may be true that the problem is a broader one and should be considered for the various aspects of applied psychology but that, of course, was not the purpose of our get-together. We were interest (sic) in the clinical program primarily. I do not know which would be the best strategy, whether to attempt to organize the professional aspects of the various fields of applied psychology at once or whether to establish professional standards in one group permitting that group to carry the brunt of experimentation. I lean towards the latter and think that the clinical field should be the first both because it is the largest and the oldest.¹⁰²

Toward the end of his proposal for clinical training, Shakow had also recommended awarding a doctor's degree, preferably the Ph.D. but acknowledging the need to consider the Ps.D. as an alternative. Anyone receiving a Ph.D. degree would then automatically qualify for Associateship in the AAAP and, depending on the number of years of experience following the degree, would qualify for Fellowship in the AAAP. In addition, Shakow suggested the establishment of a specialty board, an "American Board of Clinical Psychology," consisting of AAAP leaders, which would certify individuals who passed a specialty examination in clinical psychology and had a certain number of years of clinical experience. Such certification could then be seen as evidence of achievement in the field of clinical psychology.

Finally, Shakow suggested that the APA and the AAAP discuss in the September 1941 meetings the appointment of a joint Committee on "Professional Training for Clinical Psychology" that would consider a proposal such as the one Shakow was

presenting. He hoped that a small number of students would undergo the full training program in a small experimental group of well equipped institutions designated for such training and under the supervision of such a Committee. Subsequently this Committee could then educate universities as to the steps they would need to follow in order to establish such training programs in clinical psychology.¹⁰³

Lindsley hoped that if favorable action ensued from the proposal that

four or five universities with the best facilities and most nearly adapted program for the type of training proposed could be selected to introduce the plan. If successful in these universities it is believed that other universities would adopt similar standards.¹⁰⁴

Consequently, Lindsley supported Louttit and Doll's proposal for the establishment of a board at the upcoming AAAP meeting, and suggested that the Lindsley conference participants meet during the upcoming AAAP meeting so as to decide what proposals to present and who should present them. Lindsley wrote to Louttit:

I am glad to know that you and Dr. Doll have planned to introduce a proposal for some kind of an American board. As you know it was not the intention of the small group which met in May to make independent or counter-proposals, but simply to try to clarify in our own minds some of the problems of training for clinical psychologists and I am sure that everyone who was present would be in favor of assisting you or anyone else in a tempting (sic) to set up some standards and secure appropriate legislation by the AAAP.

...I am wondering however whether it might not be possible to have this particular group (perhaps others also) meet on Sunday August 31st at Evanston in order to decide on what proposals to bring before the AAAP, and also which

¹⁰² Shakow to Lindsley, 7/17/1941, M1506, Conference on the Training of Clinical Psychologists, DS.

¹⁰³ Shakow's The Training of the Clinical Psychologist, AAAP Professional Training in Clinical Psychology, 1939-1941, Box 691, APA.

¹⁰⁴ Lindsley's summary of the May 3rd, 1941 Conference on the Training of Clinical Psychologists, AAAP Professional Training in Clinical Psychology, 1939-1941, Box 691, APA.

member or members should take the responsibility of presenting the proposals for action...¹⁰⁵

Louttit replied to Lindsley on the July 18th, 1941, suggesting that either he (Lindsley) or Poffenberger (“perhaps Poffenberger would be better as he is already a[n APA] member”) present his summary and Shakow’s proposal to the A.A.A.P. Board of Governors with a recommendation for action. Louttit was going to ask Doll or the Board to appoint the Lindsley conference members “with perhaps one or two additions representing other points of view” as members of a Committee that would address this issue. Louttit begged off from meeting again on Sunday, August 31st, explaining that he, Doll, and Holsopple would be at the Board of Governors meeting that day but encouraged Lindsley and the other members to meet.¹⁰⁶

On August 1st, 1941, another conference attendee, Elaine Kinder, wrote to Lindsley stating that this issue concerned the AAAP more than it did the APA, but nonetheless feeling that endorsement from the APA would help provide much of the support that such a program required:

The suggestion of a joint Committee of the A.A.A.P. and the APA seems to afford the soundest possible basis for professional action along the lines suggested by the May 3rd conference. I would agree with Dr. Louttit that the Committee should be recognized as primarily a Committee of the A.A.A.P., since that is the association which represents the professional interests of psychologists in applied fields. We should recognize, I think, that the endorsement of the APA, which is a long established and recognized organization, may be of particular value in the securing of the Foundation support which is essential to the project.¹⁰⁷

¹⁰⁵ Lindsley to Louttit, 7/14/1941, Box 12, Folder 223, CML.

¹⁰⁶ Louttit to Lindsley, 7/18/1941, Box 12, Folder 223, CML.

¹⁰⁷ Kinder to Lindsley, 8/1/1941, Box 12, Folder 223, CML.

Kinder also advocated what would come to be the standardization of guidelines for training adopted by universities only a few years later:

I would like to make an addition to the suggestion by Mr. Shakow regarding the joint Committee. I would like to suggest that the joint Committee, in addition to undertaking the task of securing aid for the project, be instructed to call upon representatives of (a) a selected group of universities, and (b) a selected group of clinical centers which have already demonstrated an interest in providing opportunities for training, to formulate a proposed program which could then be submitted for endorsement to the proper authorities of both the universities and the clinic centers, with a view to establishing the program for a trial period. The Committee might set up specifications to be met by the universities and institutions or clinics cooperating in such a program, participation to be determined by the willingness of the respective authorities to accept and comply with these conditions.¹⁰⁸

In a letter to Kinder, Louttit wholeheartedly agreed with Kinder's assessment regarding the APA endorsement, although he felt that the interests of academic and institutional psychologists were already too well-represented among the conference attendees, to the exclusion of other, more applied psychologists:

I am very strongly of the opinion that this is a matter for A.A.A.P. consideration and action rather than the APA. However, I would agree that an endorsement of any program which might be worked out by the APA would be of value.

I also can't help but feel that the group as now organized is a little too heavily weighted with people from institutions and with academic people whose interests revolve around factors largely in common with the institution workers. I am afraid that the interes (sic) of school systems and community mental hygiene clinics, as only two examples, are not too well represented.

It has been my proposal to Dr. Doll, and I think acceptable to him, that we recommend to the Board that the discussion group called first by Lindsley be made the official Committee of the Association to formulate definite plans. However, it would probably be wise to add some persons to it.¹⁰⁹

¹⁰⁸ Ibid.

¹⁰⁹ Louttit to Kinder, 8/3/1941, Box 12, Folder 223, CML.

In fact, in Louttit's response letter to Lindsley dated July 18th, Louttit expressed his concern that the new Committee not be too heavily weighted by academicians:

You probably do not know, but the A.A.A.P. encourages having non-members on its several professional Committees if they can make a contribution and are willing to serve. Therefore, there would be no difficulty in retaining those individuals who are not members who might be desirable.¹¹⁰

Louttit clearly saw the Lindsley conference as too heavily dominated and influenced by the academicians. Although fully cognizant of the need for and agreeable to the further discussion of training models, he nonetheless felt that more members of the AAAP should be involved so as to give a more representative assessment of what applied training should be. Although Louttit passed on Shakow's proposal for training for approval by APA he especially looked forward to the establishment of an AAAP Committee for Training to study this issue.

Louttit's recommendation was passed. Lindsley's summary report of the May 3rd 1941 meeting as well as Shakow's proposal for training were submitted to the AAAP secretary with the recommendation that the AAAP appoint a Committee "to draw up a program for the Professional Training of Clinical Psychologists" which would address "academic training, ...field training (internships) [sic], ...[and the] selection of academic and field training centers for [the] experimental trial of the formulated program."¹¹¹

¹¹⁰ Louttit to Lindsley, 7/18/1941, Box 12, Folder 223, CML.

The Committee on Professional Training in Clinical (Applied) Psychology (CPTCAP)

The AAAP Board established in September 1941 a Committee on Professional Training in Clinical (Applied) Psychology (CPTCAP).¹¹² The general chairman of this Committee was Bruce V. Moore, from Pennsylvania State College, but the Committee was further subdivided into three Subcommittees that represented all of the sections of the AAAP: a Subcommittee for Educational Institutions, chaired by J. G. Darley (members Bertha M. Luckey, T. Ernest Newland, Carl R. Rogers, and Percival M. Symonds), a Subcommittee for Health and Welfare Institutions (the clinical representative), chaired by Donald B. Lindsley (members Edgar A. Doll, G. I. Giardini, Albert T. Poffenberger, and David Shakow), and a Subcommittee for Business and Industry, chaired by M. A. Bills (members H. E. Burt, H. P. Longstaff, S. Shellow, and Edward K. Strong).

The CPTCAP corresponded and met at Pennsylvania State College in June 1942 and generated a Proposed Program of Professional Training in Clinical Psychology which was accepted at the annual AAAP meeting in September 1942 and published in the January-February edition of the Journal of Consulting Psychology in 1943. In contrast to Shakow's proposal this training program emphasized a more general liberal arts undergraduate education and a less medicalized graduate education in favor of coursework more relevant to the particular area of interest in applied psychology (as broadly suggested by the AAAP section divisions).

¹¹¹ Louttit, "Fifth Annual Meeting," 24.

¹¹² Louttit, "Fifth Annual Meeting."

This program illustrated the “minimum essentials to serve as the core or basic preparation” of clinical psychologists and required completing the equivalent of the Ph.D. degree. The ideal undergraduate background would be a general liberal arts education of three years consisting of roughly five courses in psychology, six to eight courses in the biological and physical sciences (two in biology, two in mathematics, one or two in physics, and one or two in chemistry), three to six courses in the social sciences (a semester or two in sociology, anthropology, and economics and/or political science, respectively), and two or three courses in education (one in introduction to education and one or two in the history, philosophy, or sociology of education), with practical field experience being included whenever possible.¹¹³

The proposed graduate program consisted of three areas: basic psychology courses, courses in related fields, and courses on specific techniques. Five core psychology courses were required of all students: Systematic, Developmental, Dynamic, Experimental Methods, and Quantitative Methods. Depending on the area of applied psychology chosen by the student, an additional course in either psychology of the deviate (for clinical), theory and techniques of learning (for educational), and psychology of fatigue and efficiency (for industrial) would also be required.

Seven areas related to clinical practice were also listed, from which the student had to choose at least three, depending on the area of applied psychology chosen: Medical Science, Social Psychology, Sociology, Professional Relationships, Economics

¹¹³ American Association for Applied Psychology Committee on (Professional) Training in Clinical (Applied) Psychology, “Proposed Program of Professional Training in Clinical Psychology,” *Journal of Consulting Psychology* 7 (1943): 23-26.

and/or Political Science, Educational Administration and Industrial and Business Management. For those students choosing clinical as their applied area, the Committee recommended choosing Medical Science, Sociology, and Professional Relationships as most related to their interest.

Finally, all students were also required to take four courses on specific techniques: Psychological Tests and Measurements, Methods of Case Study and Analysis, Psychological Counseling and Therapy, and Survey of Educational and Vocational Guidance Techniques.

In addition to the academic courses required in those three areas, a one year internship in “a recognized institution, clinic, [or] school...where practice and experience in the use of clinical psychological methods may be gained under the supervision of a clinical psychologist of good standing” was also required. Such internships had to provide exposure to clinical psychometrics and interviewing, conferences and seminars, therapy, and research.¹¹⁴

J. E. W. Wallin published an article in response to the proposal in which he decried the automatic assumption that certain coursework will automatically insure competence in certain occupations. Specifically, he insisted that there be highly specific course requirements meeting specific job conditions and bemoaned the absence of a “didactic course in clinical psychology itself” and the proposal’s ambivalence over requiring a “basic course in psychoclinical examinations which [would] provide actual

¹¹⁴ Ibid.

training not only in individual test administration, but also in synoptic case history work.”¹¹⁵

The proposal seemed otherwise quite welcomed, however. According to the seventh AAAP meeting proceedings, of the 900 off-print copies of this proposed graduate program which were purchased, over 800 went to “departments of psychology of the universities, and larger colleges and four-year teacher colleges throughout the United States.”¹¹⁶ Louttit wrote to Bryan believing that Moore’s distribution of the proposed program was too extensive, venturing to guess that a third of the places he sent it to could not offer the courses suggested in the proposed curriculum.¹¹⁷ Louttit would have only sent the proposed curriculum to those institutions represented in the APA lists and the teacher colleges but realized that it probably was less expensive and less work to mail it all over than to come up with a select list of institutions.¹¹⁸

Following publication of the proposed curriculum for training in professional psychology, the CPTCAP was enlarged to seven Subcommittees of two members each (under the new name “Committee on Professional Training in Applied Psychology” (CPTAP)) and suggestions for the revision of the proposed training program to encompass *all* areas of applied psychology were solicited.¹¹⁹

¹¹⁵ John Edward Wallace Wallin, “Comments on the Training of the Clinical Psychologist,” *The Journal of General Psychology* 37 (1947): 89-90.

¹¹⁶ Alice I. Bryan, “Seventh Annual Meeting of the Summarized Proceedings and Reports of the American Association for Applied Psychology,” *Journal of Consulting Psychology* 8 (1944): 13.

¹¹⁷ Louttit to Bryan, 12/26/42, Box 12, Folder 219, CML.

¹¹⁸ *Ibid.*

The APA Reorganization

The events leading to the reorganization of the AAAP and the APA have been well documented by historian James Capshew. I will briefly recapitulate them here.¹²⁰ To mobilize psychologists during World War II the Division of Anthropology and Psychology of the National Research Council (NRC) voted to establish a Committee on Public Service in April 1939, which was then renamed the Committee on the Selection and Training of Military Personnel, under the chairmanship of John G. Jenkins from the University of Maryland.¹²¹

Almost a year after England and France declared war on Germany, the NRC sponsored a Conference on Psychology and Government Service in August 1940. Representatives from APA, the AAAP, the Society for the Psychological Study of Social Issues (SPSSI), the Society of Experimental Psychologists, the Psychometric Society, and Section I (Psychology) of the American Association for the Advancement of Science were invited and agreed to the creation of a central Emergency Committee in Psychology under the administration of the NRC. The Committee, chaired by Karl Dallenbach and including former APA presidents such as Robert Yerkes, Walter Miles, Walter Hunter, and Leonard Carmichael, “sponsored and coordinated the varied activities of

¹¹⁹ Bryan, “Seventh Annual Meeting.”; Chauncey McKinley Louttit, “Summarized Proceedings and Reports of the Sixth Annual Meeting of the American Association for Applied Psychology,” *Journal of Consulting Psychology* 7, no. 1 (1943): 1-22.

¹²⁰ James H. Capshew and Ernest R. Hilgard, “The Power of Service: World War II and Professional Reform in the American Psychological Association,” in *The American Psychological Association: A Historical Perspective*, eds. Rand B. Evans, Virginia Staudt Sexton, and Thomas C. Cadwallader (Washington, D.C.: The American Psychological Association, 1992); Capshew, *Psychologists On the March*.

¹²¹ Capshew and Hilgard, “Power of Service.”

psychologists in the military services, government agencies, and volunteer organizations.”¹²²

Throughout the 1930s, several psychological organizations had been established to address the needs and interests of psychologists not represented by the APA. Leading an Emergency Committee Subcommittee on Survey and Planning, Robert Yerkes employed his influence to recruit leaders in both applied and academic psychology from various psychological organizations so as to unite them in one common front for national service during wartime. Yerkes proved to be instrumental in the APA’s reorganization.

In the spring of 1942 Yerkes recommended the Emergency Committee sponsor a conference for long-range planning and emergency problems in psychology and appointed seven influential applied, as well as academic, psychologists as conferees: Richard M. Elliott (University of Minnesota), Edwin G. Boring (Harvard University), Edgar A. Doll (Vineland Training School and former AAAP President), Calvin P. Stone (Stanford University and then president of the APA), Alice I. Bryan (Columbia University, AAAP Secretary, and organizer of the National Council of Women Psychologists), Ernest R. Hilgard (Stanford University and member of the SPSSI), and Carl R. Rogers (Ohio State University and AAAP member). Many of these individuals had participated in psychological services during World War I, were actively involved in professional organizations of psychologists, and although from prestigious academic institutions, also represented all major areas of interest in applied and academic psychology. They convened for a week at the Vineland Training School in June 1942

and proposed that the NRC establish a planning board for psychology that would be independent of the Emergency Committee. Sensing competition for the Emergency Committee, a Survey and Planning Subcommittee, consisting of Yerkes's conferees, was created instead. This Subcommittee recommended creating an American Institute of Psychology which would "provide professional services of personnel, placement, public relations, publicity, and publication," much in the same way the Office of Psychological Personnel, an employment clearinghouse created in early 1942, did.¹²³

The Subcommittee suggested holding a convention, the Intersociety Constitutional Convention, to discuss planning such an Institute. Each of the six societies represented in the Emergency Committee, as well as three additional ones – the National Council of Women Psychologists (a 200-member group represented by Alice Bryan), the National Institute of Psychology (consisting of prominent experimentalists), the Psychology section of the American Teachers Association (an African-American organization) – were invited to send up to five delegates to the convention.

The Convention was held in New York City during May 29-31, 1943. On the first day three Subcommittees presented three alternatives for a national association (along with the budgets and finances anticipated for each one): a federation of existing societies to accomplish common objectives but retaining each one's identity and objectives (chaired by Calvin Stone), the creation of an ideal new association that would replace the existing ones (chaired by Gardner Murphy), and the modification of the APA by-laws toward a "stronger and more inclusive central national psychological

¹²² Ibid., 152.

organization” which would nonetheless allow interest group autonomy through a divisional structure (chaired by John Anderson).¹²⁴

The last alternative proved to be the most popular one and the second convention day was spent discussing the proposal and “any grievances against the APA.”¹²⁵ The Committee suggested expanding the purpose of the APA from the advancement of psychology as a science to include the advancement of psychology as a science *and* as a profession, and establishing general and section membership classes as well as section representation according to size. The main grievances were the lack of voting privileges for APA Associates, the neglect of women and African-Americans in the APA, and the overall unresponsiveness to professional interests of psychologists (which had earlier led to the creation of other organizations).

The last day was spent reviewing a preliminary statement on the structure of the new society:

The certificate of incorporation was to be reworded to say that: “the object of this society shall be to advance psychology as a science, as a profession, and as a means of promoting human welfare.” Two classes of membership were proposed: Fellow (equivalent to the APA member) and Member (equivalent to the APA Associate). In addition, divisions could have similar separate categories for nonmembers if they desired. Divisions, organized around interest groups, required a minimum of 50 members and would be the basis for representation on the Council.¹²⁶

¹²³ Robert M. Yerkes et al., “First Report of the Subcommittee on Survey and Planning for Psychology,” *The Psychological Bulletin* 39 (1942): 629.

¹²⁴ Capshew and Hilgard, “Power of Service,” 163; Albert T. Poffenberger and Alice I. Bryan, “Toward Unification in Psychology,” *Journal of Consulting Psychology* 8 (1944): 253-257.

¹²⁵ Capshew and Hilgard, “Power of Service,” 165.

¹²⁶ Quoted in Capshew and Hilgard, “Power of Service,” 166.

Now that the 26 delegates at the Convention had agreed on the proposal for the new organization, it was up to the delegates and officers of the nine involved national psychological societies to ratify. In July 1943 a draft of the proposal was sent out to each one.

The APA and the AAAP accepted the proposal during the annual meeting in September of that year and suggested that a Joint Constitutional Committee coordinate polling the societies' members and, if necessary, make any revisions to the suggested by-laws.¹²⁷ In November 1943, the revised By-Laws were also published in the Psychological Bulletin and reprints were mailed to all AAAP members who did not receive the publication. On February 26-27, 1944, the Joint Constitutional Committee met in Ohio to incorporate the suggestions received into the by-laws so they could be published in the July 1944 issue of the Psychological Bulletin.¹²⁸ In the meantime, Harriet O'Shea and Gilbert Rich, chair and secretary of the AAAP Board of Affiliates, respectively, circulated an unpublished list of points against the reorganized APA among the members of the societies affiliated with the AAAP (which were mostly practitioner-oriented, in contrast to the more academically-oriented leaders of the AAAP). The 11 societies affiliated with the AAAP and with membership sizes ranging from 10-130 members were: the Indiana Association of Clinical Psychologists, Inc., the Kansas State Association of Consulting Psychologists, the Kentucky Psychological Association, the

¹²⁷ The 3 APA representatives were E. R. Hilgard (chair), J. E. Anderson, and W. L. Valentine. The 3 AAAP representatives were Alice I. Bryan, C. M. Louttit (secretary), and S. L. Pressey.

¹²⁸ For sample suggestions see "The Proposed AAAP-APA Merger," *Journal of Consulting Psychology* 8 (1944): 118-124.

Massachusetts Society of Clinical Psychologists, Inc., the Michigan Psychological Association, the Minnesota Psychological Association, the New Jersey Association of Psychologists, the New York State Association for Applied Psychology, Inc., the Ohio Association for Applied Psychology, the Pennsylvania Association of Clinical Psychologists, and the Wisconsin Association for Applied Psychology.¹²⁹ According to O'Shea and Rich these societies had purportedly been

unable to find any statement of the disadvantages which might follow from the proposed merger, and [had] communicated with the Secretary or the Chairman of the [Board of Affiliates], asking where such points could be found.

In answer to such inquiries, the officers of the [Board of Affiliates] have collected all of the reasons against the proposed merger which have come to their attention in any way, and have compiled a list of such adverse reasons for the use of any Affiliated Society that may be interested in the list.

One society has mimeographed a list of reasons for not merging the AAAP with the APA and has mailed a copy to each one of its members. The list which is enclosed may be used by a society in any way that it chooses.¹³⁰

Although O'Shea and Rich claimed that the list they mailed bore "no official sanction or approval whatever...[and was] not the official opinion of the [Board of Affiliates], nor...to be construed as representing the personal belief of either of the compilers," the fact remains that in March 1944 they mailed out 11 reasons against the AAAP-APA merger on official AAAP letterhead.

Specifically, the 11 points addressed can be paraphrased as follows:

1. Applied psychologists would become a minority of the membership of a reorganized APA, with no "unified voice" to protect the interests and standards of all applied psychologists.

¹²⁹ Roy M. Hamlin and Stephen Habbe, "State Psychological Societies," *The American Psychologist* 1 (1946): 17-21.

¹³⁰ O'Shea and Rich to Presidents, Secretaries and Representatives to the Board of Affiliates of Affiliated Societies, AAAP, Affiliates, 1943-1945, Box 689, APA.

2. Proponents of the merger have called for abolishing the distinction between applied and academic psychologists but this does not take into account the knowledge, skills, and attitudes required by applied activities which academicians lack.
3. The AAAP has become serious, dignified, and important enough to attract the APA's attention; abandoning it would weaken professional thinking and development.
4. Outsiders will only care that psychologists be members of the reorganized APA, without caring whether they are members or fellows.
5. No one section of the AAAP (or division in the reorganized APA) would be able financially to continue publishing the Journal of Consulting Psychology but if left in the hands of the reorganized APA and its academic emphasis it would cease to be a voice for applied psychologists.
6. Applied psychology is not securely established or clearly enough defined to be able to risk its nebulous identity in a merger; doing so at this point would set back its growth and development.
7. At least a year following the end of the war should pass so that both academic and applied psychologists who are away in the Armed Forces have a chance to study the proposal and attend discussions and meetings measuring the pros and cons of such a merger.
8. Depriving members of a reorganized APA of their vote (i.e., delegating all power to the Council of Representatives) goes against the democratic settling of issues by all members of a national organization.
9. The structure of the proposed reorganization (i.e., divisions) would lead to a wasteful overlapping of activities carried on by several divisions at the same time (as opposed to maintaining people and ideas together).
10. The structure of the proposed reorganization would lead to endless bickering and political activity.
11. A reorganized APA only seems to produce disadvantages for applied psychology, none to academic psychology.¹³¹

Steuart Britt, former director of the Office of Psychological Personnel, accused O'Shea of being on a personal crusade and implying official endorsement by employing AAAP letterhead, to which O'Shea responded "by implicating him as part of the 'pressure group' in the East that was pushing the reorganization".¹³² On April 18, 1944 Alice

¹³¹ Ibid.

¹³² Capshew and Hilgard, "Power of Service," 170.

Bryan, Executive Secretary of the AAAP and member of the Intersociety Constitutional Convention held in May 1943, formally responded to O'Shea's list in kind. She mailed out to every delegate and officer of the same 10 psychological societies an open point-by-point rebuttal of O'Shea's criticisms on AAAP letterhead. Paraphrased again, she countered that:

1. At least 13 of the 19 charter divisions would fall within applied psychology and would be, furthermore, autonomous, as the AAAP sections had been.
2. Applied psychologists should have no difficulty distinguishing applied psychology from academic psychology, and the APA would only have the power that its (mostly applied) divisions would delegate it.
3. Most AAAP psychologists *wanted* this reorganization; it had been worked over many times by several different groups.
4. Fellowship status should be no less effective (nor difficult to distinguish) than it was in the AAAP sections. Furthermore, employers would not have to distinguish between psychologists belonging to different national societies.
5. The Journal need not be delegated to the secretarial office; it could be published by one or more divisions within the reorganized society.
6. American psychology lacked unity because the APA was unwilling to represent its varied interests (thus the creation of the AAAP). Now the time had come when psychology needed one centralized authority which could represent the field in the emergency crisis and in the reorganization of the social structure following the war.
7. Statistics were being accumulated on the number of men in the military who had replied to the polls.
8. The larger the association the less every vote counts but the reorganized APA would allow for divisional autonomy.
9. All organizations need improvement, but at least the reorganized APA would be more flexible than the AAAP in its structure and would thus be more likely to be able to implement changes.
10. The amount of bickering depends on the amount of emotional cathexis among its members. More varied interests might lead to more contention but it would also lead to closer contact with each other and opportunities to iron out differences.
11. The present wartime emergency called for global action which was beyond issues of "small vs. large nation".¹³³

¹³³ Bryan to Presidents, Secretaries and Representatives to the Board of Affiliates of Affiliated Societies, AAAP, Affiliates, 1943-1945, Box 689, APA.

Bryan's letter was apparently quite persuasive. Of 6,000 American psychologists who were polled concerning reorganization 3,600 ballots were received, with less than half a dozen responding unfavorably to the reorganization.¹³⁴ The APA and the AAAP officially approved the reorganization by-laws at their annual meeting in September 1944 and spent the following year planning the division organization and organizational representation. The reorganized APA was formally inaugurated on September 6th, 1945. Most important, it would now embrace a dual mission, one that embraced the advancement of psychology both as a science as well as an applied profession that would serve society.

Summary

The AAAP was formally established on August 31st, 1937 and consisted of four sections, all concerned with the application of psychology as a science: Clinical, Counseling, Educational, and Business/Industrial. The APA Clinical Section and the ACP disbanded and joined the AAAP, along with other regional organizations. The ACP members residing or working in NYS, however, were automatically invited to become members of the new, resulting NYSAAP and almost 100 members did so within the first year. Qualifications for membership became a heated issue. Some members wanted to maintain the high standards seen in the ACP (Ph.D. degree and 2 year experience) but others wanted a more democratic state organization where all applied psychologists could be represented. The latter group won and a single category of membership was

¹³⁴ Poffenberger and Bryan, "Toward Unification in Psychology."

established, equivalent to that of associate member of the AAAP.¹³⁵ By May 1938 the NYSAAP consisted of 135 members.¹³⁶

Despite high standards membership to the AAAP grew quickly. Over half of the AAAP were APA members and associates; the remaining members, however, revealed that the APA continued not to recognize and represent the professional needs, interests, and qualifications of practicing psychologists.

Requiring the Ph.D. degree, which was a research-oriented degree devoid of much real world clinical work, created a problem for an organization striving to represent applied practicing psychologists. Three solutions to this problem were possible: liberalizing the traditional Ph.D. program toward professional training, creating a Ps.D. degree for applied psychologists, and creating a professional clinical training program leading to a certificate/diploma. Poffenberger, at Columbia University, attempted the third, and in January 1937 proposed a three-year long program that involved two years of coursework and a third year internship that would lead to a professional certificate. The Columbia Graduate Committee on Instruction, however, vetoed the program before it could be fully completed.

On March 26th, 1941, Donald Lindsley, of the Emma Pendleton Bradley Home in Providence, Rhode Island, invited Chauncey McKinley Louttit, then executive secretary of the AAAP, to attend a conference on May 3rd to discuss the problems and methods of clinical psychology and the training that people entering the field would need. The dozen

¹³⁵ "News Notes," *Journal of Consulting Psychology* 2 (1938): 63-64; Dorothea McCarthy, 1956, p. 9, M91, History of the New York State Psychological Association, WWC.

or so members who were invited and attended the conference were almost exclusively APA members, something that did not elude Louttit's reproach, but the consensus was that the clinical psychologist's most common tasks involved diagnosis (testing), research, therapy, and teaching. As a result of this conference, Shakow, one of the conference participants, presented a proposal for graduate training which was circulated among the other participants for comments. After modifying his proposal to reflect less of a reliance on the medical model and on psychiatric institutions as internship sites and more of an emphasis on research and not just service, the proposal was published in the Journal of Consulting Psychology in 1942. In contrast to Poffenberger's training plan, Shakow's plan was four years long, with the first two devoted to coursework, the third to a clinical internship, and the fourth to completing a dissertation.

After some discussion about whether the AAAP or the APA would be best qualified to set up and sponsor such training criteria the joint AAAP-APA Committee on Professional Training in Clinical (Applied) Psychology (CPTCAP) was established in September 1941. This Joint Committee was headed by Bruce Moore and consisted of three subsections to represent the various applied areas of interest: Educational Institutions, Health and Welfare Institutions (chaired by Lindsley and including Poffenberger and Shakow), and Business/Industry.

The CPTCAP published its own training proposal in the Journal of Consulting Psychology in early 1943, similar to Shakow's but encouraging a more general liberal arts undergraduate and less medicalized graduate curriculum with coursework relevant to

¹³⁶ "News Notes," 124.

the particular area of applied interest. Following this publication the CPTCAP was enlarged to include seven subcommittees in order to encompass all areas of applied psychology.

Later that year, in May 1943, the Intersociety Constitutional Convention headed by Yerkes and under NRC auspices met to discuss planning an organization that would unite academic and applied organizations in one common front for national service. A reorganized APA's purpose would be expanded to advance psychology as a science, as a profession, and as a mean to promote human welfare. Two classes of membership were proposed: Fellow (formerly Member) and Member (formerly Associate), as well as divisions with a minimum of 50 members. Despite a minor skirmish involving some applied psychologists who believed that their voice would once again be silenced and unrepresented under the APA umbrella, the reorganized APA was successfully and formally inaugurated on September 6th, 1945, shortly after the end of World War II.

CHAPTER 6

FORGING NEW ALLIANCES

As mentioned earlier, psychologists during World War I had expanded their role as testers from testing in school settings to testing of recruits during the war. They nonetheless were required to do their work under the supervision of psychiatrists who looked down on them as “technicians”. World War II, however, saw a further expansion of the duties expected of the psychologist. The number of psychological casualties in World War II was overwhelming. Psychiatrists who until then had relied on psychologists exclusively for assistance in assessment and diagnosis were now faced with having also to request that they aid in the treatment of casualties.¹ Suddenly, psychologists were finding themselves engaging in a variety of activities in addition to mental testing: psychological evaluations, pilot selection, training techniques, and finally, psychotherapy of adults, both individually and in groups.²

¹ Lawrence Edwin Abt, “Clinical Psychology and the Emergency of Psychotherapy,” *Professional Psychology: Research and Practice* 23, no. 3 (1992): 176-178; James H. Capshew, *Psychologists On the March: Science, Practice, and Professional Identity in America, 1929-1969* (Cambridge: Cambridge University Press, 1999); George Frank, “The Boulder Model: History, Rationale, and Critique,” *Professional Psychology: Research and Practice* 15, no. 3 (1984): 417-435; George Frank, “The Boulder Model Revisited,” *Psychological Reports* 59 (1986): 407-413; Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995); Karl E. Pottharst, “A Brief History of the Professional Model of Training,” in *Levels and Patterns of Professional Training in Psychology: Conference Proceedings Vail, Colorado July 25-30, 1973*, ed. Maurice Korman (Washington, DC: American Psychological Association, 1976); Bonnie Strickland, “Clinical Psychology Comes of Age,” *American Psychologist* 43, no. 2 (1988): 104-107.

² Abt, “Clinical Psychology.”; Capshew, *Psychologists On the March*; Herman, *The Romance of American Psychology*; Strickland, “Clinical Psychology.”

Psychiatrists, however, were unwilling to relinquish their high status within the mental health field by treating psychologists and other mental health providers as equals.³ It should be remembered that within the *medical* hierarchy psychiatry was not at all prestigious and hence keeping its high status within the mental health hierarchy was of utmost importance.⁴ Thus, psychiatrists continued to demand that psychologists fulfill all of their duties under the supervision and authority of psychiatrists.⁵

Given this sudden demand for psychological services during and following the war, however, how were psychologists supposed to provide them given the paucity of training they had in the required tasks? We have seen that individuals as well as professional psychological organizations had made sporadic attempts to establish training criteria but it was World War II that provided the broader and more urgent impetus for psychologists to establish and standardize training criteria for those engaged in clinical work.⁶

**The APA Committee on Graduate and Professional Training of Psychologists:
The 1946 and 1947 Sears Reports**

Robert R. Sears, Director of the Iowa Child Welfare Research Station, read David Shakow's November 1942 article "The Training of the Clinical Psychologist" in The Journal of Consulting Psychology suggesting that the psychological associations "take

³ Frank, "History, Rationale, and Critique."

⁴ Seymour B. Sarason, "An Asocial Psychology and a Misdirected Clinical Psychology," *The American Psychologist* 36, no. 8 (1981): 827-836.

⁵ Frank, "History, Rationale, and Critique."; Sol L. Garfield, "Psychotherapy: A 40-Year Appraisal," *The American Psychologist* 36, no. 2 (1981): 174-183.

⁶ Frank, "Boulder Model Revisited."

the lead in officializing some [training] program.” In response, Sears wrote to the APA President John E. Anderson on January 29th, 1943, urging the creation of a Committee by the APA on clinical training (separate from the already extant AAAP one):

I know that the AAAP has set up some Committees on training, and am not sure whether the APA has or not. If not, I would like to recommend that you appoint a Committee for considering, in conjunction with the AAAP, standards and methods of training clinical psychologists.

I feel that this is a rather important matter to be undertaken by the APA because it represents the more scientifically minded and academically oriented group of psychologists. The AAAP has, of course, developed a very strong program, and their Committees are apparently headed in the right direction. The APA, however, still retains an academic prestige position, and an influence in psychology, particularly on the training side, that no other organization can develop in a short time. Furthermore, in order that any academic training programs be developed and set in motion, it seems to me that it will be necessary to have the official support of the APA.⁷

Anderson responded with qualified agreement. He had also read Shakow’s article and “was impressed with the recommendations” but:

was disturbed at the lack of recognition of developmental psychology and the somewhat narrow basic training laid out for the students in the clinical field. It certainly is important that, in the development of any such program, representatives of graduate instruction in academic psychology be represented. Whether or not such internship and training programs can be set up will depend upon the approval of the various Committees and faculties of graduate schools. The final decision in every case so far as graduate training will be made by people who are in the academic field.⁸

Clearly, Anderson saw that any action to be taken in response to Shakow’s recommendations was in the hands of the academics but he did not leap at the opportunity of the APA creating its own Committee. Although he promised to “explore

⁷ Sears to Anderson, 1/29/1943, RRS.

⁸ Anderson to Sears, 3/16/1943, RRS.

the possibilities for the APA” he seemed to prefer to relegate the matter to the Inter-Society Constitutional Convention that would be meeting in a couple of months:

What we apparently need is a general Committee which will deal with the whole problem of the training of psychologists at the graduate and professional level, and which might well be divided into Subcommittees to handle specific aspects. In other words, we need a Committee on the training of psychologists for college teaching; we need a strong Committee on the training of educational psychologists – this problem is not recognized at all in the Shakow report. However nice his recommendations are from the standpoint of preparing people to meet the demands of institutions, they would hardly be adequate for the training of the clinical, educational or school psychologists that are found in many school systems. The Inter-Society Constitutional Convention [which would be meeting in May of 1943]...may devote some attention to the problem of Inter-Society Committees. Since it is to spend its time with the problem of psychology as a profession, it may also consider the training question and cooperation with regard to standards.⁹

Sears enthusiastically responded to Anderson:

I think your suggestion about having a general Committee to deal with the problem of training at the graduate and professional level is a very good one. It could quite effectively be divided into Subcommittees with overlapping membership. I do hope something of this sort can be done, because...an important part of our planning for clinical training depends upon internships (sic). In order to have any effective use made of the supervised practice there will have to be some kinds of standards established for the supervisors and for the institutions in which the supervised work is done.¹⁰

Given that he was already working on developing a clinical training program at the Iowa Child Welfare Research Station, Sears practically volunteered to initiate work toward a formal training proposal that would emphasize child development more than Shakow had in his report. Sears’s proposal would be geared more toward the psychologist who was not working in a hospital or insane or feeble-minded asylum:

⁹ Ibid.

¹⁰ Sears to Anderson, 3/22/1943, RRS.

I quite agree with what you say about Shakow's narrowness... The type of thing for which I have my plans oriented is the school psychologist to which you referred. The training for such a position would, of course, have to be quite different in its emphases from the program Shakow envisages. If you can deduce from the fact that I am taking the initiative in developing this program here, child development will be very heavily emphasized in our curriculum.¹¹

Sears would not have to wait very long. the APA Executive Secretary Willard C. Olson wrote to seven individuals on September 17th, 1943, asking them to serve on a new Committee under the chairmanship of Edwin R. Guthrie: The Committee on the Graduate and Professional Training of Psychologists (CGPTP).¹² The seven members invited to be part of the CGPTP were Robert R. Sears (Iowa Child Welfare Research Center), Bruce V. Moore (Pennsylvania State College and chair of the AAAP Committee on Professional Training in Applied Psychology), Sidney Pressey (Ohio State University), Willard L. Valentine (Northwestern University), J. Elliott Jenney, and Donald G. Marquis [Office of Psychological Personnel (OPP) of the National Research Council]. All but Jenney became official members of the CGPTP.

At this time, Donald Marquis, Director of the OPP, was about to mail out a questionnaire to:

3500 members of the American Psychological Association, 400 newly elected members, and 2000 psychologists whose names have been secured from the files of the National Roster, the Office of Psychological Personnel, and the membership lists of affiliated and regional societies. For purposes of this survey, the term "psychologist" is defined as an individual who has completed at least one year of graduate work in psychology, or who is engaged professionally in full-time work of a psychological nature.¹³

¹¹ Ibid.

¹² Olson to 7 members, 9/17/1943, RRS.

¹³ Marquis to Sears, 12/16/1943, RRS.

Marquis was asking professional psychologists to rate the nature of their employment (as of November 1940) according to various criteria:

- a. Number, sex, educational level.
- b. Salary, number of years of experience.
- c. University at which training was secured [for both] M.A. and Ph.D....which universities are training for which professional field.
- d. Subject of graduate degree.
- e. Principal function, and per cent of time spent in each...
 1. Teaching at the college level
 2. Administration and supervision
 3. Editing or writing
 4. Individual research
 5. Research direction or supervision
 6. Collection and analysis of statistical data
 7. Mental test administration and interpretation
 8. Educational counseling of students
 9. Vocational counseling
 10. Remedial training
 11. Clinical case work, adjustment counseling, interviewing
 12. Personnel work
 13. Industrial consulting
 14. Other¹⁴

The results of this questionnaire were to provide an idea of what areas professional psychologists worked in at the time. Guthrie felt that once the results of this questionnaire were received that the CGPTP could then focus on the graduate and professional training that would lead to competence in these areas. Based on the questionnaire's 14 "functions," however, Guthrie already anticipated that "general psychological competence established through lectures...or reading courses...provided

¹⁴ Guthrie to CGPTP members, 1, RRS.

by the devices of ordinary teaching employed in the usual college or university course” would no longer be dependable:¹⁵

Probably all of them require actual practice at the task and continuous correction of that practice. In many graduate schools numbers 1, 4 and 8 are the only skills in which training provides the competence that is required of the professional worker.

Many of these functions require experience, maturity and interest which graduate courses can not (sic) be expected to provide. But most of them can profit by practice, as distinct from text-book and lecture or class-room exercise, - practice of the function itself.

This applies particularly to numbers 3, 6, 7, 10, 12, and 13. In these functions, exposure to the actual job under friendly guidance and criticism can give an initial competence when professional work is begun.¹⁶

Because the traditional Ph.D. program in experimental psychology could not provide competence in any of the listed activities, graduate and professional training would have to be standardized in order to provide such competence. Toward this goal, Guthrie made two suggestions as regards what the CGPTP’s job might be:

1. To determine the skills and competences for which we believe psychologists should be prepared.
2. To describe the methods of general training and special training that will establish these skills.¹⁷

Guthrie felt it was up to the Committee to encourage novel methods and devices as well as field experience amongst psychology departments interested in providing professional psychological training. Nonetheless, Guthrie urged all CGPTP members to exchange ideas and make their own suggestions with regard to what the Committee’s goals should be.

¹⁵ Ibid.

¹⁶ Ibid.

The CGPTP members indeed proposed various items for consideration. Guthrie summarized these suggestions as follows and asked the Committee members to comment on them:

1. Determine the skills and competences for which psychologists should be prepared through analysis of the OPP questionnaire supplemented by a “detailed, insightful study of each professional field.” (Marquis) (Sears)
2. Survey existing curricula and facilities and pick up concrete suggestions about training from those institutions which have done effective work. (Marquis) (Sears)
3. Make recommendations for faculty, curriculum, facilities and student selection in each of the professional fields and eventually rate the departments in terms of the standards agreed on. (Marquis) (Sears)
4. Divide into Subcommittees for each field, with additions to personnel. (Marquis)
5. Draw up proposals for either licensing or certification by training institutions and establish standards for these. (Sears)
6. The possible inclusion of an “internship” or period of actual work in some psychological field as one of the requirements for the Ph.D. degree in psychology.¹⁸

A letter from Sears to Guthrie dated December 21st, 1943 reveals that Sears did not believe the OPP questionnaire included the information the Committee would find useful and that the Committee itself should study more extensively the “skills and competences for which psychologists should be prepared.”¹⁹ Furthermore, with respect to the second suggestion, Sears felt that the CGPTP should prepare its own questionnaire, to be given to psychology department chairs and directors of psychological work in institutions where internships are offered, in order to assess how closely the actual training offered there resembled the “ideal” training set forth by the AAAP in the January

¹⁷ Ibid.

¹⁸ Guthrie to CGPTP members, 2, RRS.

¹⁹ Sears to Guthrie, 12/21/1943, RRS.

1943 issue of the Journal of Consulting Psychology. Only after these first two suggestions were seen to completion did Sears see possible the recommendation of faculty, curriculum, facilities, and student selection (suggestion 3 above).

These first two suggestions became the Committee's immediate aims, although it was in fact concerned with eight tasks:

1. Job analyses of the actual functions of psychologists.
2. Licensing and certification.
3. Outlining a good basic undergraduate preparation which will allow for later specialization, possibly specialization during the last undergraduate year.
4. Evaluation of professional work done by psychologists in army, navy, or civilian agencies during the emergency.
5. Survey of present training facilities. This will include faculty personnel, courses offered, standards maintained, and practicum facilities.
6. Regularization of practicum facilities on a national scale.
7. Possible recommendation of department specialization in graduate and professional training.
8. Dissemination of added information about opportunities for professional employment (in connection with the OPP).²⁰

Sears considered the second task of licensing and certification to be the most important one:

With the rapid increase in non-academic applications of the science, it is necessary to establish criteria by which the probable competence of newly trained workers can be estimated by employers. There must be, too, a method by which employers, clients, and the general public can distinguish between qualified and unqualified psychologists. This is essential for the protection both of the public and the qualified psychologist; in the long run, it is essential for the growth of professional psychology itself.

The two methods which have been most widely discussed are licensing and certification by the training institution. Since our Committee is concerned with the training problem, it might be wise for us to think ahead about the implications of certification. To establish such a procedure, there must be standards by which training institutions and the individual's work experience can be judged. If these are described fairly objectively, the judges will have little difficulty and can simply make a factual survey of facilities in any given institution and can evaluate

²⁰ Guthrie, 3/28/1944, RRS.

experience in terms of kind, amount, and extent of supervision. Of course, establishing standards is to some extent a matter of setting up ideals, and we must be rather careful not to go too far beyond the bounds of present reality.²¹

Sears thus recommended making “a job analysis of professional psychology” so that “a clear picture of what kinds of jobs people must be trained for at the graduate and professional level” emerges. He also suggested gathering “information on techniques and facilities that are being used for training in each of the jobs isolated by the job analysis.”²²

In general, I think we should go as far as we reasonably can, at the present time, in the direction of (1) standardizing the training program for given jobs, (2) establishing criteria of satisfactoriness for practicum training, (3) evaluating effectiveness of different training methods.²³

Sears created a questionnaire to survey the facilities and programs for professional training in psychology at the 30 leading universities of the country so as to be able to “recommend a standard curriculum and facilities that would be the minimum necessary for effective training in clinical psychology.”²⁴

This seems to me to be a necessary first step if the Committee is to go into the problem of establishing criteria of goodness of training centers in the manner that medical schools are certified. . . It seems to me that progress toward the ultimate goal of licensing and the taking of legal responsibility by psychologists would depend upon the development of carefully defined standards of training.²⁵

²¹ Sears’s CGPTP, RRS.

²² Ibid.

²³ Ibid.

²⁴ Sears to Marquis, 6/1/1944, RRS.

²⁵ Sears to Guthrie, 5/4/1944, RRS.

Donald Marquis wrote to Sears on January 25th, 1945 commenting on the questionnaire that Sears had created. Approving of the questionnaire overall, Marquis also recommended and appended a sheet that would ask departments to fill in the fields they felt they were qualified to offer training in so that the Committee would not get into the “nasty job of making the decision ourselves.”²⁶ Furthermore, given that “the departments [we]re not only devoid of students and staff” presently, but were also unable “to anticipate their postwar program,” Marquis suggested circulating the survey among “Guthrie’s Committee for suggestions and approval” and postponing conducting it until “V-180 day.”²⁷

Sears wrote to Guthrie four days later inclined to agree with Marquis’s suggestion but reluctant to wait so long that departments might begin “to stabilize fairly rigidly in their postwar appointments before they had the kind of information available that this questionnaire should elicit.”²⁸ So that departments might use the questionnaire information as a guide for formalizing clinical training, Sears suggested the Committee review and add the final touches to the questionnaire and subsequently wait until May 1st to decide whether to mail it out that year.²⁹ The questionnaire was indeed mailed out that year, on September 5th, 1945, to 101 institutions of higher education.³⁰

²⁶ Marquis to Sears, 1/25/1945, RRS.

²⁷ Ibid.

²⁸ Sears to Guthrie, 1/29/1945, RRS.

²⁹ Ibid.

³⁰ Jane Morgan to Sears, 1/5/1946, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box

The European phase of World War II ended with Germany's surrender on May 7th, 1945. With the war over, a large number of men were expected to return from services to pursue or continue their graduate work in psychology. On October 24th, 1945, Pressey, as new chair of the CGPTP, wrote to his Committee members reiterating the importance of training following the war:

Problems of adjustment of graduate programs to the needs of students returning from war service are now urgent. The need to revise programs better to meet professional needs, and also to take account of professional advances and changes resulting from the war, is also immediate.

The above mentioned problems are not peculiar to psychology, however; they are urgent in all the sciences. Grants by foundations for the revival of graduate training make problems of policy pressing. Especially does the proposed federal support of graduate study make this of great importance. How should students be selected for such awards? How should their progress be appraised to differentiate those who should from those who should not receive renewals? How may graduate programs be improved as to content and as to method?

...it is therefore tentatively proposed that an open meeting of this Committee be held at the time of the Council meetings in December...³¹

Sears responded to Pressey on October 31st, endorsing Pressey's idea to meet in December but suggesting a closed, rather than open, meeting for the Committee in order to discuss Shartle's job analysis and Sears's own analyzed questionnaire results. Sears had high hopes for the CGPTP to "develop into a strong agency for supporting higher budgets and better facilities in university departments of psychology."³²

470, APA. Robert R. Sears, "Graduate Training Facilities I. General Information II. Clinical Psychology" *The American Psychologist* 1 (1946): 135-150, mentions having sent it out to 102 institutions but Morgan's letter to Sears mentions that 106 universities were contacted but five did not offer graduate programs, thus leaving a total of 101, not 102, to whom the questionnaires would have been mailed.

³¹ Pressey to CGPTP members, 10/24/1945, RRS.

³² Sears to Pressey, 10/31/1945, RRS.

Elaine Kinder also wrote to Pressey, recommending that not only graduate departments but all those who employ psychologists should be considered when discussing graduate training so as to increase job opportunities as well as improve training:

The suggestion that the Chairman of the graduate departments are the ultimate consumers might be supplemented to include those who employ psychologists. If the administrative personnel in school systems, hospitals and business concerns were better acquainted with the professional training which the psychological associations consider necessary for professional work, I believe that the job opportunities for well trained psychologists and the incentive for university departments to offer adequate training would be considerably increased.³³

The Veterans Administration (VA) and the United States Public Health Service (USPHS) were soon to become psychologists' greatest employers.

The Veterans Administration

The significant number of war casualties and the equally significant shortage of personnel in all fields of mental health to treat them led the Veterans Administration to approach the APA Board of Directors in December 1945 requesting a list of institutions that could provide adequate doctoral training in clinical psychology. Daniel Blain, Acting Assistant Medical Director for Neuropsychiatry of the Veterans Administration, sent the chairmen of psychology departments an advance copy of the VA's proposed training plans for clinical psychologists in February 1946 "for your comment and criticism in the light of circumstances at your university, so that necessary changes can be made before final authorization."³⁴

³³ Kinder to Pressey, 11/27/1945, RRS.

³⁴ Blain's proposed training, RRS.

Blain's proposal required that students first be accepted by the psychology departments and once their names were forwarded to the VA for approval, would then be assigned to one of four possible groups with respective salaries:

First Year Trainee: B.A. degree but no graduate work in clinical psychology
(Grade P&S-1, \$1,704/year)

Second Year Trainee: successful completion of one year of graduate work (Grade
P&S-2, \$2,100/year)

Third Year Trainee: successful completion of two years of graduate work (Grade
P&S-3, \$2,320/year)

Fourth Year Trainee: successful completion of three years of graduate work
Grade P&S-3, \$2,980/year³⁵

The VA's proposal was more than generous. It would provide stipends to pay for the trainees' tuition for all courses in the doctoral clinical psychology program. It would appoint, as part-time consultants, any qualified clinical psychologists with a Ph.D. degree that the departments wished to employ "to increase the teaching capacity of the institution."³⁶ It would "facilitate the writing of doctoral dissertations by psychologists serving in the VA who lack only this work in order to get a doctor's degree" by appointing a "university-designated adviser (sic) on the dissertation" as consultant.³⁷ The VA would also sponsor seminars on psychological topics taught by university faculty as a way of raising and maintaining high standards of practice and research. If a university accepted large numbers of trainees, the VA would also pay for a secretary to help

³⁵ Blain's proposed training in Wolfle to Sears's letter dated 2/27/1946, RRS. A significant increase in salaries can be observed between Blain's proposed training of February 1946 and the VA Circular No. 105 which came out in May 1946: in the circular, first year interns would receive \$2,320, second year interns \$2,980, third year interns \$3,640, and fourth year interns \$3,640. It seems issues involving salary might have been one of the comments provided by the department chairs.

³⁶ Blain's proposed training, RRS.

³⁷ Ibid.

administer the VA training at the university. Finally, because of the VA's responsibility to Congress as well as to the public, it reserved the right to approve all appointments and revisit all "courses of study, standards of teaching, and quality of work done by trainees."³⁸ While responsibility for the training would rest on the psychology departments, the responsibility for the patients rested on the VA. By May 2nd, 1946, the VA had put out Circular No. 105 presenting the VA's proposed training plan for clinical psychologists, which was to begin in September 1946. The VA's program was highly compatible with Shakow's 1945 proposal on internship training (i.e., four-year long doctorate training followed by a one year internship), the only difference being that students had to spend "at least 50% of [their] time throughout the program [doing] "on the job" psychological work with veterans."³⁹ This could occur at any one of five possible VA installations: Mental Hygiene Clinics, Neuropsychiatric Convalescent Centers in general or surgical hospitals, Neuropsychiatric Hospitals, Paraplegia Centers in general hospitals, or Aphasia Centers in general hospitals.⁴⁰

On February 19th, 1946 Sears wrote to Dael Wolfle, Executive Secretary of the APA from 1946 to 1950, with a list of institutions offering doctoral training in clinical psychology which Wolfle could mail to James Miller, Chief Clinical Psychologist of the Veterans Administration (VA) (who had asked Sears for it). Sears broke down the list of

³⁸ Ibid.

³⁹ VA Circular No. 105, 5/2/1946; NARA, RG 511, Committee Files of Felix, Box 6, VA, Psychiatry and Neurology, 1946; Blain's proposed training, RRS; Wolfle to Sears's letter dated 2/27/1946, RRS.

⁴⁰ James G. Miller, "Clinical Psychology in the Veterans Administration," *The American Psychologist* (1946): 181-189.

institutions into three groups. The first group consisted of 13 institutions providing “top grade training facilities,” which Sears defined as containing two or more specialized clinical psychologists:

**University of California at Berkeley
University of California at Los Angeles
University of Chicago
Columbia University
University of Illinois
University of Iowa
University of Minnesota
New York University
Northwestern University
The Ohio State University
The University of Pennsylvania
Pennsylvania State College
Yale University⁴¹**

The second group of (nine) institutions provided doctoral training meeting basic curriculum and practicum requirements but without a large training staff:

**University of Cincinnati
Fordham University
University of Indiana
University of Kentucky
University of Michigan
University of Rochester
University of Southern California
Stanford University
Western Reserve University⁴²**

Finally, the third group consisted of five institutions that offered doctoral level training but which lacked either specialized clinical staff, practicum facilities, or specialized clinical and/or basic psychology courses:

⁴¹ Sears to Wolfle, 2/19/1946, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box 470, APA.

Bryn Mawr University
Clark University
George Washington University
University of Kansas
Wisconsin University⁴³

Sears had sent this list of institutions to Wolfe so that the list would reach the VA from the APA's Executive Secretary's office, rather than from Sears, who could "speak at the moment only as a member of the Committee on Graduate and Professional Training."⁴⁴ He also recommended to Wolfe that the first list of institutions be exhausted before moving on to the second and that the third list of schools not even be recommended at that point. The very next day Sears again wrote to Wolfe about the list of schools he had sent him:

So far as the list is concerned, I feel rather distraught. In the actual article [which would be published in May 1946] there will not be any breakdown into the three parts or classes that I gave you in yesterday's letter. Two or three members of the Committee as well as myself felt that perhaps we should not push too fast in classifying the sheep and the goats since everybody is trying so hard to get his staff and facilities built up. It might simply lead to the punishment of people whose impulses were all in the right direction. This will be presented in terms of the departments' own reports, but the breakdown will give additional detail by which the reader himself can make a judgment as to which are the good departments and which are the weak ones. In sending the lists that I did, I was making this kind of an analysis on my own responsibility. I have little doubt but that the other members of the committee would agree to my analysis.⁴⁵

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

On February 25th, 1946 Dael Wolfle wrote to James Miller with the first and second group listing of institutions approved by the CGPTP for training in clinical psychology:

Both the APA and the individual departments are very willing to cooperate in helping the VA to prepare clinical psychologists. We realize the acute shortage of well trained men and the large need of the Veterans Administration. We are glad to offer our services.

As a general principle we recommend that training be given only where it is possible to have a combination of a good university staff and good facilities for practical clinical experience.

...The APA's Committee on Graduate and Professional Training has recently completed a survey of the facilities available for the training of clinical psychologists, and has prepared a list of the universities which we are willing to recommend. We suggest, therefore, that you choose universities from the...list [of 13 institutions].

A second-level group of institutions...give[s] training to the doctoral level. All have good basic arrangements for curriculum and practicum, but none has as large a staff as we would consider desirable for top grade training. I suggest that the first list be exhausted before any of the...schools [on the second list] are used.

The schools named in the first list would, as a general principle, prefer to accept students who can fit into the regular program leading to a Ph.D. degree. The work expected of each student could then be determined by his previous training and experience. In so far as it is possible to follow this course, I believe it is a desirable one. There may, however, be a group of men for whom a shorter, more intensive, and more specialized type of training will be desirable. If this is the case, several of these schools have expressed a willingness to undertake that type of training.⁴⁶

Sears hoped to write a report on graduate training facilities in clinical psychology to be published in The American Psychologist based on this initial list of 27 institutions (in alphabetical order, not differentiated). Pressey, chair of the CGPTP, wrote a lengthy letter to Sears on February 26th, 1946 quite concerned about the draft of the report Sears had recently sent him and urging extreme caution. Not only was he concerned that every APA member to read the report would believe it was the CGPTP's formal position (as

opposed to Sears's alone) but, more importantly, he anticipated a very sensitive point, namely, that criticizing certain institutions in print as "inadequate" for training might very well lead to resentment:

...the matter of training facilities is an exceedingly important one from the point of view of adequate professional and graduate training. It is both an important and a delicate matter, involving problems of adequacy for prospective students and fairness to different institutions.

...I am not clear whether you plan actually to name different institutions and thus expressly say, in this official journal, "some institutions are not adequate to do certain work, though they offer such work" and similar named implications. If you do so plan, I am troubled for the following reasons: (a) Right now, institutions are changing very rapidly and what will be true next fall may not have been true ten months ago. (b) Within the Committee we aren't sure of some of our definitions and categories...and if that is true within the Committee, then presumably the various departmental chairmen may have had yet more different concepts and points of view which would make their responses various and not strictly comparable. (c) Some of our own categories and classifications have still to be completed in terms of material yet to be considered or clarified or not yet done. Thus Shartle and Marquis have classified the various applied fields in various ways and the classification you have used is not the same as Shartle's last grouping. Also, training programs have yet to be developed for all except the clinical field, and these further Subcommittees as on industrial, academic, and so on may change somewhat our concept as to desirable training programs. (d) Though you are to sign this as a personal paper, still it will presumably be understood as from OPP, and as part of the program of the APA Committee on graduate and professional training. And as a major Committee of the APA anything coming from it might be felt to have a certain official status as in implying Association policy. Louttit suggested that it might be conceived by the reader as being at least tentative toward the certifications of institutions...Put all of these things together and to name institutions in your paper can be a pretty important thing to them – and a thing that in view of the first consideration above they may not be quite ready for. Also, the smaller universities which are hit might feel this as ganging upon them by the big places. Can't you therefore present your material as a display of the differences between institutions and with certain institutions named X, Y, or Z as illustrative of variations between institutions? Say very definitely that this is a preliminary report on situations still unstable, but a report made now to help pattern thinking regarding the larger problem and to stimulate helpful comments...[That way] you don't have down in type, circulated to every member of the APA, named statements about different institutions which some of them might generally resent.

⁴⁶ Wolfe to Miller, 2/25/1946, RRS.

...I agree with you that it should appear as your personal paper rather than a Committee report because in the first place it is a very much worthwhile piece of work which you have done and for which you should receive full credit, but also because it cannot at this time be a formal report of the Committee as a whole since there is no opportunity for the Committee to consider it as such.

...it would seem to me that the changes I have suggested would not, from the long point of view of the development of our science, really weaken the article. They might save you, the journal, and the Committee from criticisms which might be both unfortunate and unnecessary.⁴⁷

Just a day later, however, on February 27th, 1946, Wolfle wrote to Sears, himself

concerned over going back on the list form that Sears had originally come up with:

The penalties of trying to set up standards and to certify institutions are pressing in on us. On the basis of your three lists of schools I wrote a letter to VA (sic) recommending exhausting all possibilities in the first list before trying schools in the second. I did not include the third list at all.

Miller is ready to accept our recommendation and to work within the list we gave him, but already schools outside that list are wanting to know why they are not on it. I told him that his use of the list would be one of the strongest supports we could have for making it, but that if he didn't stick to it, it would break down and we wouldn't give him one.

Your last letter states that the article will not distinguish the three groups, but will list them all together. That leaves me out on a limb, with Jim Miller for company. But he can climb down more easily than I.

Our list has to be subject to change.

...Can we divide the list up, as you did in sending it to me, and publish the fact that this is a first list, that schools will change and improve, and that as they become qualified, their names will be added to the top list. (sic)⁴⁸

Sears was torn, realizing the need that Wolfle had, vis-à-vis James Miller at the VA, of continuing to provide him with lists of differentiated institutions, while at the same time being strongly encouraged by his committee chair not to present such differentiated listings so as not to elicit any resentment from the institutions rated as "less qualified."

⁴⁷ Pressey to Sears, 2/26/1946, RRS.

⁴⁸ Wolfle to Sears, 2/27/1946, RRS.

The American Psychologist published Sears's report, entitled "Graduate Training Facilities: I. General Information, II. Clinical Psychology," in May 1946.⁴⁹ Sears, who had already anticipated as much to Wolfle in his letter in late February, listed 32 institutions in alphabetical order, without making distinctions between the first, second, and third tier schools he had sent to Wolfle for Miller.⁵⁰

The report was intended for "prospective graduate students who were trying to plan where to go for their training and how to finance it."⁵¹ The CGPTP had employed the National Roster, the Regional Directory of the APA 1945 Yearbook, and a 1944 article by E. J. Smith to come up with a list of 101 institutions offering graduate programs to survey. Of the 101 institutions, 61 filled out and returned the questionnaire, of which 59 provided complete data to include in the report. The report consisted of information on both general and clinical training. It listed what U.S. institutions offered the M.A. and Ph.D. degree in each of the various fields of psychology (subsumed broadly under "teaching and research" or "professional"), as well as information on admission requirements, tuition, and stipends/assistantships. As regards clinical training, it evaluated the resources of departments that offered clinical training according to the clinical staff and practicum facilities they had. Thirty two of the 59 reporting institutions offered clinical training at the doctoral level.⁵²

⁴⁹ Sears, "Graduate Training Facilities I."

⁵⁰ Five institutions were added to the initial overall list of 27: Harvard University, University of Maryland, University of North Carolina, University of Pittsburgh, and University of Toronto (Sears, "Graduate Training Facilities I.").

⁵¹ *Ibid.*, 135.

In a memo Sears wrote on March 6th, 1946, he clarified to the CGPTP members that his report, "gives the details of clinical training facilities in 32 institutions which reported that they train students in this field to the Ph.D. level" but that these institutions were only listed alphabetically, with no discrimination in ranking or classification between departments. Sears had understood Pressey and Wolfe's dilemma and mentioned that the rapid rate of progress in available facilities counterindicated publishing any differentiated list of institutions at the time. Because the VA did "not want to use all of the departments which reported the possibility of training to the doctorate level but...only those whose facilities were most comprehensive," however, Sears had written a list of 22 institutions with comprehensive institutions which he hoped the CGPTP members would sign so that this list could be passed on immediately to James Miller at the VA (with group 1 and group 2 combined):⁵³

In the first place we have no objective basis on which to say that a department is not as adequate as another one, and secondly the rapid changes that are being made in facilities would mean that some departments would probably get into the higher class before the actual publication of the list. Such publication would tend to fixate people's judgments about departments and while the post-war development of departments is going on this would not seem to be wise. On the other hand, it is necessary that we back up officially the Executive Secretary in his attempt to aid the Veteran's Administration.⁵⁴

⁵² Sears, "Graduate Training Facilities I."

⁵³ Sears to Wolfe, 3/6/1946; Sears to Pressey, 3/6/1946.

⁵⁴ Sears to CGPTP members, 3/6/1946, RRS.

Although this list would not be published, Sears intended for it to “be available on request in mimeographed form” and a copy of it to be sent to every chairman of each university on the list.⁵⁵

On March 12th, 1946 Wolfle wrote to Miller informing him of five more institutions that should be added to the initial list of 13 “high-caliber” institutions he had given Miller on February 25th of that year, four of which belonged to the original second group he had sent him: Fordham University, University of Kentucky, University of Michigan, University of Pittsburgh, and University of Rochester.⁵⁶ In this letter Wolfle explained to Miller that rather than publishing lists of approved and non-approved university facilities, that the APA would send the VA from time to time up-to-date lists “of schools which meet the criteria used by the Committee on Graduate and Professional Training of Psychologists.”⁵⁷ Wolfle also communicated to Miller that the APA was willing to “set apart a sum of money which may be used for working toward the maintenance of professional standards in the field of psychology in the Veterans Administration” and Miller responded that perhaps that money could be used toward the establishment of a board of consultants to the Administrator of the Veterans Administration that would “advise the Veterans Administration on professional standards, training programs and allied questions.”⁵⁸

⁵⁵ Ibid.

⁵⁶ Wolfle to Miller, 3/12/1946, RRS.

⁵⁷ Ibid.

⁵⁸ Miller to Wolfle, 3/22/1946, Administration, Executive Officers File, Executive Secretary, Willard C. Olson, General Administrative File, Government Agency, VA, 1944-1946, Box 38, APA.

Despite this “private ranking” between the APA and the VA, a letter from Miller to Sears dated April 18th, 1946 reveals that the VA had already begun to be contacted by several universities not on the “high-caliber” list who wanted to know why they could not be included on it: City College of New York asked to be on the list even though they did not offer clinical training to the Ph.D. level; Harvard University was not on the list because they neglected to return Sears’s questionnaire but had since done so (but did not indicate any facility for clinical psychology); Duke University was attempting to meet the Committee’s standards.⁵⁹ Miller felt the inclusion decisions should be left to the APA and was thus referring to Wolfle or Sears directly.⁶⁰ A letter from Sears to Donald Adams, from Duke University, reveals Sears’s dilemma over the VA’s funding of certain institutions: Sears could understand why the VA and Miller were interested in pursuing and funding training in the largest and best facilities but at the same time this led to a “system whereby the VA will assist in providing more staff for the institutions [the] VA uses...lead[ing] to a situation of vicious circling in which “those who have, get.”⁶¹

This letter was soon followed by one from Sears to Wolfle dated April 24th, 1946, in which he commented on receiving “rather severe criticism from two department heads (Stanford and Iowa) for allowing the accredited list of training institutions to become so large.”⁶² In order to set up “a small number of extremely well-staffed institutions” Sears

⁵⁹ Sears to Wolfle, 4/24/1946, RRS.

⁶⁰ Miller to Sears, 4/18/1946, RRS.

⁶¹ Sears to Adams, 3/15/1946, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box 470, APA.

argued that universities that did not meet criteria could not be included in the list and recommended that all concerned department chairmen be sent Sears's report with the "full reasoning and explanation behind the approved list."⁶³ Wolfle wrote back to Sears on May 3rd, 1946 acknowledging the pressure that universities would increasingly apply to be placed on the list but agreed with Sears that if the list were to mean anything it needed to stand by high selection standards backed by the Committee on Graduate and Professional Training of Psychologists.⁶⁴

Not all universities were clamoring to be placed on the list. Two letters to Sears from Miller at the VA and Dael Wolfle of the APA indicate that Northwestern University, which had been approved from the very beginning, did "not wish to participate in the VA program", preferring "to give a classical Ph.D. training rather than one in clinical psychology."⁶⁵ In conversations aimed at deciding whether to keep or drop Northwestern from the list, Wolfle found that although interested in providing quality training to a small number of clinical psychologists, Northwestern was not interested in training a large number of clinical psychologists as would be necessary in the VA training program: "if it kills us...we are determined to stick to quality rather than quantity."⁶⁶ Sears concurred with Wolfle in leaving Northwestern on the list, stating that

⁶² Sears to Wolfle, 4/24/1946, RRS.

⁶³ Ibid.

⁶⁴ Wolfle to Sears, 5/3/1946, RRS.

⁶⁵ Miller to Sears, 4/18/1946, RRS; Wolfle to Sears 5/3/1946, RRS.

⁶⁶ Hunt to Wolfle, 1/29/1946, Box 53, Administration, Executive Officers File, Executive Secretary, Dael Wolfle, Government Agency, VA, Clinical Psychology Section, 1946-1948, APA; Wolfle to Sears, 5/3/1946 RRS.

once the VA has been provided with a list of “high-caliber” institutions, any subsequent issues involved the VA and the individual institution, not the APA.⁶⁷

Toward this aim Wolfle sent all department chairs a supplement to Sears’s 1946 article on May 28th, 1946 in which he included a report by the CGPTP which described how the differential rating of the 32 clinical psychology training facilities had been done.⁶⁸ The survey data collected in 1945 was analyzed along three lines: a) specialized clinical staff (either members of the AAAP Clinical Section or whose research or instruction was listed as “clinical” in the 1945 APA directory), b) practicum (Type A referring to student supervision by an experienced clinical psychologist from an outside agency and Type B referring to student supervision by an experienced clinical psychologist from the university staff), and c) 5 specialized graduate training areas (i.e., tests and measurements, personality dynamics, psychopathology and psychiatry, projective techniques, and psychotherapy and counseling). The facility rankings, however, were based on a combination of the first two: group 1 (2 or more members and four or more Type A practica), group 2 (2 or more members but less than four Type A practica), group 3 (one member and four or more Type A practica), group 4 (one member but less than four Type A practica), and group 5 (no specialized clinical member).

Based on these rankings, the 32 original institutions were placed into the five groups: 14 in group 1, four in group 2, six in group 3, six in group 4, and two in group 5. Because the facilities were expanding quickly the Committee had decided that this five-

⁶⁷ Sears to Wolfle, 5/6/1946, RRS.

⁶⁸ Wolfle to department chairs, 5/28/1946, RRS.

group classification was tentative and thus was not to be published, since “it is not unlikely that within a year or two most of the 32 institutions will have shifted into the top class.” Because the VA’s need for such a comparative listing was immediate, however, the Committee provided the VA with an undifferentiated list of group 1 and group 2 universities, which represented “the upper 58% of the U.S. clinical psychology training institutions,” with the expectation that the names of new institutions will be transmitted to the VA as they meet standards.⁶⁹

Sears had written to Pressey suggesting the appointment of a larger, more formal and stable three to five member sub-Committee on evaluation of institutional training programs in clinical psychology to take over Sears’s one-man job and further evaluate issues of personnel, practica, etc.⁷⁰ Based on Sears’s evaluation criteria this new sub-Committee would “formulate criteria to be presented to the parent Committee for discussion and acceptance or revision...and make plans for a continuous evaluation of training programs...facilities...and personnel in different departments.”⁷¹ Although agreeing to serve as the initial chairman of this new sub-Committee due to the copious correspondence and information he had, he was nonetheless “happy to get out of the job as soon as seemed desirable.”⁷²

⁶⁹ Ibid.

⁷⁰ Sears to Wolfle, 5/6/1946, RRS; Sears to Pressey, 5/6/1946, RRS.

⁷¹ Sears to Pressey, 5/6/1946, RRS.

⁷² Ibid.

Sears' suggestion of appointing a larger committee came at a propitious time. Only a month later, on June 4th, 1946, Sears wrote to the members of the CGPTP with what he anticipated would be an important issue that he had neglected but that the Committee would need to address. While conducting the survey in 1945, the only criteria that he had employed to assess comprehensiveness of facilities for clinical training were the number of clinical staff members, of practica, and of the kind of supervisors, with no mention or assessment of the "facilities for background training to the doctoral level." Sears had only questioned clinical facilities because "in virtually every case the institution was an outstanding department which had been training Ph.D.'s and [was] commonly considered as a competent training institution."⁷³ However, based on queries from institutions such as Boston University and University of Texas, Sears anticipated needing additional criteria for accrediting clinical training:

It would seem to me very undesirable to add to the list a number of small institutions which barely meet the required clinical criteria but which are very weak in the general doctoral training program. In saying this I am making the assumption that training in clinical psychology requires more, at the doctoral level, than simply training in clinical techniques and procedures themselves. I assume that doctoral training requires a sound background in general and experimental psychology at least.⁷⁴

Now more than ever we see academic psychologists emphasizing the necessity of an academic background in psychology as the foundation for training in clinical psychology and the disagreement with training in applied, clinical psychology alone. The way for them to court governmental funding for training without compromising their hegemony

⁷³ Sears to CGPTP members, 6/4/1946, RRS.

⁷⁴ Ibid.

in the department was by requiring this traditional, academic background of all psychologists wanting a graduate degree, independent of specialization.

Although agreeing with Sears, Pressey, chairman of the CGPTP, wrote to Sears asking him whether the matter could wait until the APA meeting in September and if not whether Sears, as “the person most in touch with the whole situation” could present “more specific proposals” rather than expect the Committee to generate them.⁷⁵ Pressey had underestimated the impact Sears’s admonition would have, however, as evidenced by the varied response letters from members of the CGPTP.

Bruce Moore, also of the earlier AAAP Committee on Professional Training in Clinical/Applied Psychology, agreed with Sears that “we could not approve an institution for the training of Veterans Administration clinical psychologists unless the institution otherwise meets the more commonly accepted standards for providing an adequate program in psychology for the Ph.D.”⁷⁶ Moore felt that the 1945 Journal of Consulting Psychology article published by the joint APA-AAAP Subcommittee on Graduate Internship Training set up what those standards should be but was nonetheless concerned with the effect the VA financing might have.⁷⁷

I would be inclined to be suspicious of a college or university which had not been granting Ph.D.’s but suddenly aspired to do so since the Veterans Administration has made the monetary assistance available. On the other hand, we must recognize

⁷⁵ Pressey to Sears, 6/7/1946, RRS.

⁷⁶ Moore to Sears, 6/7/1946, RRS.

⁷⁷ Chairman) American Psychological Association and American Association for Applied Psychology Committee on Graduate and Professional Training: Subcommittee report (David Shakow, “Graduate Internship Training in Psychology,” *Journal of Consulting Psychology* 9 (1945): 243-266).

that all universities and colleges are undergoing expansion at this time and some might well become adequately staffed to give the Ph.D. in clinical psychology.⁷⁸

In response to Sears's concerns Moore suggested that any institution offering the Ph.D. degree

...should offer courses in general psychology with laboratory work as part of the course...[and] should also be equipped with at least two persons in clinical psychology and an adequate clinic already in operation, or very closely associated with the department. Although size is not a valid measure, I don't see how a graduate program for the Ph.D., in a department with a staff of less than at least four or five persons who themselves have Ph.D.'s, can be provided for.⁷⁹

Richard M. Elliott also responded to Sears's concern:

...we have just begun to see the second-rate institutions attempt to board the bus of the clinical program under the Veterans Administration... We can't trust any improvisations in staffs and must do all we can to keep down the purveyors of shoddy training.⁸⁰

Elliott's suggestion, however, placed the responsibility outside the university, with the Veterans Administration:

My one suggestion is this, that the clinical psychologists on our Committee map the general principles which should be held to in setting up a doctoral program in clinical psychology. Then we should appeal to the Veterans Administration, by far the largest single wholesale "consumer" of clinical psychologists potentially if not actually. Our appeal should be that the Veterans Administration must supply a field inspector, a person who would be instantly recognized as qualified, to go around and visit institutions who consider themselves worthy of accrediting. The Veterans Administration has the means to put such an inspector in the field and no one else has.⁸¹

⁷⁸ Moore to Sears, 6/7/1946, RRS.

⁷⁹ Ibid.

⁸⁰ Elliott to Sears, 6/8/1946, RRS.

⁸¹ Ibid.

Donald Marquis made three recommendations: 1) that the APA Council authorize the CGPTP or a special sub-Committee to certify institutions for clinical training; 2) that no more institutions be added to the list until the following year since the VA currently had enough institutions to choose from given that they could only provide for 200 students; and 3) that Sears request information on basic and specialized clinical training from institutions desiring certification and that the certifying Committee send a representative to visit the institutions.⁸²

Albert Poffenberger also agreed that “training in clinical psychology presume[d] an adequate background training such as good Ph.D. institutions now furnish” but merely suggested requiring that the minimum of two clinical staff members come from “an institution with an acceptable graduate program in psychology.”⁸³

Fortunately for the CGPTP, by June 21st, 1946, the VA had informed the APA that it no longer needed more institutions “in which to develop training programs for the Ph.D. in clinical psychology” and thus the CGPTP jumped at the occasion to postpone the “rather complicated” problem of accrediting institutions until the September APA meetings.⁸⁴

On June 26th, 1946 Sears wrote to Pressey and included what he hoped would be his last memo on accreditation of clinical training: “I am thoroughly fed up with it because of the amount of time involved and also my feeling of inadequacy at doing a

⁸² Marquis to Sears, 6/13/1946, RRS.

⁸³ Poffenberger to Sears, 6/17/1946, RRS.

satisfactory job without being able to consult any other members of the Committee.”⁸⁵ In the memo Sears informed the CGPTP members that the VA had no need for further training institutions for clinical psychologists and thus it was an opportune moment for the Committee itself to recommend “the continuation or discontinuation of the accrediting process.”⁸⁶ If the accreditation were to continue Sears wanted to see that all training in psychology, not just clinical, be evaluated, that the teaching and supervisory personnel also be evaluated, and that individual institutions be visited by at least one member of the Committee.

Pressey wrote to Sears complimenting him for the work he had done on behalf of the CGPTP:

I can well appreciate your feeling wearied with the problem of accrediting institutions, but feel that you have rendered an outstanding important service on short order at a critical time, for which the Committee and yet more the association should be grateful. If you hadn't been ready, and stepped in, how inadequate indeed would the association have been to answer the requests of the Veterans' Administration. From all I know about it, what you have done has been very notably satisfactory. Maybe it would have been less clear cut and more long drawn out if you had been able to consult!⁸⁷

In a letter dated June 27th, 1946, Wolfle agreed with Sears that it was a good time for the Committee to rest from its accreditation tasks, although he warned Sears to expect “howls of protest from some of the schools.”⁸⁸ He informed Sears (and carbon copied the

⁸⁴ Sears to Wolfle, 6/1/1946, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box 470, APA.

⁸⁵ Sears to Pressey, 6/26/1946, RRS.

⁸⁶ Ibid.

⁸⁷ Pressey to Sears, 6/29/1946, RRS.

⁸⁸ Wolfle to Sears, 6/27/1946, RRS.

letter to Pressey) that the APA Policy and Planning Board was going to “recommend in September that the universities giving graduate work in psychology form an association of graduate schools in psychology which will have accrediting as its primary purpose.”⁸⁹

Not even a month later, however, by July 17th, a letter from Pressey to Sears indicates that Wolfle had changed his mind and Pressey was asking Sears to continue with the accreditation process on the APA’s behalf:

Dael...emphasized the desirability, even though the Veterans Administration does not feel the need right now of additional training facilities, of extending approval to any places which now deserve it. And I have in the mail today copy (sic) of a letter to him from Calvin Hall at Western Reserve in this connection...I can appreciate somewhat the weariness you must feel in this whole matter; but might it be possible without too much extra trouble to extend the approval to additional institutions which now clearly deserve it? I take it from Dael that this would be not only much appreciated by the institutions concerned, but possibly of value at almost any time if the situation should get tight again.⁹⁰

Sears sensed that Wolfle had buckled under pressure from the universities. In a letter he wrote back to Pressey on July 26th, 1946, Sears “stuck to his guns” and refused to accredit more institutions.⁹¹

I can sympathize with [Wolfle’s] feeling that we ought to continue the approving of institutions but at the same time I have a very marked reluctance to go on with the matter. I have felt all along, as you know, that the whole procedure we were using was one based on no Association action and that we were going out on quite a long limb to do anything about it without having something more than the approval of our own Committee and the Board of Directors. Since the Veterans (sic) Administration does not at the present time need any further institutions...I think it would be undesirable for our Committee to go further with the approving process. I feel confident, and I am prepared to defend this position to anyone who wishes to raise the issue, that we have given the Veterans (sic) Administration a list of the

⁸⁹ Ibid.

⁹⁰ Pressey to Sears, 7/17/1946, RRS.

⁹¹ Marquis to Sears, 7/26/1946, RRS.

schools which were top ranking at the time we did the approving. This listing was sufficient for their purposes and it is hard for me to see what would be gained by rushing ahead with further approvals at the present time. The chief pressure comes from schools like Western Reserve which are very anxious to secure contracts from the VA. If the VA is going to write no more contracts, then it seems pointless to go through the rather tedious job of approving the institutions at the present time.⁹²

Sears also wrote to Wolfle indicating this same position:

There have been applications from various institutions whose collateral training facilities impress me as being marginal, and I think it is questionable whether, without further consideration from a duly appointed Committee, there should be any attempt at evaluating these institutions. I have in mind particularly the University of Texas, Western Reserve, and Nebraska....It certainly ought not to be up to one person or even any presently constituted Committee to evaluate the total Ph.D. training program of any institution.⁹³

In the meantime, Miller had offered Sears a position as VA Branch Chief Psychologist and on July 8th, 1946 Miller wrote to Sears, disappointed by the news that Sears, for lack of time, could not accept it:

Unless we can connect the outstanding Psychologists (sic) in the country integrally with our program it will be second rate, and we cannot hope to be able to do the job we should be able to do. Nor, unfortunately, will psychology as a profession stack up well beside psychiatry and medicine in general, which seem to be all-out for this work throughout the country.⁹⁴

On August 7th, 1946, however, Miller again wrote to Sears with a sudden request for accrediting a training institution in the South (i.e., Duke University), since Tulane was the only Southern university accredited:

I think I could find some trainee positions to allot to Duke if the American Psychological Association would accredit that university, perhaps on the basis of the fact that such action was under consideration well before the Committee

⁹² Sears to Pressey, 7/28/1946, RRS.

⁹³ Sears to Wolfle, 7/27/1946, RRS.

⁹⁴ Miller to Sears, 8/7/1946, RRS.

declared a moratorium. As a Government employee, I would be subject to severe criticism if I accepted any university not accredited by the American Psychological Association while arbitrarily ruling out the rest, and I would be unwilling to take such action.⁹⁵

In view of the VA's sudden need for a training institution Sears wrote to Wolfle on August 20th, 1946, indicating that the Duke facilities were adequate and that Wolfle should inform Miller and the Duke University psychology department chairman of its change in status.

The APA meeting the following month included a round table with various items on the agenda:

1. Review by Bruce Moore of the Report of the Subcommittee on Graduate Internship Training.
2. Presentation by James Miller of the training program of the VA.
3. Review of Sears report for the Committee on Graduate and Professional Training.
4. Presentation of the training program of the USPHS.
5. Review by Roy Shaffer of the report of the Joint Committee for the APA and the American Psychiatric Association.
6. Point of view of the Policy and Planning Board.⁹⁶

Sears, however, did not attend the APA meeting. Following the meeting Wolfle wrote to Sears to inform him that the APA Council of Representatives had voted to reconstitute the CGPTP and had, in his absence, named him chairman of the CGPTP and that the new members for the upcoming year were John G. Darley, E. Lowell Kelly, Elaine Kinder, Jean Macfarlane, Donald Marquis, Bruce V. Moore, Sidney L. Pressey, Marion Richardson, and Carroll Shartle.⁹⁷ Wolfle also listed three particular tasks that

⁹⁵ Ibid.

⁹⁶ Doll to Sears, 8/22/1946, RRS.

the Council hoped the Committee would accomplish: 1) continue accrediting institutions, 2) provide the United States Public Health Services with an outline of a four-year training plan in clinical psychology leading to the Ph.D. degree, and 3) work on problems of graduate student selection.⁹⁸

Summary

The sudden demand for psychological services for treatment of war casualties was faced with a paucity of trained mental health providers. World War II provided the impetus for psychologists to establish and standardize training in clinical work. Talk of such training, however, had already been initiated within the APA. Robert Sears, at the Iowa Child Welfare Research Station, had read Shakow's 1942 training proposal and had written to APA President Anderson in January 1943 urging the creation of the APA's own committee on clinical training (separate from the joint AAAP-APA one). Both Sears and Anderson felt Shakow emphasized applied psychologists working in psychiatric institutions (as opposed to all of those involved in the school systems) and were dissatisfied with the narrow, basic training he had proposed.

In September 1943, APA Executive Secretary Willard Olson invited Sears, Bruce Moore, Donald Marquis and others to serve under Edwin Guthrie on a Committee on the Graduate and Professional Training of Psychologists (CGPTP). With the end of the war graduate programs needed to adjust to hundreds of students returning from war and new enrollees as well as meet professional needs. Sears mailed out questionnaires to graduate

⁹⁷ Donald Marquis, "Proceedings of the Fifty-Fourth Annual Meeting of the American Psychological Association, Inc., Philadelphia, Pennsylvania, September 3, 4, 5, 6, 7, 1946," *The American Psychologist* 1 (1946): 493-532.

psychology departments in September 1945 in an effort to collect information regarding minimum standard curriculum and facilities for effective clinical training recommendations which the universities could then use to build or shape their existing programs.

In December 1945 the VA requested a list of institutions that could provide adequate doctoral training in clinical psychology. By February 1946, Daniel Blain, Neuropsychiatry Director of the VA, sent the psychology departments the VA's proposed training program for clinical psychologists; a proposal that resembled Shakow's 1945 proposal on internship training except that 50% of the time had to be spent working with VA patients. Students were to be accepted first into the psychology departments and when their names were forwarded to the VA for approval they would be assigned to one of four ranks and respective salaries and have all tuition expenses and other perks paid by the VA. The program was to begin in September 1946.

In February 1946, as Blain was circulating the VA training proposal to graduate schools, Sears wrote to APA Executive Secretary Dael Wolfle with a list of doctoral institutions he could mail to the VA, broken down into three groups depending on quality and number of clinical facilities and staff available. Concern over resentments and complaints from the institutions, however, led Sears to publish this list in the American Psychologist in May 1946 under his own name and with the schools listed only by alphabetical order.

⁹⁸ Wolfle to Sears, 9/25/1946, RRS.

The publication of alphabetized institutions still led to disputes; the VA funding was only helping those institutions that already had the best and largest programs and institutions not included on the list were clamoring to get on it, working to meet the minimum clinical criteria to obtain VA funding but neglecting and thus having weak, general doctoral programs. Sears thus wrote to the then CGPTP chair, Sydney Pressey, in May 1946, asking for a larger subcommittee on evaluation; he felt uncomfortable that evaluations had until then rested on the CGPTP alone (indeed, on Sears alone!) without the overall APA's approval. At the September 1946 APA meeting the CGPTP was reconstituted and Sears was named chair of the new CGPTP.

This new Committee would now not only continue collaborating with the VA in the training of future clinical psychologists but would also begin working closely with the United States Public Health Services, which not only provided funding for accredited institutions but also financially aided those with minor deficiencies.

CHAPTER 7

THE NATIONAL MENTAL HEALTH ACT AND ITS IMPACT

The United States Public Health Services (USPHS) was established on July 16th, 1798, when Congress passed an act that would allow for the creation and payment of hospitals that would care for sick and injured Merchant Marines in exchange for a 20 cent monthly deduction from each marine's pay. With the first wave of immigrants to the United States during the late 1800s and during the first two decades of the twentieth century, the USPHS's services were expanded to include the medical inspection of immigrants. In order to be free from any "political domination," however, the Commissioned Corps, consisting of physicians, dentists, engineers, and pharmacists, was established to administer the national health program.¹

In 1929 Congress enacted Public Law 672 which authorized establishing two federal "narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs."² Such farms accommodated addicted patients who had committed offenses as well as those who voluntarily sought treatment. The 1929 Act also established the Narcotics Division within the USPHS, which was to have four

¹ Federal Security Agency, USPHS, What is the USPHS?, October 1945, Folder: Historical chronology in the origin of the PHS and HSMHA, Box 5: 1955-1973, WW Entry 2: Organizational Management 1937-1973, RG 90: USPHS. A Public Health Service Act signed by President Roosevelt on July 3rd, 1944 allowed scientists and nurses also to be commissioned.

² Jeanne L. Brand and Philip Sapir, "An Historical Perspective on the National Institute of Mental Health (Prepared as sec. 1 of the NIMH Report to the Woolridge Committee of the President's Scientific Advisory Committee). Mimeograph," (1964), 5.

purposes: 1) administering the two narcotic farms, 2) studying drug addiction and its best treatment and rehabilitation, 3) disseminating information on treatment and research, and 4) providing states with advice on the care, treatment and rehabilitation of addicts.³

On June 14th, 1930, the Narcotic Division was renamed the Division of Mental Hygiene and the functions of the division were enlarged to include: 1) providing medical and psychiatric care in federal penal and correctional institutions, and 2) studying the etiology, prevalence, and means for the prevention and treatment of mental and nervous diseases.” The first narcotic farm was opened on May 29th, 1935 in Lexington, Kentucky and the second on November 8th, 1939, near Fort Worth, Texas. Both were meant for the treatment of narcotic addicts exclusively but by 1942 they began admitting mentally ill patients so as to alleviate the patient load of St. Elizabeths Hospital in Washington, D.C.

Apart from the two narcotic farms, the Division of Mental Hygiene was quite small but it nonetheless followed a set of principles which would lead to a national mental health program: the recognition and treatment of the mentally ill, the investigation of the nature and etiology of mental disorders, the training of personnel to work in the field of mental hygiene, the development of measures to reduce mental illness, the search for solutions to the economic problems resulting from mental illness, and the uprooting of the community sources of mental illness.⁴

World War II interrupted the development of a national mental health program.

³ Federal Security Agency, Public Health Service, National Institutes of Health, National Institute of Mental Health, *The Organization and Functions of the National Institute of Mental Health*, August 15, 1950, Organization 1950, Box 1, “1935,” Historical Development of NIMH; RG 511: ADAMHA.

⁴ Brand and Sapir, “Historical Perspective on the NIMH.”

The USPHS ceased to advise the states, the Fort Worth narcotic farm began accepting mentally ill patients from the armed services, and the extreme number of war discharges and casualties demonstrated “the tremendous toll mental illness took in the national welfare.”⁵ By August 1945 over 1,091,000 men had been rejected for service for neuropsychiatric reasons, by far the largest cause for rejection. Of those who had been inducted but subsequently discharged, 40% were for neuropsychiatric reasons. Combined with mental and educational deficiencies, this meant that 17% (1,767,000 out of 4,800,000 men) of all American men were found to be unfit for service; this had a profound effect on the mental hygiene movement.⁶ In addition, 44,000 out of 74,000 VA hospital beds (60%) were filled with neuropsychiatric patients alone by April 1946, costing at least \$40,000 per veteran.⁷ Eight million Americans – or 6% of the American population – were found to be suffering from some mental disorder and the economic consequences of this were staggering. Professional personnel, however, was seriously lacking. There were fewer than 3,000 psychiatrists in the entire country and the shortages of two other related mental health fields were a staggering 92% for psychologists and 71% for psychiatric social workers. Knowledge of and research on the etiology, treatment, and prevention of mental illness were also significantly lacking.⁸ Toward the end of the war, this lack of personnel, knowledge, understanding, and treatments led to a

⁵ Ibid., 7.

⁶ Ibid.

⁷ James G. Miller, “Clinical Psychology in the Veterans Administration,” *The American Psychologist* (1946): 181-189.

⁸ Brand and Sapir, “Historical Perspective on the NIMH.”

new national awareness of mental illness, with its problems, its costs, and the need for effective intervention.⁹

The National Mental Health Act

In 1944, the Superintendent of the Division of Mental Hygiene, Dr. Lawrence Kolb, retired. Kolb was succeeded by Dr. Robert Felix, who combined his background in epidemiology, community-based mental health training and public health to draft a bill for a National Neuropsychiatric Institute. While Kolb had pursued the idea of establishing a research center focusing on mental illness, it was Felix who expanded Kolb's ideas to include a training and service aspect.¹⁰ By February 1945, Mary Switzer, assistant to Watson Miller, the Administrator of the Federal Security Agency, introduced Felix to Representative J. Percy Priest of Tennessee, chairman of the Public Health Subcommittee of the House Committee on Interstate and Foreign Commerce, and Priest introduced the bill into Congress in March 1945.¹¹ The bill was to focus on three things: research, training, and services. Toward these goals the bill sought an appropriation of \$4,500,000 for the creation of a National Neuropsychiatric Institute and a National Advisory Council as well as of \$10,000,000 to accomplish the three goals. The Neuropsychiatric Institute would help conduct and fund research on the etiology, prevention, diagnosis, and treatment of mental illness. The program would also fund the

⁹ Meredith P. Crawford, "Rapid Growth and Change at the American Psychological Association: 1945-1970," in *The American Psychological Association: A Historical Perspective*, eds. Rand B. Evans, Virginia Staudt Sexton, and Thomas C. Cadwallader (Washington, D.C.: The American Psychological Association, 1992).

¹⁰ DC-OR.

¹¹ RHF-OR1.

training of mental health professionals through individual fellowships, institutional grants, and state aid. Finally, the bill would help expand existing services and establish additional clinics and treatment centers.¹²

President Truman signed the bill on July 3rd, 1946 but the bill's name was changed from the National Neuropsychiatric Institute Act to the National Mental Health Act (Public Law 487). Overholser had objected to the name Neuropsychiatric Institute because he said that was too narrow and so the institute's name was also changed to the National Institute of Mental Health (NIMH).¹³ The NIMH's appropriation for construction and equipment of hospitals and laboratories was increased to \$7,500,000 but because the act's programs did not require that they be conducted at NIMH, no money was appropriated for the operation of NIMH.¹⁴ Only a small organization from New York, the Greenwood Foundation, provided Felix with \$15,000 that were employed to finance the first National Advisory Mental Health Council meeting on August 15-16, 1946 (and the subsequent one in January 1947). Although the National Advisory Mental Health Council would come to consist (by December 1950) of six experts on mental illness and six lay members who reviewed research and training proposals and then made recommendations to the Surgeon General, it originally consisted solely of six experts

¹² Jeanne L. Brand, "The National Mental Health Act of 1946: A Retrospect," *Bulletin of the History of Medicine* 39, no. 3 (1965); Federal Security Agency, Public Health Service, National Institutes of Health, National Institute of Mental Health, *The Organization and Functions of the National Institute of Mental Health*, August 15, 1950, Organization 1950, Box 1, "1935," Historical Development of NIMH, RG 511: ADAMHA.

¹³ RHF-OR2; Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton, NJ: Princeton University Press, 1991).

¹⁴ Brand, "National Mental Health Act."

whom Felix himself recommended to the Surgeon General.¹⁵ As Felix described the selection in an oral history by Eli Rubinstein,

I proposed a list to Dr. Parran... Some of those people were picked for political or pay-off reasons. Now, if you go through that list the law said that 2 could be chosen for 3 years, 2 for 2 years, and 2 for 1 year, so we were to draw the names out of a hat. So we put a name in a hat and drew it out and that way we got what we wanted. ... Frank Tallman and George Stevenson...were chosen for 1 year. George Stevenson...was a pay-off to the National Committee for Mental Hygiene... Frank Tallman...was a pay-off to the Congressman of Ohio, Brown [who had helped get the bill through]. [David] Levy, [Edward] Strecker, [William] Menninger, and [John] Romano...were not chosen for any pay-off purposes. These were all strong men.¹⁶

The USPHS consisted of three branches – the National Institutes of Health, the Bureau of Medical Services, and the Bureau of State Services. When NIMH finally obtained funding and was formally established as one of the National Institutes of Health on April 1st, 1949, it took over the USPHS's Division of Mental Hygiene's functions as administrator of the National Mental Health Act program (except for the operation of the narcotic farms, which went to the Division of Hospitals). The Division of Mental Hygiene was subsequently abolished.¹⁷ Given the lack of knowledge at the time about the etiology, prevention, and treatment of mental illness, NIMH readily decided that it would support and fund research from any field related to mental illness, "whether

¹⁵ RHF-OR2.

¹⁶ RHF-OR2. Consultants to the National Advisory Mental Health Council included S. Allen Challman, Dr. Frank Fremont-Smith (Josiah Macy Jr. Foundation), Dr. Nolan D.C. Lewis, Dr. William Malamud, as well as guests such as Daniel Blain (Veterans Administration), Joe Bobbitt (USPHS), Dale Cameron (USPHS), R. E. Dyer, Sam Hamilton, Mrs. Albert Lasker, Winfred Overholser, Miss Mary Switzer (representing Watson Miller), Dael Wolfle (APA), and R. C. Williams.

¹⁷ Brand, "National Mental Health Act."; Federal Security Agency, Public Health Service, National Institutes of Health, National Institute of Mental Health, *The Organization and Functions of the National*

clinical or non-clinical, basic or applied, empirical, methodological, or theoretical, in the medical, biological, social, or behavioral sciences” so long as it contributed toward answering such questions.¹⁸

The National Institute of Mental Health consisted of various branches as well as of extramural and intramural programs. Three branches reported to the Office of the Director: a Biometrics branch, a Publications and Reports branch, and a Professional Services branch. The Biometrics branch assembled data on the incidence and prevalence of mental illness, acted as consultants to outside agencies, and obtained a census of patients in mental institutions. The Publications and Reports branch produced and distributed pamphlets, articles, films, posters, and other materials for professional and lay education. The Professional Services branch, headed by Dale Cameron until 1950, when Joseph Bobbitt succeeded him, consisted of advisors to the Director of the long-range planning of the national mental health program.¹⁹

NIMH had three extramural programs which implemented authorized grants: a Community Services branch, a Training and Standards branch, and a Research Grants and Fellowships branch. The Community Services (Research Utilization) branch provided grants-in-aid and other assistance to help states develop and strengthen their mental health programs. The Training and Standards branch, headed by Seymour

Institute of Mental Health, August 15, 1950, Organization 1950, Box 1, “1935,” Historical Development of NIMH, RG 511: ADAMHA.

¹⁸ Brand, “National Mental Health Act,” 244; Brand and Sapir, “Historical Perspective on the NIMH,” 27.

¹⁹ Brand and Sapir, “Historical Perspective on the NIMH.”; Federal Security Agency, Public Health Service, National Institutes of Health, National Institute of Mental Health, *The Organization and Functions of the National Institute of Mental Health*, August 15, 1950, Organization 1950, Box 1, “1935,” Historical Development of NIMH, RG 511: ADAMHA.

Vestermark, provided grants to individuals and institutions “with the immediate objective [being] to have every physician properly instructed in psychiatry and mental health and to increase the supply of psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers.”²⁰ The Research Grants and Fellowships branch, headed by Lawrence Kolb, Jr. until 1949, when John Eberhart succeeded him, provided grants to individuals and institutions for the support of research throughout the country. Finally, the Intramural Research branch conducted research at the Institute’s own laboratory and in the field (especially at the Addiction Research Center at the Lexington narcotic farm).²¹

The NIMH Training and Standards branch was the one responsible for funding the training of clinical psychologists. Similar to the NIMH’s philosophy in the research arena, the NIMH’s philosophy in the training arena was also that the government should provide individuals and institutions the maximum amount of freedom and not hamper their progress by directing or regimenting their activities.²²

All four key disciplines in mental health – psychiatry, psychology, social work, and psychiatric nursing – were to be represented and developed. A 1952 analysis of the

²⁰ Brand and Sapir, “Historical Perspective on the NIMH,” 51. Similar training stipends were available for graduate students entering the psychiatry, psychiatric social work, and psychiatric nursing tracks but the stipend amount awarded in clinical psychology, psychiatric social work, and psychiatric nursing tracks never exceeded two thirds of the stipend amount awarded to those in psychiatry. (Federal Security Agency, Public Health Service, Training and Research Opportunities Under the National Mental Health Act. Mental Health Series No. 2, June 1948, US Govt Printing Office: 1948-O-793902, Box 138, NIMH, 1930-1948 Individual Institutes (Organization File), Entry 2, RG 443: NIH).

²¹ Federal Security Agency, Public Health Service, National Institutes of Health, National Institute of Mental Health, *The Organization and Functions of the National Institute of Mental Health*, August 15, 1950, Organization 1950, Box 1, “1935,” Historical Development of NIMH, RG 511: ADAMHA.

²² Brand and Sapir, “Historical Perspective on the NIMH.”

first five years of the NIMH research grant program reveals that over \$5,000,000 were spent on 165 projects focusing on

the etiology of mental illness, development or evaluation of treatment methods, normal child development, studies of the nervous system, and the relation of environmental stress to mental health and illness. ... Psychiatrists and psychologists submitted 64 percent of the total applications and were awarded 70 percent of all funds expended. Although most research on health and medical problems, at that time, was being carried out in the Nation's medical schools, in the field of mental health medical schools received only 11 percent of the funds expended. Non-medical departments of colleges and universities had submitted 43 percent of the grant applications and received 52 percent of the funds.²³

Psychiatry, however, clearly took the lion's share of the funding available from the NIMH program. Although the Training and Standards branch tried to bring in all key disciplines, such as psychiatry, psychology, social work, and nursing, the National Advisory Mental Health Council and the Training and Standards branch Committee needed a mechanism that would decide how to distribute the funds. Because the psychiatrist was seen as "a very key person in the mental health program [without whom there] probably couldn't be much of a program" and because of psychiatrists' higher salaries vis-à-vis that of the other disciplines, a "40-20-20-20" formula was developed whereby psychiatry would obtain 40 percent of the funds and psychology, social work, and psychiatric nursing 20 percent each.²⁴ Felix's oral history pointedly describes this mechanism:

I am so ashamed of this that I hoped to forget it. This is part of the old power struggle... They were having a lot of good applications coming in and some of the very best applications coming in were from psychology. Who are natural born grant writers, grantsmen and also statisticians... some of the prettiest applications

²³ Ibid., 30-31.

²⁴ DC-OR.

we ever got. This was in training. Well, some of the people began to get nervous... one year for instance they took them right as they came down the line. 60 or 70% of the money would have gone to psychology. Because they were ready and the rest weren't and so this was bitterly protested that you couldn't do anything without psychiatrists. They were captain of the team, everybody else followed them and here are these others getting out of line and there would be rebellion in the ranks. So the council passed a resolution that...under the law you can't make a grant unless approved by council...Therefore, council set as its policy that they would not approve grants other than in the proportion of 40 for psychiatry, 20 for each of the other three and there was nothing left for anybody else. There was a lot of screaming... In those days there was one psychologist on the council and some laymen, who were mostly psychiatry oriented.²⁵

Meanwhile, by September 1946, 22 institutions had been accredited for clinical training and the VA immediately began introducing students to these 22 institutions so that there were already 200 students enrolled by 1947.²⁶ The USPHS soon followed suit and joined the VA in requesting lists of institutions qualified to provide training in clinical psychology.

The USPHS also wanted to "make arrangements for a cooperative training program preparing clinical psychologists with the Ph.D. degree" but, in addition to the list of schools (similar to that of the VA's) it also wanted the APA to prepare for them an "outline of a four-year curriculum leading to the Ph.D. degree in clinical psychology."²⁷ Bruce Moore's (AAAP) Committee on Professional Training in Clinical (Applied) Psychology had proposed a program of professional training in clinical psychology in 1943 which the AAAP formally approved, but the "Graduate Internship Training in Psychology" report which the joint APA-AAAP Subcommittee on Graduate Internship

²⁵ RHF-OR2.

²⁶ Robert R. Sears, "Clinical Training Facilities: 1947" *The American Psychologist* 2 (1947): 199-205.

Training had published in 1945 had not received any formal approval either from the APA or the AAAP.²⁸ Now that formal approval seemed to be necessitated there was concern that the four-year 1945 proposal did not contain enough “instruction in basic general psychological theory and methods.”²⁹ Sears specifically voted “unhesitatingly...against approval” of the 1945 report, feeling “(1) that the provisions [recommended] for basic training [in psychology] were too limited, (2) that at a time when the field of clinical psychology [was] undergoing rapid changes it would be unfortunate to establish fixed course requirements, and (3) that specification of course titles does not ensure comparable training opportunities.”³⁰ The third task of graduate student selection was assigned to Lowell Kelly, who was responsible for the Veterans Administration contract at the University of Michigan.³¹

In response to Wolfle’s letter dated September 25th, 1946, Sears sent a memorandum to the CGPTP members as regards the three tasks that the APA Council had assigned to the Committee. Although a new Committee of University Department Chairmen, consisting of representatives from 33 psychology departments, was appointed at the September meeting to take over the CGPTP’s accrediting function, its novelty required that the CGPTP be in charge until it could take over in a year or two. Given

²⁷ Wolfle to Sears, 9/25/1946, RRS.

²⁸ American Psychological Association and American Association for Applied Psychology Committee on Graduate and Professional Training: Subcommittee Report (David Shakow, Chairman), “Graduate Internship Training in Psychology,” *Journal of Consulting Psychology* 9 (1945): 243-266.

²⁹ *Ibid.*

³⁰ Sears to CGPTP members, 10/21/1946, RRS.

³¹ Wolfle to Sears, 9/25/1946, RRS.

how “directly concerned with the establishment of professional standards in the field of psychology” the Veterans Administration was, James Miller wrote to Wolfle (carbon copying his letter to Sears, Marquis, and Brotemarkle) on October 10th, 1946 with lengthy suggestions on how to embark on this second round of accreditation. In order to avoid having to ask the APA members to fill out several questionnaires for the various existing APA sub-Committees over a period of several months, Miller suggested sending out one long questionnaire that would cover various informative fields that would then constitute an APA directory:

- a. Basic life history data.
- b. Details of education.
- c. Details of experience, including a check-list of the various possible types of experience and a statement of the length of time spent at each type in the present job.
- d. A detailed statement of all functions carried out in the present job.
- e. A statement of the organization of the institution in which he is now working, including the education, experience, and duties of all colleagues. In large institutions or departments where there are many APA members, this might be done by one member only.
- f. A statement of future desires for education and experience, including availability for new types of assignments and the sorts of assignments desired.³²

This information would serve to certify individuals as well as institutions, clinics and hospitals. Accreditation would consist of three grades, A, B, and C, with C being the lowest one and the one “established arbitrarily and announced” (until more thorough and satisfactory criteria are established).³³

³² Miller to Wolfle, 10/10/1946, RRS.

³³ Ibid.

...all institutions qualifying will be accredited at Grade C on March 1, 1947. From this experience and a careful survey of the field such as was suggested in the first part of this letter, criteria for Grade B certification are announced on September 1, 1947, and those institutions which qualify are accredited at that level on March 1, 1948. Finally, the very highest ideal standards are established for Grade A accrediting, and on the basis of a thorough investigation of the institution by a visiting Committee, accrediting at this grade is made on March 1, 1949. Thereafter, institutions are raised or lowered in their grade of certification on the basis of their applications or of periodic reviews of their standards.³⁴

Miller hoped to expand the VA training program in clinical psychology the following year but “only in universities which meet high standards” and thus hoped that the APA could inform the VA by January or February of 1947 which were the best qualified universities for such training.³⁵ Sears suggested that one questionnaire be sent to the departmental chairmen but also to one other member of the department and that a second questionnaire be filled out by “those who are directly responsible for the clinical training to include data as to the number of students supervised, duration and distribution of work under supervision,...[and the] amount and distribution of supervisory time,” so as to determine not only what the resources of each institution were but also how they were being employed.³⁶

The VA’s influence had so radically changed and expanded the resources available at institutions (in terms of personnel and practicum facilities) that the CGPTP felt it needed to collect new data on each department in the U.S. offering doctoral work in psychology.³⁷ Miller’s suggestion of only mailing one lengthy questionnaire did not

³⁴ Ibid.

³⁵ Ibid.

³⁶ Sears to CGPTP members, 10/21/1946, RRS.

seem to take hold, however. By December 1946 Sears was already mailing out four questionnaires to chairmen of psychology departments which resulted in the publication of another article in The American Psychologist by Sears in June 1947 entitled "Clinical Training Facilities".³⁸ The first questionnaire covered staff information, teaching and research specialties, amount of time spent on various activities, number of students, graduate curriculum, and library facilities. The second questionnaire inquired about the clinical training program and the practicum facilities. The third questionnaire, which was filled out by every clinical faculty member and practicum supervisor, asked for the individual's own clinical training and experience. The last questionnaire asked similar questions as the third as well as questions on teaching loads, teaching types, and the relationship of the individual to the graduate training program, but it queried all of the non-clinical faculty and supervisors, so as to assess general excellence and act as a comparison group.

Forty institutions returned the questionnaires and in late January 1947 the Committee analyzed the information collected according to 13 criteria whereby the Committee and the institutions could judge how well they were providing "adequate facilities" as well as determine how well each program met these criteria:³⁹

A. Basic staff

1. no less than seven class A people, of whom four must contribute to graduate non-clinical training
2. graduate non-clinical teaching must be equivalent to that provided by two full-time graduate teachers

³⁷ Robert R. Sears, "Clinical Training Facilities: 1947" *The American Psychologist* 2 (1947): 199-205.

³⁸ *Ibid.*; Sears to Wolffe, 11/13/1946, RRS.

³⁹ Sears, "Clinical Training Facilities."

B. Curriculum requirements

1. **courses or comprehensive exams in the following five fields must be secured by clinical students:**
 1. **statistical or quantitative methods**
 2. **experimental methods**
 3. **systems or theory**
 4. **personality and psychodynamics**
 5. **projective techniques**

C. Graduate clinical staff

1. **at least one class A clinical teacher**
2. **no less than three people teaching graduate students in clinical psychology**
3. **the combined graduate teaching load in clinical psychology must not be less than that of one full-time graduate teacher**

D. Practicum facilities: there must be three facilities with one Class A supervisor in each

1. **a psychiatric facility where the student can be part of a psychiatric team**
2. **a child clinic**
3. **any other kind**

The Committee did not imply that these were the only 13 criteria possible but suggested that they were reasonable criteria in that the best training programs in the nation were serving as their model.⁴⁰ All 40 institutions were listed in alphabetical order along with the criteria that each institution met: 18 of the 40 institutions met all 13 criteria and 11 more were close to meeting them fully:

- 18 institutions meeting all 13 criteria:**
University of California, Berkeley
University of California, Los Angeles
Catholic University of America
Columbia University, Teachers College
Duke University
Harvard University
Illinois University
Indiana University
Iowa University
University of Michigan
University of Minnesota

⁴⁰ Ibid.

Northwestern University
Ohio State University
Pittsburgh University
Stanford University
Syracuse University
Washington University, St. Louis
Yale University

11 institutions close to meeting all 13 criteria:

Clark University
Colorado University
Columbia University
Denver University
Michigan State College
Pennsylvania State College
University of Pennsylvania
Purdue University
Rochester University
Western Reserve University
Wisconsin University⁴¹

Two separate lists of institutions were submitted to the VA and the USPHS, however. The VA was only interested in “those universities which have presently adequate facilities for training to the doctoral level in clinical psychology” and therefore the list of 29 of the 40 institutions was sent to the VA. By late March 1947, however, the USPHS, had approached the APA Board of Directors requesting information on clinical psychology programs for which they could provide financial support “in order to bring its facilities up to what the Committee considers adequate”.⁴² As a result, the USPHS was given the VA list and an additional list of several institutions which needed

⁴¹ Ibid.

⁴² Sears, “Clinical Training Facilities, “ 200; David Shakow, “Clinical Psychology Seen Some 50 Years Later,” *The American Psychologist* (1978): 148-158.

“modifications or additional facilities” prior to becoming accredited but that would be considered adequate and ready for referral to the VA once these needs were met.⁴³

Two interesting findings resulted from this Committee’s work. One was that this increased demand for clinical training seriously drained the already limited supply of clinical psychologists. That is, training programs needed supervisors, yet practicing clinicians were already stretched thin because of heavy demand due to their insufficient numbers. Large metropolitan areas seemed to have less of a problem finding clinical psychologists who would be willing to form allegiances with academic programs and be the students’ practica supervisors, but clinical psychologists, and even more so, practicum facilities, were not so easy to find in smaller communities.⁴⁴

The other finding of interest was that faculty suddenly had to refocus their role in higher education from one where undergraduate teaching was predominant to a new one focusing on graduate education. The campuses found themselves needing to expand overnight to accommodate new offices and classrooms.⁴⁵

On January 3rd, 1947, G. R. Wendt, chair of the psychology department at the University of Rochester, wrote to Wolfle “worried” about the questionnaires Sears had mailed out to the psychology department chairmen. As chair of the Subcommittee on Organization and Functions of the APA Committee of Departmental Chairmen and having served ex-officio on the Subcommittee on Accreditation, Wendt felt that the threat

⁴³ Sears, “Clinical Training Facilities,” 200.

⁴⁴ Sears, “Clinical Training Facilities.”

⁴⁵ Ibid.

of government competition left small universities and colleges feeling frustrated, insecure, and helpless in their attempts at building departments. Furthermore, the CGPTP did not contain a single representative of small universities and colleges and thus their questionnaires were “exclusively based on the preconceptions of the large state universities.”⁴⁶

Only four days earlier Wendt had written a similar letter to James Miller, of the VA, to express his disagreement with the accreditation process. Wendt felt accreditation was “a dangerous procedure which will have no good consequences which could not be otherwise achieved, and which will probably have many bad consequences for Psychology and for the colleges and universities.”⁴⁷

...the VA is the agency which has created the problem. The USPHS has now followed your lead.

...I do not see how a non-accredited clinical department can survive in competition with accredited, government-financed departments. The total potential student body will very probably be less than that which government fellowships can support. A non-accredited department will then rarely get an adequate applicant. Furthermore, the pressure by the Committee on Graduate and Professional Training of the American Psychological Association upon the accredited universities for meeting a quantitative criterion, and the aid of government funds in doing this, is likely to denude the non-accrediting colleges and universities of their better clinical personnel. The eventual result of this may well be a drying-up of the sources of clinical psychologists in the undergraduate institutions.

...I believe that financial support of government can be given to the universities without asking the APA for a prior “accredited list”. (sic) Many government agencies are now, for instance, supporting research laboratories without such “accreditation” for research. Every such contract is on an individually

⁴⁶ Wendt to Wolfle, 1/3/1947, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470, APA.

⁴⁷ Wendt to Miller, 12/30/1946, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470, APA.

negotiated basis. When such negotiations are conducted with a desire to spread the work among large and small institutions, much good can come from federal support. Cannot VA and USPHS operate in the same manner? After you have given all universities a chance to initiate requests for contracts you can call in a Committee to select those whose plans are adequate and whose location and size conform to sound policy.⁴⁸

Wolfe wrote back to Wendt, appreciative of the “long and careful consideration” Wendt had given to the issue of accreditation but nonetheless presented two reasons why he felt accreditation might not be as dangerous as Wendt foresaw. The first was that both the CGPTP and the APA Board of Directors sought to accredit as many schools as possible, independent of the VA’s need, and that it was up to the schools to choose whether to accept VA trainees. The second was that the USPHS’s policy was markedly different than the VA’s. While the VA sought to secure

as quickly as possible a large number of clinical psychologists for work in VA hospitals and facilities, the program of the USPHS is one of stimulating clinical training throughout the United States...for employment in state...and private institutions. ...In accordance with this policy the USPHS plans both a series of fellowships to attract promising young men and women into the field of clinical psychology and a series of grants to universities to enable them to improve the training facilities which they can offer.⁴⁹

Miller also responded to Wendt, also grateful for Wendt’s thinking on the matter, but presenting six reasons why he did not believe accreditation would be so damaging.⁵⁰ Miller first cited the USPHS’s different policy, claiming that once non-accredited schools applied for USPHS funding and improved their facilities they could then become

⁴⁸ Ibid.

⁴⁹ Wolfe to Wendt, 1/9/1947, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470, APA.

⁵⁰ Miller to Wendt, 1/9/1947, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470, APA.

approved and automatically accepted by the VA for training. Secondly, Miller felt that the VA would be less open to criticism if it abided by the decisions of the CGPTP as a Committee of a “disinterested professional organization like the APA” than if it tried to grant contracts on its own authority, for fear of “not operating in a disinterested fashion.” A third reason he described was the belief that the CGPTP would not “discredit” any university until it had had two to three years to improve its facilities so as to meet the Committee’s standards. Fourth, Miller felt it was desirable for clinical psychology to profit from the experience of the medical profession, given its “efficient techniques for maintaining professional standards.” As a fifth reason, Miller cited the fact that for an emerging profession such as clinical psychology, an adequate curriculum as well as a large staff (clinical and academic) and facilities would be necessary to turn out a significant number of graduates each year and thus it would be unlikely that the VA could rely on small universities for such. Finally, Miller felt that the demand for clinical psychologists would continue to be so large that the pressure would be on accrediting schools, not discrediting already recognized ones.

Wofle’s and Miller’s letters did not convince Wendt. On January 14th, 1947 Wendt responded to Miller, acknowledging the impracticality of making changes at that point but nonetheless reiterating his opposition to the general concept of accreditation in psychology at all. In addition to changing the “general depth of vision and attitude” of the CGPTP, Wendt believed that accreditation should only occur every three or more years (not every year, as was occurring) and that discreditation only occur one or two

years following the decision and not announced publicly.⁵¹ Furthermore, Wendt felt that it was “very bad policy to take the initiative for going to the U. S. Public Health out of the hands of the universities and putting that initiative into the hands of the APA” rather than have the USPHS “go to the universities first and then later ask the APA whether the plans of the universities appear to be adequate.”⁵² Wendt finished his letter by expressing his “fear [over] both the example and the analogy of medical school accreditation for application to the American Psychological Association” since clinical psychology did not have “an adequate personnel, an adequate number of training centers, nor has it as yet established enough of a body of acceptable valid practices so that it can as yet afford to declare its independence from the general body of scientific psychology.”⁵³

Wendt’s concerns seemed to have gone unheeded. On April 10th, 1947, Sears mailed out a list of approved training institutions for the VA and the USPHS to the APA Officers and Board of Directors.⁵⁴ Based on the questionnaires mailed out and on correspondence with department chairmen, the CGPTP recommended to the VA 27 institutions with adequate facilities for training to the doctoral level in clinical psychology (institutions from groups 1 and 2 from February 1946 and the five additional ones added in March 1946) and to the USPHS the same 27 institutions plus nine more in

⁵¹ Wendt to Miller, 1/14/1947, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Sears to Officers and Board of Directors, APA, 4/10/1947, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1947-1948, Box 470, APA.

“fairly serious need of some modification in their program or of additional facilities” but which would be fully acceptable for training at the doctoral level if the needs were met:

University of Colorado
University of Denver
George Washington University
University of Georgia
Michigan State College
University of Nebraska
University of Texas
Tulane University
University of Washington⁵⁵

Two years into the VA training program 464 graduate trainees were studying at 36 accredited universities. The contribution of the clinical psychologist to the “psychiatric team” included not only diagnosis and treatment but also research. While research had not been emphasized previously at the VA it now was a major contribution, focusing on such things as “war neuroses, treatment of epilepsy, schizophrenia, shock therapy, prefrontal lobotomy, group psychotherapy, psychosomatic disorders, therapeutic effectiveness, and methods of selection of psychiatrists and clinical psychologists for training.”⁵⁶

The increased focus, interest, and funding in clinical training by the VA and the USPHS empowered the APA Board of Directors to appoint a Committee on Training in Clinical Psychology (CTCP) to take over the work of the Sears’s CGPTP.

⁵⁵ Ibid.

⁵⁶ Blain report to Advisory Committee for Neuropsychiatry members, (January?) 1948.

**The APA Committee on Training in Clinical Psychology (CTCP):
The 1947, 1948, and 1949 Shakow Reports**

The reorganized APA's goal was to advance psychology as a science but now, also, as a profession and as a means to promote human welfare. Both the VA and the USPHS had actively begun to request that the APA create clinical doctoral programs that would train individuals who could help treat all of the psychological casualties of World War II. In addition, war veterans had been contacting the Office of Psychological Personnel in search of the best training facilities available for various specializations within psychology.⁵⁷ By September 1945, Marquis, as director of the OPP, estimated that 500-600 individuals would be enrolling in graduate work in psychology and allied fields by the end of 1946, either returning to interrupted graduate work, beginning graduate work, or considering it as a result of their contact with psychology during the war.⁵⁸

Because these individuals were ignorant as to the graduate programs available, and because there was no adequate information on them, Marquis had written to the directors of graduate study in psychology asking them for current information on their departments in order to develop standards of graduate training in the field.⁵⁹ Marquis thus hoped there would be an "APA directory of graduate schools in psychology which

⁵⁷ Sears, "Graduate Training Facilities I."

⁵⁸ Marquis, 8/31/1945, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box 470, APA.

⁵⁹ Ibid.

[would] be...available to men returning from the service.”⁶⁰ The criteria employed to recommend standardized graduate training programs in clinical psychology were derived from the study of current training facilities, Shartle’s job analysis of hundreds of psychological positions, and the statistical survey of the employment of psychologists.⁶¹

When the CGPTP surveyed the 101 graduate institutions in September 1945 its purpose had been twofold: to learn about the availability of training facilities and also to learn enough about each program so that it could generate standards that it could recommend to the APA and subsequently employ to evaluate such programs.⁶² The new CTCP was entrusted with tasks that would further such purposes:

- a. Formulate a recommended program for training in clinical psychology.
- b. Formulate standards for institutions giving training in clinical psychology, including both universities and internship and other practicum facilities
- c. Study and visit institutions giving instruction in clinical psychology, and make a detailed report on each institution.
- d. Maintain liaison with other bodies concerned with these problems, including the Committees of the American Orthopsychiatric Association, the National Committee for Mental Hygiene, etc.⁶³

The important difference between the CGPTP and the new CTCP was that the CTCP was to be responsible for assessing training facilities in clinical psychology by personally visiting and evaluating the institutions (while the CGPTP’s evaluations had consisted of information provided by institution chairmen on printed questionnaires).

⁶⁰ Marquis to Elliott, 10/13/1945, APA Standing Boards and Continuing Committees, Continuing Committees, Committee on Graduate and Professional Training, Correspondence, 1945-July 1946, Box 470, APA.

⁶¹ Ibid.

⁶² Sears, “Graduate Training Facilities I.”

The APA Board of Directors selected nominees “on the bases of experience in graduate education in different areas of psychology and judgment concerning the types of problems involved in the work of the Committee” and the APA’s Council of Representatives would then pick members from the list, all with three year terms.⁶⁴ Carl Rogers, then President of the APA, appointed David Shakow, head of the joint AAAP-APA Subcommittee on Graduate Internship Training and author of the 1945 report on such, as chair of the CTCP during the APA Board of Directors meeting on March 28-30, 1947, and the rest of the Committee was appointed by June 25th, 1947: Ernest R. Hilgard (Stanford University), E. Lowell Kelly (University of Michigan), Bertha Luckey (Cleveland Board of Education), R. Nevitt Sanford (University of California, Berkeley), and Laurance F. Shaffer (Teachers College, Columbia University).⁶⁵ The National Advisory Mental Health Council approved a USPHS grant of \$7,500 for the APA for the year 1948 in order to study clinical psychology training institutions.⁶⁶

The U.S. Civil Service Commission, in announcement 405 on October 24, 1945, had accorded definite professional status to clinical psychologists connected with “Veterans Administration Hospitals and out-patient clinics” and in “United States Public Health Service Clinics.”⁶⁷ By 1946 the VA required that clinical psychologists have a

⁶³ American Psychological Association Committee on Training in Clinical Psychology, “Recommended Graduate Training Program in Clinical Psychology,” *The American Psychologist* 2 (1947): 539.

⁶⁴ September 1950: Principles underlying evaluation of educational programs in psychology by the APA (Committee on Training in Clinical Psychology, Reports, 1949-1951, n.d., Box 517, APA).

⁶⁵ Shakow, “50 Years Later.”

⁶⁶ Felix to Wolfle, 5/19/1947, RRS; Cameron to Wolfle, 12/12/1947, RRS.

Ph.D. degree and five years of professional experience. This was more stringent than the Connecticut certification law for psychologists, enacted only the year before in 1945, and which required the Ph.D. degree and one year of professional experience.⁶⁸

Certification for clinical psychologists was not likely to spread to all states quickly, however. Psychiatrist William Menninger described the medical reaction to certification well: “clinical psychology is essential to the best practice of psychiatry” but its essence, however, had to consist of administering tests and conducting research, not encroaching on the psychiatric turf of psychotherapy (or at least not unless it was supervised by a psychiatrist in a medical setting, never private practice).⁶⁹ Toward this aim some psychiatrists attempted to coax the family doctor into conducting psychotherapy, so as to keep the activity within the medical profession, but physicians, with their already heavy work loads, did not warmly embrace the idea and the public, needy of psychotherapy when few could offer it, did not heed the distinctions made among the professions.⁷⁰

The growing demand for clinical psychologists prompted the APA, at its December 1945 meeting in Columbus, Ohio, to vote for the establishment of the American Board of Examiners in Professional Psychology (ABEPP) as a mechanism

⁶⁷ John Edward Wallace Wallin, “History of the Struggles Within the American Psychological Association to Attain Membership Requirements, Test Standardization, Certification of Psychological Practitioners, and Professionalization,” *Journal of General Psychology* 63 (1960): 287-308.

⁶⁸ John M. Reisman, *A History of Clinical Psychology*, eds. Charles D. Spielberger and Irwin G. Sarason, 2nd ed., *The Series in Clinical and Community Psychology* (New York: Hemisphere Publishing Corporation, 1991).

⁶⁹ William C. Menninger, “The Relationship of Clinical Psychology and Psychiatry,” *The American Psychologist* (1950): 3-15.

whereby to certify psychologists within the profession.⁷¹ ABEPP was to consist of nine APA fellows who were “representative of the areas of psychology that furnish professional services to the public.”⁷² and who would award diplomas in clinical, counseling, or industrial psychology to candidates they felt were accomplished professional psychologists. The requirements for such “accomplishment” were “satisfactory professional, moral, and ethical standing, membership in the APA, a doctorate in psychology, 5 years of professional experience, and passing scores on written and oral examinations.”⁷³ Such diplomas also required the payment of a \$50 fee (while the ABEPP’s expenses were paid for by the APA).

Although the nine ABEPP members were to be chosen by the APA Council, ABEPP was incorporated separately from the APA in April 1947 so that the APA would not be subject to any possible suits against the certifying board.⁷⁴ During the first two years of existence ABEPP oversaw the certification of psychologists under the “grandfather” provision and in 1949 the first examinations were administered. The APA 1949-1950 directory lists over 12% of its 6,735 members as having taken the exam, and 847 diplomas awarded (68% in clinical, 18% in counseling, and 14% in industrial).⁷⁵ The following decade saw an almost doubling effect in ABEPP diplomates, most in

⁷⁰ Reisman, *History of Clinical Psychology*.

⁷¹ Crawford, “Rapid Growth and Change.”

⁷² *Ibid.*, 222.

⁷³ Reisman, *History of Clinical Psychology*.

⁷⁴ Crawford, “Rapid Growth and Change.”; Reisman, *History of Clinical Psychology*.

⁷⁵ Crawford, “Rapid Growth and Change.”

clinical psychology.⁷⁶ Today ABEPP is considered to be the most valid and reliable mechanism of assessing professional competence.⁷⁷

During the ABEPP's early months, Shakow corresponded with Sears while the CTCP worked on taking over the duties of the CGPTP. Shakow hoped Sears would sit in on the CTCP's first meeting in September 1947 in Detroit and asked him for all of his materials and any spare university questionnaires he might have that he could give to his Committee members to become familiarized with them.⁷⁸ The CTCP was to present a preliminary report by September 1947 and an evaluation of internship centers and clinical training programs at universities by February 1948.⁷⁹ Shakow estimated that it would take the CTCP a year to collect brand new data on universities before it could come up with any sort of listing but it did present a report at the September 1947 APA Council of Representatives meeting.

The basis for the 1947 report was the joint AAAP-APA Subcommittee on Graduate Internship Training report published in 1945. This Subcommittee, chaired by David Shakow, had, in turn, based its 1945 report on Shakow's 1942 Journal of Consulting Psychology article "The Training of the Clinical Psychologist", discussed earlier, which had resulted from the Lindsley conference on training held in 1941. The changes the Subcommittee made to Shakow's 1942 proposal were primarily in the first

⁷⁶ *The American Psychologist* 3 (1948), 664; Wallin, "History of the Struggles."

⁷⁷ Crawford, "Rapid Growth and Change."

⁷⁸ Shakow to Sears, 7/24/1947, RRS; Sears to Shakow, 7/25/1947, RRS; Shakow to Sears, 9/24/1947, RRS.

⁷⁹ Shakow, "50 Years Later."

two years of graduate training. Where Shakow had originally recommended four courses in medical/physical sciences during the first year, the Subcommittee now recommended only two, with the remaining two courses being in theory and practice of psychological tests and measurements and in advanced statistics and quantitative methods. Similarly, during the second year Shakow had recommended two courses in projective techniques, one in educational theory and practice, and one in therapeutic theory and methods. The Subcommittee changed those recommendations in 1945 to one course in projective techniques, one in case study and analysis, one in educational and vocational guidance techniques, and two in therapeutic theory and methods.

The description of the third year internship in the 1947 report was similar to that of the 1942 and 1945 reports, which had been based on an internship proposal also previously published by David Shakow in a 1938 *The Journal of Consulting Psychology* article entitled "An Internship Year for Psychologists". Published four months after Poffenberger published his own proposal for training at Columbia University in 1938 (which Shakow had commented on), this article had described the four functions Shakow believed an internship year should consist of, such as the ones he first began implementing at Worcester State Hospital in 1928.⁸⁰ The first and second functions involved the student being able to practice acquired techniques and saturating the student with applied clinical experiences. The third function was to develop the experimental-objective attitude of the student and the last function was to expose the student to the

⁸⁰ David Shakow, "The Worcester Internship Program," *Journal of Consulting Psychology* 10 (1946): 191-200.

thinking and attitudes of other mental health professionals.⁸¹ The only changes the 1942, 1945 and 1947 reports made to his original recommendations were to rephrase Shakow's original four functions so that they now were described as involving the student in service (clinical psychometrics), research, relevant courses and conferences, and therapy. In all reports the internship consisted of exposing the students to actual clinical experiences during their third year of graduate training.

The "Shakow Report" of 1947 explicitly focused on four-year doctoral programs. The CTCP, although allowing for training at the MA level for purposes of "applying psychological principles in specialized areas such as remedial teaching, vocational and educational counseling, educational testing, etc."⁸², did not consider MA-trained psychologists to be clinical psychologists and thus did not focus its attention on their training. Instead, it discussed 15 personal characteristics that a doctoral student should exhibit to pursue a clinical career (adding seven to the eight that were published in the 1945 report), the recruitment and selection processes, the preprofessional (undergraduate) program needed in college (similar to that in the 1942 and 1945 reports), the 14 principles that the graduate program should follow, the broad areas of psychology that training should cover, and the third year internship. It also described how to evaluate what had

⁸¹ David Shakow, "An Internship Year for Psychologists (With Special Reference to Psychiatric Hospitals)," *Journal of Consulting Psychology* 2 (1938): 73-76; American Psychological Association Committee on Training in Clinical Psychology, "Recommended Graduate Training Program."

⁸² American Psychological Association Committee on Training in Clinical Psychology, "Recommended Graduate Training Program," 540.

been accomplished in terms of degree, division membership, state certification, and qualification for the American Board of Examiners in Professional Psychology.⁸³

In contrast to the 1945 report, in which a year by year description of the recommended courses was presented, the 1947 report focused instead on recommending six broad areas of study: General Psychology (including physiological psychology, comparative psychology, history of psychology, developmental and social psychology), Psychodynamics of Behavior (including dynamic psychology, experimental dynamic psychology, psychopathology), Diagnostic Methods (including observational techniques and reporting, case study and interviewing, psychological diagnostics), Therapy (including theory and methods, remedial aspects, guidance and counseling techniques, personality therapy, group therapy), Research Methods (including experimental psychology, advanced statistics and quantitative methods, research in dynamic psychology, and the dissertation), and courses in Related Disciplines (such as physiological sciences, clinical medicine, social organization and pathology, and the effect of culture on personality). While the CTCP presented its report in the form of general areas of study rather than a prescription of courses to be taken each year, as did the 1945 report, it nonetheless kept the purposes of the first and second years of graduate training identical to those presented in the 1942 and 1945 reports, namely, to provide a foundation of knowledge in psychology and an acquaintance with medical science during

⁸³ Shakow, "50 Years Later."; American Psychological Association Committee on Training in Clinical Psychology, "Recommended Graduate Training Program."

the first year, and to provide the student with a background in experimental, psychometric and therapeutic approaches to clinical psychology during the second year.⁸⁴

The CTCP explicitly decided not to allow its illustrative clinical program to be “determined in any way by present practices in training which arise from special situations such as those created by the financial arrangements of the Veterans Administration.”⁸⁵ This ideal was generally accomplished. In fact, in some cases it could not have been otherwise. David Shakow recounts in his oral history how Felix, director of the USPHS’s Mental Hygiene Division, strongly disapproved of any government meddling:

It was 1948. But I don’t remember whether it was the first or second meeting. Princeton had come in for a grant and the Psychology Committee felt that the first one was sort of off, it had good people but they weren’t seeing the program in the proper way. So we said that if Princeton were to do this and to do that and do the other thing in a general way but not in a specific way then we would grant them money. It came up before the whole Committee and schools were called one after the other and then we made our report on criticisms and we were just quite innocent about it and we said so and so and so about it. Bob Felix blew up. He said if you want to give them money you give them money, except (sic) their program but to tell them what to do was a very very bad thing to do and he wouldn’t have anything to do with it. And we were really admonished and we changed our report and we said we would let Princeton do it. But that stuck with me all the way through until today. The government cannot tell an organization... a university, what to do.

[When I first arrived at the USPHS Felix said,] “I want to tell you one thing and that is that you will have a responsibility as a member of our extra-mural program for the dissemination of money. But we do not tell our grantees what they are going to do.”⁸⁶

⁸⁴ American Psychological Association Committee on Training in Clinical Psychology, “Recommended Graduate Training Program,” 550.

⁸⁵ American Psychological Association Committee on Training in Clinical Psychology, “Recommended Graduate Training Program,” 540.

⁸⁶ DS-OR.

What the CTCP did not anticipate was the reactions of the universities to the CTCP's "recommendations" as to what a graduate training program in clinical psychology should be like, which will be addressed later.

The 1947 CTCP report's recommendations were endorsed by the APA Council of Representatives and the report published in the December 1947 issue of The American Psychologist. The illustrative program of training was also presented to the universities offering doctoral training.⁸⁷ Along with the publication of the 1947 Shakow report was the appointment, by the APA Board of Directors, of an Administrative Officer who would be a full-time paid employee of the APA and would accompany a CTCP member on each institutional visit as well as provide a comprehensive, overall view of the CTCP's and the institutions' work. The APA chose Karl Heiser to be the Administrative Officer for the CTCP based on the same rationale employed with the CTCP members: experience in education in general and in clinical psychology, experience with institutions providing field training, and his experience collaborating with other related mental health fields.⁸⁸

In a short follow-up report published in August 1948 the Committee decided to honor the universities' evaluations conducted by the earlier Sears Committee until the Shakow Committee published its next report the following year.⁸⁹ Given that this had

⁸⁷ Shakow, "50 Years Later."

⁸⁸ September 1950: Principles underlying evaluation of educational programs in psychology by the APA, Committee on Training in Clinical Psychology, Reports, 1949-1951, n.d., Box 517, APA.

⁸⁹ American Psychological Association Committee on Training in Clinical Psychology, "Clinical Training Facilities: 1948," *The American Psychologist* 3 (1948): 317-318; Shakow, "50 Years Later."

been the CTCP's first year of activity, it had "necessarily been one of experimentation" and thus the CTCP was granting automatic accreditation to those 36 institutions listed by the CGPTP for the 1948-1949 academic year until the next Committee review. This would allow all 36 universities evaluated (and seven more which were accepted as candidates for future accreditation) a chance to create or modify their programs so as to accommodate the necessary changes and be eligible for reevaluation based on the criteria described in the CTCP's 1947 report.

The universities did not take the CTCP's report nor listing of "accredited" institutions too well. Lowell Kelly had written to Shakow in response to a university psychologist (Dr. Hall from Western Reserve) complaining about the "unfair" evaluation Kelly and another CTCP member had made of his institution (after it had been fairly evaluated by Sears). As far as Kelly was concerned the discrepancy was due to the CTCP's higher standards for evaluation:

...we should be very happy to have Western Reserve University evaluated by another set of visitors. I cannot but believe that they would report essentially the same picture.

...I think the misunderstanding goes back to Dr. Sear's (sic)...approval, stronger, I think than merited by a set of questionnaire materials from any institution. ...It would appear that Dr. Hall did not realize that this Committee has established somewhat more rigorous standards than previously established by the Sears Committee.

...it would seem that Dr. Hall's concern over the correctness of our evaluation grows out of a combination of two factors:

1. Dr. Sear's (sic) extremely strong approval of the program as it appeared "on paper".
2. Dr. Hall not recognizing the fact that our Committee standards were somewhat higher than those of the Sears Committee and that we expect them to continue to go up as more qualified personnel becomes available.⁹⁰

⁹⁰ Kelly to Shakow, 5/27/1948, Committee on Training in Clinical Psychology, Correspondence, General, April-May 1948, Box 514, APA.

The institutions *were* being visited by two CTCP members, and this might have led to more variation in the standards of evaluation applied to each institution by each team, so Wolfe suggested that for future evaluations, a factual report on each institution be prepared and cleared with the department chairman prior to leaving so as to avoid any misaccuracy that might result in “unpleasantness.”⁹¹

However, not only did the universities feel that the graduate training program recommended in the CTCP’s 1947 report would take much longer than the proposed four years to be implemented, but they also did not feel that it was very illustrative of a clinical program at all. They felt that they were being coerced into adopting such a model in order to meet “adequate” criteria for evaluation. In addition, there was a concerted disagreement among many of the institutions over having the results published in the American Psychologist. In a letter written August 23rd, 1948, Karl Heiser, the CTCP’s Administrative Officer, wrote to Donald Marquis, Director of the OPP, expressing concern over growing negative feelings that were circulating regarding the CTCP:

...the Committee has not been very astute politically and...many people feel that it doesn’t adequately represent the professional and, therefore, both resent and underrate its undenied power at this stage of development.

...too many people with status in clinical psychol. (sic) have been ignored...since VA and USPHS have such a stake in the field, Hildreth and Bobbitt [VA and USPHS figures, respectively] should be asked for their recommendations for appointment to the comm[ittee]. They’d probably take some sort of poll of their field men and, at least, it might give more insurance than we have at present of their

⁹¹ Wolfe to George A. Kelly, 6/1/1948, Committee on Training in Clinical Psychology, Correspondence, General, June-September 1948, Box 514, APA.

reliance on and confidence (sic) in the comm.'s ratings...[We may also] write to the most active of the state societies to solicit their nominations.⁹²

Marion Wenger, chair of the University of California at Los Angeles, wrote a letter to Shakow on March 4th, 1949 complaining of the premature "wisdom" and "power" the CTCP assumed it had:

...who decided to publish the results of the investigations in the American Psychologist? And who decided that the APA should publicly concern itself with the matter of approval or disapproval (sic) of individual institutions?

Apparently the background for this action is to be found in the recommendations of the Policy and Planning Board on public accreditation, and the action probably was approved by the Board of Directors; but it is the wisdom of this action that we question. We believe that such an important decision should have been ratified by the APA members before action was taken; and we are convinced that a serious mistake was made in extending at this time the publicity, and thereby the powers and effects, of your Committee. You are competent psychologists, undoubtedly, but even as a group your wisdom does not justify the power you have acquired. Nor would any other Committee merit that power at this time. Such authority is premature.

We believe that your Committee can render a valuable service to psychology in several ways: (1) by serving as an investigating body of psychologists for psychologists, it can raise standards of training throughout the country by advice, by suggestion, and by the general dissemination of information concerning successful and dubious techniques and practices in other centers; (2) by encouraging V.A. and U.S.P.H.S. grants to institutions that are maintaining, or in spite of financial difficulties are attempting to maintain high standards of training; (3) by being alert to new suggestions instead of assuming a dogmatic and dictatorial attitude about the nature of "good" clinical training. After all, there still is some disagreement in your Committee, and this is as it should be if you are adequately to represent psychologists throughout the nation. It is encouraging to know that one member of your group said recently, "A good background in experimental psychology is probably the best training for the clinician", and to know that another member disagreed. He didn't say, but one might infer that he wished each trainee to be analyzed instead of spending his time in the laboratory.

In conclusion, we urge you to publish your report without names, except for confidential copies to the Veterans' Administration and the U.S. Public Health Service; and to supplement it with an individual report to each institution that contains only its name, its relative rating in the group, and the bases for your

⁹² Heiser to Marquis, 8/23/1948, Correspondence, General, June-September 1948, Box 514, APA.

evaluations. Under this policy, which also will remove the inquisition-like character from your further investigations, we shall welcome your visits and heartily assist you in all your work. Otherwise, we shall have to oppose the continuance of the Committee along with our opposition to public accreditation. When there is rather general agreement among all APA members on the factors necessary for competence in professional psychology, then the time for public accreditation of universities will have arrived.⁹³

Wenger carbon copied this letter to the APA President, the APA President-Elect, the APA Executive Secretary, the chairmen of the departments evaluated in 1948, the Chief of the Clinical Psychology Section of the Neuropsychiatry Division of the VA, and the Chief Psychologist at the USPHS. Wenger received eight unsolicited responses from departmental chairmen, four expressing unqualified agreement and only one professing disagreement with the position.⁹⁴ In view of this Wenger requested that no publication regarding accreditation occur before the issue of public accreditation could be considered by the Council at the APA meeting in September.

According to the minutes, Wenger's letter was one of 10 issues discussed at the CTCP's meeting in Chicago on March 10-13, 1949.⁹⁵ By then, the CTCP had new members, F. W. Irwin replacing Hilgard, and R. C. Challman, G. A. Magaret, and O. H. Mowrer, for a total of nine members. The CTCP first discussed the progress of plans for the Conference on Graduate Education in Clinical Psychology (which would be known as the Boulder Conference) scheduled for August 1949. the APA had applied for \$31,096

⁹³ Wenger to Shakow, 3/4/1949, Committee on Training in Clinical Psychology, Ballots, 1949, Box 513, APA.

⁹⁴ Wenger to APA Council of Representatives, 3/31/1949, Committee on Training in Clinical Psychology, Ballots, 1949, Box 513, APA.

from the USPHS for the July 1, 1948-June 30, 1949 year to fund the conference: \$2,500 for professional personnel (a psychiatrist, a psychiatric social worker, a psychiatric nurse and an administrative officer), \$500 for nonprofessional personnel (2 secretaries), \$1,500 for duplication and publication of conference summary and report, \$25,400 for the travel expenses of all conference participants, and \$1,196 as 4% overhead expenses.⁹⁶ Robert H. Felix, Medical Director and Chief of the USPHS's Division of Mental Hygiene, had written to Wolfle on January 27th, 1949, acknowledging receipt of the APA's grant application for training in clinical psychology, and a letter from Wolfle to Kelly on March 24th, 1949 would later confirm that the USPHS had approved the grant in its entirety.⁹⁷

The CTCP then discussed its responsibility for graduate training in clinical psychology other than at the doctoral level given the large number of Master's students being trained and decided that it would have to address this type of training but at a later time.

The CTCP then spent some time discussing their policy on internship centers. The American Psychologist had published an article in February 1949 by Helen Wolfle which consisted almost entirely of a list of hospitals with no evaluation. The CTCP decided it would write to the APA stating that the list was not developed nor approved by

⁹⁵ CTCP March 10-13, 1949 meeting minutes, Committee on Training in Clinical Psychology, Minutes and Agenda, 1947-1950, Box 517, APA; Shakow to CTCP members memo, 11/27/1948, M1383, Personal Correspondence between CTCP, DS.

⁹⁶ Hilgard, 1/19/48, Committee on Training in Clinical Psychology, Miscellany, 1949-1951, Box 514, APA.

the CTCP and that in fact it did not even coincide with the CTCP's definition of what an internship was ("a full-time responsible job in a training capacity" as opposed to any job in a mental hospital). The CTCP believed a new list needed to be developed that not only evaluated internship sites where psychology departments could send their students but which would also include non-hospital internship sites such as school systems, college guidance centers and prisons where psychological work was conducted.

A fourth issue that was addressed at the meeting was a list of articles that the CTCP should publish, including a statement correcting misconceptions and misinterpretations of their 1947 report, a survey article on BA and MA training in clinical psychology throughout the country, a yearly description of the state of clinical training, a list of approved internship sites for universities with clinical programs, a list of available post-doctoral training, and a short, technical manual which the Administrative Officer (Heiser) should write concerning the visitation of universities for evaluation of clinical training programs.

The CTCP then spent considerable time discussing ways in which to develop program ratings and arrived at a method which resulted in four categories: A, A-, B, and C. These ratings led to a ranking of eight institutions as A, 12 as A-, nine as B, and 14 as C. Because of Wenger's letter, however, the CTCP decided to leave the decision of publication to the APA Board of Directors. The CTCP suggested that the decision be made by the APA Council by mail ballot (accompanied by a statement of the pros and cons of publication). Four CTCP members preferred publishing one list that combined

⁹⁷ Felix to Wolfle, 1/27/1949, Committee on Training in Clinical Psychology, Correspondence, December

the schools in groups A and A- only and listed them in alphabetical order but the remaining five CTCP members outvoted them by preferring two separate lists, one combining schools A and A- and listing them in alphabetical order (and to be revisited after three years) and another list combining the B and C schools and also listing them in alphabetical order but revisiting them after one year.

The CTCP was clearly in favor of publishing the accredited schools, since they gave twice as many reasons in favor of publication as reasons opposed to it. In favor of publication were 1) that the APA Board of Directors had voted in favor the previous year (1948), 2) that it would be fairer to have the CTCP's list of schools since even though the CTCP gives the list to the VA there are schools who might not accept the VA program and the VA might also have trainees in non-accredited schools, 3) that mailing confidential ratings to schools leads to leaks, rumors, and distortions, 4) that although the previous year's ratings were not published they were widely circulated and it is fair to the schools that have improved to be publicly acknowledged for their improvement, 5) that medicine and social work have published their own lists of accredited institutions, 6) that it serves as an effective measure for the improvement of standards and it rewards those that have improved, 7) that public accreditation and setting of standards improve psychology's standards vis-à-vis other professions, and, finally, 8) that it gives departments an unbiased professional opinion to use with their administrators in planning improvements.⁹⁸

1948-1949, Box 513, APA; Wolfe to Kelly, 3/24/1949, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949, Box 513, APA.

After discussing some alternative ways of listing the accredited schools the CTCP then discussed reasons against publishing the rankings. The first two reasons echoed Wenger's letter strongly. Namely, such publication would be a great threat to the reputation of the non-accredited schools and the CTCP would be wielding a power without the expressed approval of the university departments and administration. Furthermore, the universities themselves disagreed with the CTCP on what "recommended graduate training in clinical psychology" consisted of but they felt forced to cooperate because refusing to be evaluated by the CTCP put them in a difficult position vis-à-vis their administration as well as the public. Two additional reasons the CTCP presented as reasons why not to publish any rankings were that the annual visits were "too traumatic" for schools and led to hasty and unwise decisions on behalf of the CTCP and also that informing each university in private would encourage improvement in standards rather than be threatening.⁹⁹

The CTCP finally recommended to the APA Board of Directors that two separate lists be published, one an alphabetical list combining the schools in groups A and A- and another alphabetical list combining the schools in groups B and C. The CTCP also suggested that the Board of Directors write to the individual departments expressing this recommendation and asking them for their opinions.¹⁰⁰

⁹⁸ CTCP March 10-13, 1949 meeting minutes, Committee on Training in Clinical Psychology, Minutes and Agenda, 1947-1950, Box 517, APA.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

Dael Wolfle, Secretary of the APA, wrote to the chairmen of the psychology departments on March 29th, 1949, conveying the CTCT's recommendation and asking them to communicate to the APA Council their opinions as regards the accreditation publication. Overall, the responses bemoaned the lack of opportunity that departments were given to correct weaknesses, the biased questionnaires employed, and the extremely brief visitations.

For example, G. R. Wendt, chair of the University of Rochester psychology department, sent a letter to the APA Council of Representatives complaining about publishing accredited institutions:

I am strongly opposed to publication of ratings in any form at this time on the grounds that it would be damaging to the development of some clinical departments, to the development of clinical psychology, and, as a natural consequence, contrary to the public interest. The arguments offered by the Board of Directors in favor of publication are not in accord with my experience.

1. The argument that other professions do it is not germane since psychology is not in the same position as these highly stabilized professions, being in an era of great need for expansion. I predict that publication would retard the development of many departments. Psychology's situation is more analogous to that of psychiatry. There, too, published ratings would tend to channel staff, students and grants to the strongest schools.¹⁰¹

On April 8th, 1949, James Miller, chair of the University of Chicago psychology department (and former chief of the VA's Clinical Psychology Section), also wrote to the APA Council of Representatives with reservations about the department's choice of publishing the two lists of schools:

Although, in general, the Department favored publication of the lists, there seemed to be some doubts about the consequences of such publication. In addition

¹⁰¹ Wendt to APA Council of Representatives, 4/7/1949, Committee on Training in Clinical Psychology, Correspondence, General, January-April 1949, Box 514, APA.

to the advantages and disadvantages already brought out, several others were mentioned. One effect of publication might be to create an even wider gulf between the approved and the non-approved schools. Both the better students and better staff will flock to the approved schools, leaving the schools that are not at present well equipped with an almost insoluble recruiting problem and perhaps less opportunity to raise their standards.

Another possible drawback might be the creation of administrative difficulties for the approved schools. The best training facilities are still inadequate. If an A rating is interpreted to mean that the training is satisfactory in an absolute sense and that little or no improvement is necessary, then publication might hinder the obtaining of funds needed for expansion.

A further objection to the publication was that only clinical training facilities were evaluated. Many excellent schools might receive the stigma of non-approval merely because they are not clinically oriented.

The final consensus seemed to be that although publication of the two lists was desirable, every attempt should be made to keep the work of the Committee a means of raising and maintaining standards and not a device for crystallizing them. The purposes of the evaluations should be made unequivocally clear, and their progressive nature emphasized. It was agreed that the publication of the lists should in no way be considered a final step, but merely as one aspect of a continuing effort to provide good training in clinical psychology.¹⁰²

Karl Heiser, administrative officer of the CTCP, also wrote to the Council of Representatives describing various reasons why he believed the CTCP ratings of programs in clinical psychology ought to be published:

- A. To raise the level of quality and effectiveness of the practice of clinical psychology.
- B. To guide students in their selection of schools in which to carry on graduate work.
- C. To enable the best schools to recruit the best students.
- D. To improve the status of clinical psychology in its relations with other clinical professions.
- E. To discourage schools which are unqualified from embarking on or continuing training programs in clinical psychology.
- F. To influence university administrators.
- G. To aid departments and institutional employers in evaluating the training of candidates for employment.
- H. To aid state boards of examiners for the certification or licensing of clinical

¹⁰² Miller to APA Council of Representatives, 4/8/1949; LC 514-CTCP, Correspondence, General, January-April 1949.

psychologists, and the ABEPP.

- I. To serve as a disinterested, objective appraising group to aid schools and departments in improving their programs.
- J. To guide the VA in its contractual relations with schools for VA training appointments.
- K. To guide the USPHS in its program of financial support of clinical training programs.
- L. To guide the army Surgeon General's Office in the selection of schools to which army officers may be sent for clinical training.
- M. To maintain confidence and support of federal agencies.¹⁰³

Toward this aim Heiser listed seven ways in which such ratings could be published:

- 1. A listing of all approved schools without class differentiation.
- 2. A listing of two groups, those with full approval and those with conditional, temporary approval.
- 3. A listing of types 1 and 2 (above) plus a group of evaluated schools which do not meet standards.
- 4. A listing of all schools evaluated with actual group ratings, in case they fall into more than two groups mentioned in #2 above.
- 5. A listing of all schools which give Ph.D.s and clinical training at the doctoral level with differentiation between those evaluated and those not evaluated and with quality ratings of the former.
- 6. A listing in the form of a table giving ratings and detailed information about each school, similar to that made by the Committee on Graduate and Professional Training in 1947.
- 7. A listing of one group of fully approved schools, to be modified year by year as new schools may be added or other schools dropped.¹⁰⁴

The CTCP had recommended to the APA Board of Directors publishing a list of two groups, those with full approval and those with conditional, temporary approval (method 2 above), but almost half of the Committee had preferred publishing all fully approved schools and modifying it every year (method 7 above). Heiser himself expressed this preference for method 7, as "it does not obviously draw comparisons

¹⁰³ Heiser to APA Board of Directors, 7/18/1949, Committee on Training in Clinical Psychology, Correspondence, General, May-July 1949, Box 515, APA.

¹⁰⁴ Ibid.

between 1st and 2nd and 3rd class schools as publication of group ratings does, and it would not prevent APA recommendation of VA and USPHS support of schools not on the approved list.”¹⁰⁵

Finally, Karl Münzinger, chair of the University of Colorado at Boulder, wrote to Wolfle voting to publish both lists of schools but agreeing with U.C.L.A. psychology chair Wenger that the APA should ensure that premature “crystallization of training in the present state of the field of clinical psychology” be avoided by suggesting that the CTCP publish in The American Psychologist “a detailed statement of their attitudes and policies in arriving at a decision concerning the classification of training programs....including minority reports wherever there has been cleavage within the Committee.”¹⁰⁶ Münzinger also wanted the published CTCP report to make “very explicit that recommendations apply only to clinical programs and not to other phases of the graduate offerings in the various departments.”¹⁰⁷ This last suggestion was also echoed in letters from other department chairs to the APA Council.¹⁰⁸

A letter from Wolfle to the members of the APA Board of Directors dated April 25th, 1949 indicated that the matter of publication was still under consideration.¹⁰⁹

¹⁰⁵ Ibid.

¹⁰⁶ Münzinger to Wolfle, 4/11/1949, Committee on Training in Clinical Psychology, Correspondence, General, January-April 1949, Box 514, APA.

¹⁰⁷ Ibid.

¹⁰⁸ Dashiell and Layman to APA Council Members, 4/8/1949, Committee on Training in Clinical Psychology, Correspondence, General, January-April 1949, Box 514, APA.

¹⁰⁹ Wolfle to APA Board of Directors, 4/25/1949, Committee on Training in Clinical Psychology, Ballots, 1949, Box 513, APA.

Department chairs had been asked to communicate their views on publishing accreditation lists to the APA Council members. Based on letters which Wolfle received or that were sent to Council members and carbon copied to him, five institutions seemed to favor publishing two lists (of approved and unapproved schools), one institution seemed to favor publishing one list (of approved schools), over a dozen institutions favored not publishing any rankings at all, and three institutions suggested publishing one undifferentiated list of all institutions. When each Council member voted for one of the following alternatives, however, the ballots revealed no clear preference:

	Votes For	Votes Against	No Votes
Alternative A: Publish two lists. The 20 fully approved schools should be Published as one list, and the other 23 schools should be published as a separate list.	25	25	6
Alternative B: Only one list of the 20 fully approved schools should be published.	7	35	14
Alternative C: There should be no publication by the APA of the names and ratings of the schools evaluated.	26	20	10 ¹¹⁰

Due to this uncertainty, Wolfle asked the Board to vote on these three alternatives as well as on a fourth one which had been suggested by some schools: publishing one undifferentiated list of all 41 institutions. Wolfle himself was torn between alternative A and C. Alternative C would make it difficult for him to answer the multitude of letters from students seeking guidance to the best institutions for study but he did not feel he could favor alternative A given the overwhelming number of votes expressed against it.¹¹¹

¹¹⁰ Wolfle to APA Board of Directors, 4/25/1949; LC-513, CTCP, Ballots, 1949.

The chair of the psychology department at the University of Rochester, G. R. Wendt would again voice opposition to the accreditation process. In response to a telephone request from Wolfe, Wendt prepared a statement of arguments against publication of the CTCP ratings of the graduate departments. Given that the University of Rochester had consistently met accreditation standards Wendt was not opposed to accreditation because he felt defensive that his department was not adequate. Acknowledging that he lacked the experience of working with the CTCP and that he would be presenting his own views, rather than a representation of opinions, Wendt nonetheless believed that until the teaching personnel shortages and a consensus on CTCP policies and procedures had been achieved, publication of the ratings would incur negative consequences.

First, since about 60% of the schools offering clinical training were private Wendt did not believe the CTCP should be interfering or influencing their public reputation until or unless they all agreed that they desired publication. Second, the criteria employed by the CTCP had no established validity and thus the decision that A schools would produce good clinical psychologists while C schools would not was not evident. Third, unless the reasons behind the ratings assigned were also provided, the consumers of those ratings were likely to misinterpret them. Fourth, publishing a C rating would only lead to a channeling of the best students and staff to the A schools. Fifth, publishing a C rating would lead to a decrease in administrative support for the department and its chair, as it would be easier to abolish an expensive new program than it would be to make

¹¹¹ Ibid.

adjustments for improvement. Sixth, the publication of the report already indicated improvement of instruction without the need for publication of rankings. Finally, Wendt believed that the 1949 report would have an increasingly coercive effect on the schools, which, in an attempt to meet its requirements, would “abdicate[e]...from self-responsibility and...[instead depend] on remote control of education policies.”¹¹²

The APA Board of Directors decided to vote against publishing the institutional ratings.¹¹³ Shakow asked the CTCP members to comment on a draft of the report prior to submission for publication. A handwritten letter from Laurence Shaffer to Shakow and Heiser reflected some sensitivity to Wendt’s criticisms and suggested publishing the CTCP’s detailed criteria of evaluation, highlighting how quantitative as well as qualitative evaluation were involved in each:

- a. Re Criteria, pp. 2-4. ...The rating criteria on our summary rating sheet were sufficiently broad and inclusive so that we need not fear that schools will try to strengthen “only” rated areas. We probably sampled 80% of the significant features of any program. Moreover, we have an obligation to the schools to say on just what they were rated. I wouldn’t worry about them quarreling with some of the specific points. It is good social psychology that the secret and mysterious breeds suspicion and resentment. I think we would get better attitudes from the schools if we were to publish the content of all of our rating forms openly.
- b. Re “Problems discussed...”, pp. 8f. This is a good and informative section! The only lack that I felt was the omission of an explicit emphasis on the need for a strong general psychology program to “back up” a clinical program. Lack of adequate general staff, facilities and courses was a main shortcoming of 2 of the 5 schools I visited.¹¹⁴

¹¹² Wendt to the APA Council of Representatives, 8/21/1949, Committee on Training in Clinical Psychology, Correspondence, General, Aug-Oct 1949, Box 515, APA.

¹¹³ H. Meltzer to Wolfle, 7/7/1949, Committee on Training in Clinical Psychology, Correspondence, General, Aug-Oct 1949, Box 515, APA.

¹¹⁴ Shaffer to Shakow and Heiser, 6/9/1949, Committee on Training in Clinical Psychology, Correspondence, General, May-July 1949, Box 515, APA.

The report was published in The American Psychologist in August 1949. Since the APA Board of Directors had voted against publishing the institutional ratings the report now listed, in a footnote, the 41 institutions that offered clinical training in alphabetical order. The CTCP also somewhat defensively acknowledged that although the criteria employed for evaluation of the training institutes were based on what was believed would lead to the most competent clinical psychologists, their validity had not yet been established. Nonetheless, the CTCP sent a letter to the APA Board of Directors, the VA, and the USPHS with the confidential evaluations of each program. Each program had been classified into one of four groups – A, A-, B, or C – where groups A (eight programs) and A- (12 programs) were recommended for full (three-year) approval and groups B (nine programs) and C (14 programs) were recommended for temporary one-year approval.¹¹⁵ The institutions were then also sent letters describing this classification system, what group they had been placed in, which other schools were placed in which group, and some comments about the particular program they offered.

The 17 aspects of training that the CTCP employed as criteria for evaluation were:

- 1) General Faculty
- 2) Clinical Faculty
- 3) Field Staff
- 4) Course Offerings in:
 - General,
 - Dynamics of personality,
 - Research Methods,
 - Diagnostic Methods,

¹¹⁵ American Psychological Association Committee on Training in Clinical Psychology, "Doctoral Training Programs in Clinical Psychology: 1949," *The American Psychologist* 4 (1949): 331-341.

- Therapy,
 Related Disciplines; and
 Overall course offerings
- 5) General Facilities
 - 6) Clinical Lab Facilities
 - 7) Practicum Facilities
 - 8) Internship Facilities
 - 9) Research Training Facilities
 - 10) Student Load-Balance
 - 11) Balance clin./non-clin. students
 - 12) Philosophy of Training
 - 13) General Atmosphere of Dept.
 - 14) Relations with related Disciplines
 - 15) Relations with Administration
 - 16) Standing among other Departments
 - 17) Overall Rating¹¹⁶

Groups A and A- differed solely in that Group A- had “problems in certain areas that are distinguishable from the A group...[but had the] strength...and sufficient resources for handling” them:

Group A

University of California – Berkeley
 University of Chicago
 Columbia University – Teachers College
 Harvard University
 Kansas University – Menninger Foundation (VA only)
 University of Michigan
 Ohio State University
 Stanford University

Group A-

University of California – Los Angeles
 Clark University
 University of Illinois
 University of Iowa
 University of Minnesota
 Northwestern University
 Pennsylvania State College
 University of Pittsburgh

¹¹⁶ Ibid.

University of Rochester
University of Southern California
University of Wisconsin
Yale University¹¹⁷

Group B schools had “well-planned objectives and methods [but] deficiencies in one or more respects that [prevent] full approval...this year. If their...plans materialize, many of them might be included in the list of fully approved schools within a year or two” and were thus recommended to the VA and the USPHS:

University of Colorado
Duke University
Indiana University
Kansas University
University of North Carolina
University of Pennsylvania
Purdue University
Washington University – St. Louis
University of Washington (state)¹¹⁸

Finally, Group C consists of fourteen schools with problems and deficiencies of such magnitude that the Committee believes them to be on the borderline of acceptable standards at the present time. Plans and potentialities at many of the schools lead us to predict that they will meet such standards [at the next reevaluation] in 1950, while, in others, this question is in doubt. In the latter cases, the Committee did not believe it wise to withhold tentative approval. It seemed desirable to give them another year in which to clarify their positions or develop whatever potentialities existed. The inadequacies in the C group programs are due chiefly to one or more of the following: lack of staff, lack of

¹¹⁷ Shakow to Felix, 5/15/1949, Committee on Training in Clinical Psychology, Correspondence, General, May-July 1949, Box 515, APA.

¹¹⁸ Ibid.

general and clinical facilities of sufficient quality and variety, lack of strong graduate work in related departments, or inadequate financial support. None is now disapproved for continuance of doctoral training, and they are so reported to VA and USPHS. It is hoped that in all cases such changes and decisions can be made that there will remain no doubt as to their status after evaluation in 1950.

Boston University
Catholic University
University of Cincinnati
Fordham University
University of Kentucky
Michigan State University
University of Nebraska
New York University – School of Education
New York University – Graduate School
Syracuse University
University of Tennessee
University of Texas
Tulane University
Western Reserve University¹¹⁹

As a whole, the report revealed 3,648 psychology graduate students regularly enrolled at institutions during the 1948-1949 academic year, 1,885 (52%) of which were in clinical psychology. Of the 1,883 clinical students, 1,515 (80%) of them were actual and probable doctoral candidates and the remaining 20% expected the Master's degree. This is in marked contrast to the percentage of non-clinical graduate students (N=1,765), 58% (1029) of which were actual and probable doctoral candidates and 42% (736) expected the Master's degree.¹²⁰ Taken at face value the ratio of clinical to non-clinical

¹¹⁹ Ibid.

¹²⁰ American Psychological Association Committee on Training in Clinical Psychology, "Doctoral Training Programs."

doctoral students was 3:2 but the extra year that the clinical program required of clinical students evened out the ratio among doctoral students put out by the institutions.

Overall, although the CTCP felt that many schools were doing a very good job of imparting clinical training it nonetheless highlighted several factors of concern. Many programs seemed to be emphasizing clinical techniques over psychological theory and research methodology. There did not seem to be a concerted enough effort to seek field training at institutions beyond the predominant (medically-dominated) psychiatric hospitals and clinics of the time, such as at guidance centers, schools, or prisons.¹²¹ Given the lack of reliable knowledge in the field of clinical psychology, departments were also concerned over the students' motivations for seeking training (scientific vs. economic vs. human welfare) and over whether students would be entering private practice, which was considered inappropriate at that time. As a result, some departments would not even accept students who indicated such an intention, but the Committee would not take a

stand on the question, [although they were of the] consensus that the problems and responsibilities of clinical practice are so complex that, in [the] present state of knowledge, private practice by the single, independent psychologist offer[ed] much less value either to the client or to the psychologist than d[id] the team or group approach in association with competent members of other professions.¹²²

Despite these concerns, the APA and the USPHS seemed to be satisfied with the work of the CTCP. The USPHS's Mental Health Division had financed a grant of \$12,000, and the APA had appropriated \$2,500 toward this second year of evaluation of doctoral programs and the Surgeon General, on recommendation of the National

¹²¹ Shakow, "50 Years Later."

Advisory Mental Health Council, had already approved a grant of \$10,000 to continue support for the CTCP's activities for the following year (July 1, 1949-June 30, 1950).¹²³

Summary

By 1947 the VA had 200 students enrolled in 22 APA-approved institutions. Because the VA funding had so changed the resources available at institutions Sears mailed out more questionnaires to psychology departments in December 1946 to collect new data on what doctoral work was being offered. The 40 institutions that replied by January were judged according to 13 criteria and 29 met almost all of the them; the list of 29 institutions was passed on to the VA. There was quite a bit of institutional opposition to the questionnaires: some felt it threatened smaller colleges and universities that could not compete with the large universities obtaining all of the funding as well as worried that the good facilities would be taken away for the larger universities, including the best applicants. The APA and the VA acknowledged these various complaints but essentially ignored them and continued with the accreditation. The APA was not about to give up such a lucrative and prestigious operation.

Robert Felix, director of the United States Public Health Service's (USPHS) Division of Mental Hygiene, began requesting similar lists of qualified institutions in March 1947. In addition to these lists, however, he also wanted the APA to provide the USPHS with lists of institutions that did not meet the criteria for accreditation but would

¹²² American Psychological Association Committee on Training in Clinical Psychology, "Doctoral Training Programs," 340.

¹²³ American Psychological Association Committee on Training in Clinical Psychology, "Doctoral Training Programs."; Felix to Wolfe, 7/7/1949, Committee on Training in Clinical Psychology, Correspondence, General, May-July 1949, Box 515, APA.

be able to if only they had enough funding to make up for certain deficiencies. On April 10th, 1947 Sears sent the VA another list of 27 institutions and the USPHS the same 27 and nine more that needed some improvement. Two years into the VA program and 464 graduate trainees were studying at 36 accredited institutions. The clinical psychologist was contributing to the psychiatric team with diagnosis and treatment but also research.

The increased focus, interest, and funding in clinical training by the VA and the USPHS empowered the APA to appoint a Committee on Training in Clinical Psychology under David Shakow to take over Sears' CGPTP. The difference between the two was that the CTCP was to assess training facilities by personally visiting and evaluating institutions (rather than relying on self-report questionnaires from departmental chairs). The CTCP's first report was published in 1947 and was based on the 1945 subcommittee on graduate internship training report, also headed by Shakow. In contrast to the 1945 report, however, there was no year-by-year description but instead a recommendation for six broad areas of study so that an illustrative clinical program would not be determined by the practices arising from special situations resulting from VA funding.

Some universities were still unhappy with this "ideal" model published by the CTCP. Some did not feel they were fairly evaluated, possibly because the CTCP was implementing more rigorous standards that included personal visits, and institutions that had been accredited by the Sears' CGPTP did not now meet the new committee's standards. Some universities also believed that the CTCP's ideal model would take longer than four years to complete and was not illustrative of clinical training but were nonetheless feeling coerced into adopting it so as to be considered adequate for

evaluation. Finally, there was also strong disagreement over publishing the list of accredited institutions. The disagreement proved acrimonious enough that the APA decided not to publish the lists in the CTCP's 1949 American Psychologist article but instead listed the institutions in alphabetical order only.

CONCLUSION

Despite their controversial status at the time, the reorganized APA's CTCP 1947 and 1949 reports are considered the foundation of the scientist-practitioner model of training in clinical psychology wherein clinicians are trained both as research scientists and also as service providers or practitioners. The CTCP's proposal for a four-year doctoral program including a one year internship to be done ordinarily during the third year, set the stage for the model of training as well as represented the APA's first attempts at accreditation of institutions for doctoral training in clinical psychology.¹

The scientist-practitioner, or "Boulder," model derives its name from the fact that the APA, sponsored by the USPHS's Division of Mental Hygiene, held a conference in Boulder, Colorado between August 19-September 3 of 1949. The directors of clinical training of the 43 universities listed in the 1948 Shakow report were invited to the institute, which was organized and administrated by the CTCP.² The CTCP decided that the conference program would best serve the needs of the university departments if it were designed by a new Committee consisting of all interested parties. The Executive Committee which resulted included E. Lowell Kelly, chair, Ann Magaret, William Hunt, James Miller, Wayne Dennis, and John Eberhart. Kelly and Magaret were elected by the

¹ Brendan A. Maher, "A Personal History of Clinical Psychology," in *The Clinical Psychology Handbook*, eds. by Michel Hersen, Alan E. Kazdin and Alan S. Bellack (New York: Plenum Press, 1991); M. Mike Nawas, "Landmarks in the History of Clinical Psychology From its Early Beginnings Through 1971," *The Journal of Psychology* 82 (1972): 91-110.

CTCP, Hunt and Miller were elected by vote of all of the clinical directors, Dennis was nominated by the Committee of Department Chairmen, and Eberhart represented the USPHS.³

In addition to the psychology chairmen, representatives from internship training centers (i.e., mental hospitals, mental hygiene clinics, school clinical programs) and related professions (i.e., psychiatry, psychiatric social work, psychiatric nursing, and counseling and guidance) were also invited. A total of 73 representatives from training universities, mental health service agencies, and allied professions met daily for two weeks to address the graduate education and training needed for clinical psychologists.⁴ All participants were randomly assigned each day to three or four smaller groups to discuss questions relating to problems of training and at least twice a day would regroup for general discussion sessions.⁵

The discussions centered around four fundamental issues, which were published in book form in 1950. The first issue focused on the professional services and research contributions that clinical psychologists could offer to meet societal needs. The second

² Wolfle to chairmen, 12/16/1948, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949; Wolfle to Sears, 12/16/1948, LC-513, CTCP, Correspondence, December 1948-1949, Box 513, APA.

³ Wolfle to chairmen, 12/16/1948, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949, Box 513, APA; Wolfle to Sears, 12/16/1948, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949, Box 513, APA; Shakow to CTCP members, Board of Directors reps, and USPHS rep, 12/16/1948, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949, Box 513, APA; Kelly to Executive Committee members, 2/23/1949, Committee on Training in Clinical Psychology, Correspondence, December 1948-1949, Box 513, APA.

⁴ Bonnie R. Strickland, "Clinical Psychology Comes of Age," *American Psychologist* 43, no. 2 (1988): 104-107.

⁵ Victor C. Raimy, *Training In Clinical Psychology* (New York: Prentice-Hall, Inc., 1950).

issue centered around the fluidity required of professional training in order to reflect society's changing needs as well as theoretical and technical changes within the field and related disciplines. The third issue addressed the kinds and levels of training that should be required – a) Ph.D. in Clinical Psychology with supervised post-doctoral training, b) Ph.D. in Clinical Psychology consisting of four graduate school years of which one is a supervised internship, c) two year long sub-doctoral training equivalent of an M.A. degree, and d) undergraduate B.A. degree. Particular emphasis was placed on the M.A. and Ph.D. training. Finally, the fourth issue highlighted problems regarding professional ethics (to patients, the general public, science, employers, one's own profession, related professions, students) and resulting training.⁶

In addition to these four issues specific problems were also discussed relating to the existing undergraduate and graduate general psychology curriculum and the proposed graduate curriculum in clinical psychology and its emphasis on training in research, psychotherapy, and field work. Finally, participants also discussed issues bearing immediate relevance to training in clinical psychology, such as the selection and evaluation of students, staff training, relations with other professions, relations with government agencies, accreditation of training universities, and licensing and certification.⁷

Overall, according to David Shakow's oral history,

The Boulder conference was very much intended as a discussion of the '47 report. It played a considerable part. This Committee had given considerable thought to

⁶ Ibid.

⁷ Ibid.

the issues that were aroused and that I had done work on previous Committees and other things of that kind so that it was...it had in it about 20 years of experience...with clinical programs. So we didn't expect that they...the conference would come up with anything that was very new. But at the same time it was important that it take a broad view and be general and be at the University center and become part of the program, etc. etc. And it accomplished that purpose very well. It had the '47 report but it had been discussed and it had been worked out and it meant...more to the group than anything that could be done by a report... And that was the great value of the thing. And so...we arranged so that we would be present at the meeting but we would not be really part of it. We could take part in the discussion, etc., etc. but we were there as resource people...⁸

About 70 resolutions were proposed at the Boulder Conference. Given that some participants felt that research would weaken the necessary training in diagnosis and treatment while others felt diagnosis and treatment might in turn dilute good research training, it is somewhat surprising to find a unanimous recommendation to train clinical psychologists equally as both researchers and practitioners. Several reasons have been posited for this. One was that the lack of dependable knowledge in clinical psychology and personality theory at the time necessitated that research be considered vital to the field. Another was that the delivery of psychology services would provide the financial support needed to initiate and continue such research projects. Finally, and more importantly, this dual training in both research and practice was a unique one which would delineate the boundaries that set clinical psychologists apart from psychiatrists, social workers, counselors, and other mental health providers.

As a result, the four year graduate program that was proposed included a firm foundation in science, research methodology and theory during the first year, practicum and internship training during the second and third years, and the completion of the

⁸ DS-OR.

doctoral dissertation during the fourth and last year.⁹ This resolution not only benefited the field of clinical psychology by way of governmental financial support and backing as a profession but it also served the governmental agencies by training personnel to address the pressing mental health needs of the country.¹⁰

The consequences of the scientist-practitioner model that was established at the Boulder conference were both positive and negative for the field of psychology. On the one hand it served to bridge the academic vs. practitioner rift by terming both “psychologists,” independent of their place of work.¹¹ Earlier, psychologists had been described based on the content of what they studied: traditionally, experimental topics such as perception, learning, memory, etc. Clinicians were expected to ground their theory in basic research on such topics but that research was not readily applicable to social problems and thus the clinician ended up employing tests and psychotherapeutic techniques which did not derive from traditional, experimental psychology. The scientist-practitioner model provided a way for academics and practitioners to find common ground: through a commonly shared methodology.¹² Since the APA was reorganized in 1945, with its consequent shift in mission from the advancement of psychology as a science to its advancement as a way to promote human welfare,

⁹ Reisman, *History of Clinical Psychology*.

¹⁰ David B. Baker and Ludy T. Benjamin, Jr., “The Affirmation of the Scientist-Practitioner: A Look Back at Boulder,” *The American Psychologist* 55, no. 2 (2000): 241-247.

¹¹ George Frank, “The Boulder Model: History, Rationale, and Critique,” *Professional Psychology: Research and Practice* 15, no. 3 (1984): 417-435.

¹² *Ibid.*

practitioners were now expected, in return, to be psychologists first and clinicians later, thus allowing for all Ph.D. students to be trained in research.

Research played a unique role for the clinical psychologist following World War II. In addition to being qualified to assist psychiatrists in the treatment of war neuroses, another important issue was at stake for psychologists: their status within the mental health arena. Certainly psychologists wanted to help in the war effort but so, too, they wanted to establish an identity within the mental health field that was independent of the authority of the psychiatrist. Toward this goal, psychologists codified and strengthened the sketchy model of training that had been available previously, and included research as a significant component of the new training model.¹³

Research had been a central mission of psychologists since the late nineteenth century. Indeed, when the APA was created in 1892, its mission had been “to advance psychology as a science” and until the mid-1940s all psychologists who obtained Ph.D. degrees in psychology did so within traditional experimental programs consisting of theoretical and research-based curricula.¹⁴ Requiring that aspiring clinical psychologists now conduct research toward their Ph.D. would provide them “with a professional

¹³ Ibid.

¹⁴ George Frank, “The Boulder Model Revisited: The Training of the Clinical Psychologist for Research,” *Psychological Reports* 58 (1986): 579-585; George Frank, “The Boulder Model Revisited,” *Psychological Reports* 59 (1986): 407-413; Chauncey McKinley Louttit, “The Nature of Clinical Psychology,” *Psychological Bulletin* 36 (1939): 361-389; Albert T. Poffenberger, “The Training of a Clinical Psychologist,” *Journal of Consulting Psychology* 2, no. 1 (1938): 1-6; Karl E. Pottharst, “A Brief History of the Professional Model of Training,” in *Levels and Patterns of Professional Training in Psychology: Conference Proceedings Vail, Colorado July 25-30, 1973*, ed. Maurice Korman (Washington, DC: American Psychological Association, 1976); David Shakow, “Clinical Psychology Seen Some 50 Years Later,” *The American Psychologist* (1978): 148-158.

identity that made [them] unique in the mental health world...and differentiate[d] the clinical psychologist from the rest of the pack.”¹⁵

While other mental health fields focused their students’ training on the applied aspects of their fields, psychologists trained aspiring clinicians in both scientific research and applied clinical work in hopes of providing them with a much desired thing: higher status and prestige than what they had in the past. In fact, Robert Felix, director of the Mental Hygiene Division of the USPHS, pointed out in his oral history the glaring lack of research ability among non-psychologists:

I was continually impressed with how utterly naïve most all psychiatrists were in research design or in research execution. They seemed to feel that all you do is you count one, two, three, four, five and then you say that this number two or this that makes it so. And I was upset about it, we tried to get some research training started and I began to be kind of shook by the fact that our people, even those who were going to evaluate the research training programs were not really investigators themselves.¹⁶

Wolfe, as secretary of the APA, had also commented on the key role that the clinical psychologist played in the neuropsychiatric team due to his/her ability to conduct research:

Within the neuropsychiatric team the clinical psychologist usually has major responsibility for research function. His training in statistics and experimental design give him better equipment for that responsibility than the psychiatrist or medical school graduate usually has. There is so much still to be learned concerning mental disease and abnormalities of behavior that this research function is one of the primary contributions that the clinical psychologist can make to the entire mental health program. That contribution is one which the clinical psychologist must make, for the average practicing physician or psychiatrist has

¹⁵ William C. Sanderson and David H. Barlow, “Research Strategies in Clinical Psychology,” in *Clinical Psychology: Historical and Research Foundations*, ed. C. Eugene Walker (NY: Plenum Press, 1991), 37.

¹⁶ RHF-OR2.

neither the research interest nor the research skill that we attempt to develop in the student receiving his Ph.D. in clinical psychology.¹⁷

As a result, the focus on research would not only enable clinical psychologists to shed the reputation of being “mere technicians” but it would also lead to their being the only mental health providers able to advance knowledge through research at a time when there was widespread ignorance about mental health.¹⁸

A negative consequence of the scientist-practitioner model, however, was that academic psychologists were now faced with having not only to train doctoral students for careers in teaching and research but also to train students for professional practice. This created problems on a variety of levels. The most pragmatic one was that there was a shortage of qualified faculty who could do this.¹⁹ In addition, this upset a long-standing tradition of academic dominance in the field. Prior to World War II, academic psychologists had historically been the dominating faction, seeing themselves as “basic” and “pure” scientists who conducted research; and it was research that had legitimized psychology as a science. To many of the academic psychologists, applied psychology had been viewed as a lower and baser calling, ordinarily relegated to females or Jewish minorities who were not as welcome in the ivory tower.²⁰

¹⁷ Wolfe to D. C. Goldberg, University of the State of NY, State Education Dept, 5/18/1949, RRS.

¹⁸ Henry C. Ellis, “Graduate Education in Psychology: Past, Present, and Future,” *American Psychologist* 4 (1992): 570-576; Saul Rosenzweig, “Bifurcation in Clinical Psychology,” *The Journal of Psychology* 29 (1950): 157-164; Hans H. Strupp, “Some Observations on Clinical Psychology,” *The Clinical Psychologist* 36 (1982): 6-7; Robert C. Tryon, “Psychology in Flux: The Academic-Professional Bipolarity,” *The American Psychologist* 18 (1963): 134-143.

¹⁹ Rosenzweig, “Bifurcation in Clinical Psychology.”

²⁰ Tryon, “Psychology in Flux.”

The increasing professionalization of clinical psychologists threatened this traditionalists' stronghold. The reorganized APA of 1945 had already made some attempts at establishing and accrediting formal Ph.D. training in clinical psychology but external factors such as governmental agencies and outside funding markedly accelerated their professionalization in academic departments. All of a sudden, these departments were being evaluated by outside Committees who not only evaluated the departments the academics held dearly but also forced an imbalance in favor of the clinical faculty in the departments by granting or withdrawing funding from students, facilities, and fellowships depending on whether they met the necessary criteria for clinical training.²¹ This created tension with the academic psychologists, who were not only concerned that external forces might come to control their programs and determine their curricula but were also concerned about what that meant for the future of their traditional experimental programs.²²

A larger negative consequence of the scientist-practitioner model was its uncritical acceptance of the medical model. The CTCP's 1947 report is viewed as the backbone of the model and that report primarily reflected David Shakow's 20 years of experience in the field and of work at Worcester State Hospital. According to psychologist George Albee, such an uncritical and ignorant acceptance of the medical

²¹ Ibid.

²² David B. Baker and Ludy T. Benjamin, Jr., "The Affirmation of the Scientist-Practitioner: A Look Back at Boulder," *The American Psychologist* 55, no. 2 (2000): 241-247.

model and the psychiatric worldview led psychology to being an ancillary profession to psychiatry.²³

The Boulder conference then should not be seen as merely the beginning of the scientist-practitioner model of clinical psychology today but as the product of a number of complex historical factors: the early individual and professional attempts at developing training models that would serve to professionalize and create an image of scientific status that would set clinical psychologists apart from other similarly trained individuals working in similar occupations, the demands and effects that World War I and II had on the budding profession of psychology, the boundary and professionalization issues that clinical and other applied psychologists faced vis-à-vis other mental health practitioners, and the conflicting missions of the various clinical organizations and the APA.

²³ George W. Albee, "The Boulder Model's Fatal Flaw," *The American Psychologist* 55, no. 2 (2000): 247-248; George W. Albee, "President's Message: A Declaration of Independence for Psychology".

BIBLIOGRAPHY

- “Application for Membership in the A.A.A.P.” *Journal of Consulting Psychology* 1 (1937): 97-98.
- “Communications Regarding “A Plan for the Technical Training of Consulting Psychologists”.” *Journal of Applied Psychology* 2 (1918): 174-178.
- “News Notes.” *Journal of Consulting Psychology* 1 (1937): 106-107.
- “News Notes.” *Journal of Consulting Psychology* 2 (1938a): 26-28.
- “News Notes.” *Journal of Consulting Psychology* 2 (1938b): 63-64.
- “News Notes.” *Journal of Consulting Psychology* 2 (1938c): 124-125.
- “Organization Reports.” *Journal of Consulting Psychology* 2 (1938): 47-54.
- “The Proposed AAAP-APA merger.” *Journal of Consulting Psychology* 8 (1944): 118-124.
- “Reports of the A.A.A.P.” *Journal of Consulting Psychology* 2 (1938): 77-82.
- Abt, Lawrence Edwin. “Clinical Psychology and the Emergency of Psychotherapy.” *Professional Psychology: Research and Practice* 23, no. 3 (1992): 176-178.
- Albee, George W. “President’s Message: A Declaration of Independence for Psychology.”
- Albee, George W. “The Boulder Model’s Fatal Flaw.” *The American Psychologist* 55, no. 2 (2000): 247-248.
- Alper, Karen. “Qualifications and Standards for Psychologists.” *The Psychological Exchange* 4 (1936): 137-139.
- American Association for Applied Psychology Committee on (Professional) Training in Clinical (Applied) Psychology. “Proposed Program of Professional Training in Clinical Psychology.” *Journal of Consulting Psychology* 7 (1943): 23-26.
- American Psychological Association and American Association for Applied Psychology Committee on Graduate and Professional Training: Subcommittee report (David

- Shakow, Chairman). "Graduate Internship Training in Psychology." *Journal of Consulting Psychology* 9 (1945): 243-266.
- American Psychological Association Clinical Section Committee. "The Definition of Clinical Psychology and Standards of Training for Clinical Psychologists." *The Psychological Clinic* 23, no. 1-2 (1935): 1-8.
- American Psychological Association Clinical Section Committee. "Guide to Psychological Clinics in the United States." *The Psychological Clinic* 23 (1935): 9-140.
- American Psychological Association Committee on Training in Clinical Psychology. "Clinical Training Facilities: 1948." *The American Psychologist* 3 (1948): 317-318.
- American Psychological Association Committee on Training in Clinical Psychology. "Doctoral Training Programs in Clinical Psychology: 1949." *The American Psychologist* 4 (1949): 331-341.
- American Psychological Association Committee on Training in Clinical Psychology. "Recommended Graduate Training Program in Clinical Psychology." *The American Psychologist* 2 (1947): 539-558.
- American Psychological Association Educational Directorate. *Accredited doctoral programs in professional psychology* [webpage <http://www.apa.org/ed/doctoral.html>]. April 3, 2000.
- Anderson, John E. "Proceedings of the Thirty-Second Annual Meeting of the American Psychological Association, Madison, Wisconsin, December 27, 28, 29, 1923." *The Psychological Bulletin* 21, no. 2 (1924): 69-120.
- Anderson, John E. "Proceedings of the Thirty-Third Annual Meeting of the American Psychological Association, Washington, D.C., December 29, 30, 31, 1924." *The Psychological Bulletin* 22, no. 2 (1925): 69-138.
- Anderson, John E. "Proceedings of the Thirty-Fourth Annual Meeting of the American Psychological Association, Washington, D.C., December 28, 29, 30, 1925." *The Psychological Bulletin* 23, no. 3 (1926): 113-174.
- Anderson, John E. "Proposed constitution of the American Association of Applied Psychologists." *Journal of Consulting Psychology* 2 (1938): 107-114.
- Association of Consulting Psychologists. "Training and Standards for the Clinical Psychologist." *The Psychological Exchange* 1, no. 5 (1932): 10-11.

- Baker, David B., and Ludy T. Benjamin, Jr. "The Affirmation of the Scientist-Practitioner: A Look Back at Boulder." *The American Psychologist* 55, no. 2 (2000): 241-247.
- Blanchard, Phyllis. "The Value of Psychometric Examinations in Psychiatric Work." *Neurological Bulletin* 3 (1921): 370-378.
- Boring, Edwin G. "Proceedings of the Thirty-First Annual Meeting of the American Psychological Association, Cambridge, Massachusetts, December 27, 28, 29, 1922." *The Psychological Bulletin* 20, no. 2 (1923): 61-108.
- Boring, Edwin G., Harvey A. Carr, Lewis M. Terman, Albert T. Poffenberger, and Walter S. Hunter. "Standards for the Ph.D. Degree in Psychology." *The Psychological Bulletin* 31, no. 1 (1934): 67-72.
- Boyakin, Eleanor E. "A Survey of the Field of Clinical Psychology in New York State." *Journal of Educational Psychology* 17 (1926): 402-407.
- Brand, Jeanne L. "The National Mental Health Act of 1946: A Retrospect." *Bulletin of the History of Medicine* 39, no. 3 (1965).
- Brand, Jeanne L., and Philip Sapiro. "An Historical Perspective on the National Institute of Mental Health (prepared as sec. 1 of the NIMH Report to the Woolridge Committee of the President's Scientific Advisory Committee). Mimeograph." (1964).
- Britt, Steuart Henderson. "Report of the Committee on Legislation, Board of Affiliates of the A.A.A.P." *Journal of Consulting Psychology* 3 (1939): 123-127.
- Britt, Steuart Henderson, Percival M. Symonds, Lowell S. Selling, Robert G. Bernreuter, T. Ernest Newland, and Dewey B. Stuit. "Resume of Washington Round Table on Certification of Psychologists." *Journal of Consulting Psychology* 5 (1941): 74-77.
- Brotmarkle, Robert A., and Elaine F. Kinder. "Organization Reports - A.C.P. to A.A.A.P.: Progress." *Journal of Consulting Psychology* 1 (1937): 93-97.
- Brown, Andrew W. "The Meeting of the Clinical Section of the American Psychological Association." *The Psychological Exchange* 2 (1933): 174-177.
- Brown, Fred. "The Crisis in Clinical Psychology." *The Psychological Exchange* 4 (1935): 18-20.

- Bryan, Alice I. "Seventh Annual Meeting of the Summarized Proceedings and Reports of the American Association for Applied Psychology." *Journal of Consulting Psychology* 8 (1944): 8-15.
- Bulatao, Elizabeth Q., Robert Fulcher, and Rand B. Evans. "Statistical Data on the American Psychological Association." In *The American Psychological Association: A Historical Perspective*, edited by Rand B. Evans, Virginia Staudt Sexton and Thomas C. Cadwallader, 391-394. Washington, D.C.: American Psychological Association, 1992.
- Burchard, Edward M. L. "The Reform of the Graduate School Curriculum in Psychology." *The Psychological Exchange* 5 (1936): 7-12.
- Burnham, John C. *How Superstition Won and Science Lost: Popularizing Science and Health in the United States*. New Brunswick, NJ: Rutgers University Press, 1987.
- Burnham, John C. "The Struggle Between Physicians and Paramedical Personnel in American Psychiatry, 1917-1941." *Journal of the History of Medicine and Allied Sciences* 29 (1974): 93-106.
- Camfield, Thomas M. "The Professionalization of American Psychology, 1870-1917." *Journal of the History of the Behavioral Sciences* 9 (1973): 66-75.
- Camfield, Thomas M. "The American Psychological Association and World War I: 1914 to 1919." In *The American Psychological Association: A Historical Perspective*, edited by Rand B. Evans, Virginia Staudt Sexton and Thomas C. Cadwallader, 91-118. Washington, D.C.: American Psychological Association, 1992.
- Capshew, James H. *Psychologists On the March: Science, Practice, and Professional Identity in America, 1929-1969*. Cambridge: Cambridge University Press, 1999.
- Capshew, James H., and Ernest R. Hilgard. "The Power of Service: World War II and Professional Reform in the American Psychological Association." In *The American Psychological Association: A Historical Perspective*, edited by Rand B. Evans, Virginia Staudt Sexton and Thomas C. Cadwallader, 149-175. Washington, D.C.: The American Psychological Association, 1992.
- Casselberry, William S. "The Psychologist in Private Practice." *The Psychological Exchange* 4 (1935): 57-58.
- Cattell, James McKeen. "Our Psychological Association and Research." *Science* 45, no. 1160 (1917): 275-284.

- Cattell, James McKeen. "Retrospect: Psychology as a Profession." *Journal of Consulting Psychology* 1 (1937): 1-3.
- Coon, Deborah J., and Heather Allard Sprenger. "Psychologists in Service to Science: The American Psychological Association and the American Association for the Advancement of Science." *The American Psychologist* 53, no. 12 (1998): 1253-1269.
- Cornell, William Burgess. "Psychology vs. Psychiatry in Diagnosing Feeble-mindedness." *New York State Journal of Medicine* 17, no. 11 (1917): 485-486.
- Coxe, Warren. "Proposed Code of Professional Ethics." *The Psychological Exchange* 2 (1933): 11-12.
- Crane, Loyal. "A Plea for the Training of Psychologists." *Journal of Abnormal and Social Psychology* 20 (1925): 228-233.
- Crawford, Meredith P. "Rapid Growth and Change at the American Psychological Association: 1945-1970." In *The American Psychological Association: A Historical Perspective*, edited by Rand B. Evans, Virginia Staudt Sexton and Thomas C. Cadwallader, 177-232. Washington, D.C.: The American Psychological Association, 1992.
- Dana, Charles L. "Psychiatry and Psychology." *Medical Record* 91, no. 7 (1917): 265-267.
- Davies, Arthur Ernest. "The Training of Psychologists." *Journal of Abnormal and Social Psychology* 20 (1926): 344-348.
- Diamond, Sol. "The Economic Position of the Psychologist." *The Psychological Exchange* 4 (1935): 5-8.
- Dickinson, Charles A., Charles M. Diserens, V. E. Fisher, Chas. A. Ford, Arnold Gesell, Henry H. Goddard, Joseph Harry Griffiths, Marne L. Groff, Mabel Ensworth Goudge, Ella M. Hanawalt, William Healy, Frazer Hood, Max F. Hausmann, and Alice E. Paulsen. "The Relation Between Psychiatry and Psychology: A Symposium." *The Psychological Exchange* 2 (1933): 149-161.
- Doll, Edgar A. "The Degree of Ph.D. and Clinical Psychology." *Journal of Applied Psychology* 4, no. 88-90 (1920).
- Doll, Edgar A. "Fields of Clinical Psychology." *The Psychological Exchange* 3 (1934): 134-137.

- Doll, Edgar A. "Internship Program at the Vineland Laboratory." *Journal of Consulting Psychology* 10 (1946): 184-190.
- Doll, Edgar A. "Preparation for Clinical Psychology." *Journal of Consulting Psychology* 3, no. 5 (1939): 137-140.
- Ellis, Henry C. "Graduate Education in Psychology: Past, Present, and Future." *American Psychologist* 4 (1992): 570-576.
- English, Horace B. "Forum: Notes on Membership Standards." *Journal of Consulting Psychology* 4 (1940): 79.
- English, Horace B. "Organization of the American Association of Applied Psychologists." *Journal of Consulting Psychology* 2 (1938): 7-16.
- Fagan, Thomas K. "Compulsory Schooling, Child Study, Clinical Psychology, and Special Education: Origins of School Psychology." *The American Psychologist* 47 (1992): 236-243.
- Fagan, Thomas K. "The Historical Origins and Growth of Programs to Prepare School Psychologists in the United States." *Journal of School Psychology* 24 (1986): 9-22.
- Fagan, Thomas K., and P. S. Wise. *School Psychology: Past, Present, and Future*. White Plains, NY: Longman, 1994.
- Fernberger, Samuel W. "The American Psychological Association: A Historical Summary, 1892-1930." *The Psychological Bulletin* 29, no. 1 (1932): 1-89.
- Fernberger, Samuel W. "Proceedings of the Thirty-Fifth Annual Meeting of the American Psychological Association, Incorporated, Philadelphia, Pennsylvania, December 28, 29, 30, 1926." *The Psychological Bulletin* 24, no. 3 (1927): 137-155.
- Fernberger, Samuel W. "Proceedings of the Thirty-Seventh Annual Meeting of the American Psychological Association, Incorporated, New York, N.Y., December 27, 28, 29, 1928." *The Psychological Bulletin* 26, no. 3 (1929): 121-132.
- Fernberger, Samuel W. "Proceedings of the Thirty-Sixth Annual Meeting of the American Psychological Association, Incorporated, Columbus, Ohio, December 28, 29, 30, 1927." *The Psychological Bulletin* 25, no. 3 (1928): 125-?
- Finison, Lorenz J. "The Psychological Insurgency: 1936-1945." *Journal of Social Issues* 42, no. 1 (1986): 21-33.

- Finison, Lorenz J. "Unemployment, Politics, and the History of Organized Psychology." *The American Psychologist* (1976): 747-755.
- Finison, Lorenz J. "Unemployment, Politics, and the History of Organized Psychology, II: The Psychologists' League, the WPA, and the National Health Program." *The American Psychologist* (1978): 471-477.
- Frank, George. "The Boulder Model Revisited." *Psychological Reports* 59 (1986b): 407-413.
- Frank, George. "The Boulder Model Revisited: The Training of the Clinical Psychologist for Research." *Psychological Reports* 58 (1986a): 579-585.
- Frank, George. "The Boulder Model: History, Rationale, and Critique." *Professional Psychology: Research and Practice* 15, no. 3 (1984): 417-435.
- Franz, Shepherd Ivory. "Psychology and Psychiatry." *Psychological Bulletin* 14, no. 6 (1917): 226-229.
- Furumoto, Laurel. "On the Margins: Women and the Professionalization of Psychology in the United States, 1890-1940." In *Psychology in Twentieth Century Thought and Society*, edited by Mitchell Ash and William R. Woodward, 93-113. NY: Cambridge University Press, 1987.
- Furumoto, Laurel, and Elizabeth Scarborough. "Placing Women in the History of Psychology: The First American Women Psychologists." *The American Psychologist* 41, no. 1 (1986): 35-42.
- Garfield, Sol L. "Psychotherapy: A 40-year Appraisal." *The American Psychologist* 36, no. 2 (1981): 174-183.
- Geissler, L. R. "A Plan for the Technical Training of Consulting Psychologists." *Journal of Applied Psychology* 2 (1918): 77-83.
- Gesell, Arnold. "The Field of Clinical Psychology as an Applied Science: A Symposium." *Journal of Applied Psychology* 3 (1919): 81-83.
- Gieryn, Thomas F. "Boundary-work and the Demarcation of Science From Non-science: Strains and Interest in Professional Ideologies of Scientists." *The American Sociological Review* 48 (1983): 781-795.
- Goddard, Henry H. "The Field of Clinical Psychology as an Applied Science: A Symposium." *Journal of Applied Psychology* 3 (1919): 84-87.

- Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America*. Princeton: Princeton University Press, 1991.
- Grob, Gerald. *Mental Illness and American Society, 1875-1940*. Princeton: Princeton University Press, 1983.
- Haberman, J. Victor. "Proving the Mind: The Intelligence and its Examination." *Medical Record: A Weekly Journal of Medicine and Surgery* 93, no. 20 (1918): 840-849.
- Hall, G. Stanley, John Wallace Baird, and L. R. Geissler. "Introduction and Foreword." *Journal of Applied Psychology* 1, no. 1 (1917): 1-7.
- Hamlin, Roy M., and Stephen Habbe. "State Psychological Societies." *The American Psychologist* 1 (1946): 17-21.
- Harris, Benjamin. "Boundary Skirmishes in Applied Psychology, 1932-1939: The Psychological Exchange and the Psychologists' League." (in preparation).
- Henley, Eugene H. "The Psychologist in Private Practice." *The Psychological Exchange* 3 (1935): 218-219.
- Herman, Ellen. *The Romance of American Psychology: Political Culture in the Age of Experts*. Berkeley: University of California Press, 1995.
- Hollingworth, Leta S. "Further Communications Regarding "A plan for the technical training of consulting psychologists"." *Journal of Applied Psychology* 2, no. 3 (1918): 280-285.
- Kevles, Daniel J. *The Physicists: The History of a Scientific Community in Modern America*. Cambridge, MA: Harvard University Press, 1997.
- Kinder, Elaine F. "Report of the Eighth Annual Meeting of the Association of Consulting Psychologists." *Journal of Consulting Psychology* 1 (1937): 61-63.
- Komora, Paul O. "Mental hygiene: The History and Development of the National Committee for Mental Hygiene." *Welfare Magazine* 19 (1928): 163-168.
- Langfeld, Herbert S. "Proceedings of the Twenty-Eighth Annual Meeting of the American Psychological Association, Cambridge, Massachusetts December 29, 30, 31, 1919." *The Psychological Bulletin* 17, no. 2 (1920): 33-82.

- Langfeld, Herbert S. "Proceedings of the Twenty-Seventh Annual Meeting of the American Psychological Association, Baltimore, December 27 and 28, 1918." *The Psychological Bulletin* 16, no. 2 (1919): 33-61.
- Lefton, Lester A. *Psychology*. 6th ed. Boston: Allyn and Bacon, 1997.
- Louitt, Chauncey McKinley. *Clinical psychology*. New York: Harper, 1936.
- Louitt, Chauncey McKinley. "The Nature of Clinical Psychology." *Psychological Bulletin* 36 (1939): 361-389.
- Louitt, Chauncey McKinley. "The Place of Clinical Psychology in Mental Hygiene." *Mental Hygiene* 21 (1937): 373-388.
- Louitt, Chauncey McKinley. "Summarized Proceedings and Reports of the Fifth Annual Meeting of the American Association of Applied Psychologists." *Journal of Consulting Psychology* 6 (1942): 19-49.
- Louitt, Chauncey McKinley. "Summarized Proceedings and Reports of the Sixth Annual Meeting of the American Association for Applied Psychology." *Journal of Consulting Psychology* 7, no. 1 (1943): 1-22.
- Maher, Brendan A. "A Personal History of Clinical Psychology." In *The Clinical Psychology Handbook*, edited by Michel Hersen, Alan E. Kazdin and Alan S. Bellack, 3-25. New York: Plenum Press, 1991.
- Marquis, Donald. "Proceedings of the Fifty-Fourth Annual Meeting of the American Psychological Association, Inc., Philadelphia, Pennsylvania, September 3, 4, 5, 6, 7, 1946." *The American Psychologist* 1 (1946): 493-532.
- McReynolds, Paul. *Lightner Witmer: His Life and Times*. Washington, D.C.: American Psychological Association, 1997.
- McReynolds, Paul. "Lightner Witmer: Little Known Founder of Clinical Psychology." *The American Psychologist* 42 (1987): 849-858.
- Menninger, William C. "The Relationship of Clinical Psychology and Psychiatry." *The American Psychologist* (1950): 3-15.
- Miller, James G. "Clinical Psychology in the Veterans Administration." *The American Psychologist* (1946): 181-189.
- Miner, James B. "The Significance and History of the Clinical Section of the A.P.A." *The Psychological Exchange* 1 (1932): 7-11.

- Mitchell, David. "The Clinical Psychologist." *Journal of Abnormal Psychology* 14, no. 5 (December 1919): 325-332.
- Moore, Thomas Verner. "A Century of Psychology in its Relationship to American Psychiatry." In *One Hundred Years of American Psychiatry*, edited by J. K. Hall, 443-477. New York: Columbia University Press, 1944.
- Morrow, William R. "The Development of Psychological Internship Training." *Journal of Consulting Psychology* 10, no. 4 (1946): 165-183.
- Murray, Henry A. "Psychology and the University." *Archives of Neurology and Psychiatry* 34 (1935): 803-817.
- Napoli, Donald Seymer. *The Architects of Adjustment: The Practice and Professionalization of American Psychology, 1920-1945*. Port Washington, N.Y.: Kennikat Press, 1981.
- National Committee for Affiliation and Association of Applied and Professional Psychology. "The Proposed American Association for Applied and Professional Psychology." *Journal of Consulting Psychology* 1 (1937): 14-16.
- National Committee for Affiliation of Applied and Professional Psychology. "The Proposed American Association of Applied and Professional Psychology." *Journal of Applied Psychology* 21 (1937): 320-341.
- Nawas, M. Mike. "Landmarks in the History of Clinical Psychology From its Early Beginnings Through 1971." *The Journal of Psychology* 82 (1972): 91-110.
- New York Psychiatric Society. "Activities of Clinical Psychologists." *Psychological Bulletin* 14, no. 6 (1917): 224-225.
- Nietzel, Michael, Douglas A. Bernstein, and Richard Milich. "Clinical Psychology: Definitions and History." In *Introduction to Clinical Psychology*. Englewood Cliffs, NJ: Prentice-Hall, 1991.
- O'Donnell, John M. "The Clinical Psychology of Lightner Witmer: A Case Study of Institutional Innovation and Intellectual Change." *Journal of the History of the Behavioral Sciences* 15 (1979): 3-17.
- Ogden, Robert Morris. "The Training Course for Psychological Examiners at Cornell University." *Journal of Applied Psychology* 2 (1918): 179-185.

- Paterson, Donald G. "Proceedings of the Forty-First Annual Meeting of the American Psychological Association, Incorporated, Chicago, Illinois, September 7, 8, 9, 11, 12, 13, 1933." *The Psychological Bulletin* 30, no. 9 (1933): 631-742.
- Paterson, Donald G. "Proceedings of the Forty-Fourth Annual Meeting of the American Psychological Association, Incorporated, Hanover, New Hampshire, September 2, 3, 4, 5, 1936." *Psychological Bulletin* 33, no. 9 (1936): 677-690.
- Paterson, Donald G. "Proceedings of the Forty-Second Annual Meeting of the American Psychological Association, Incorporated, New York, New York, September 5, 6, 7, 8, 1934." *The Psychological Bulletin* 31, no. 9 (1934): 647-754.
- Poffenberger, Albert T. "Leta Stetter Hollingworth: 1886-1939." *American Journal of Psychology* 53 (1940): 299-301.
- Poffenberger, Albert T. "The Training of a Clinical Psychologist." *Journal of Consulting Psychology* 2, no. 1 (1938): 1-6.
- Poffenberger, Albert T., E. A. Bott, Harvey A. Carr, Walter S. Hunter, and Lewis M. Terman. "Report on Supply and Demand for Psychologists Presented by the Committee on the Ph.D. in Psychology." *The Psychological Bulletin* 30, no. 9 (1933): 648-654.
- Poffenberger, Albert T., and Alice I. Bryan. "Toward Unification in Psychology." *Journal of Consulting Psychology* 8 (1944): 253-257.
- Pottharst, Karl E. "A Brief History of the Professional Model of Training." In *Levels and Patterns of Professional Training in Psychology: Conference Proceedings Vail, Colorado July 25-30, 1973*, edited by Maurice Korman, 33-40. Washington, DC: American Psychological Association, 1976.
- Raimy, Victor C. *Training In Clinical Psychology*. New York: Prentice-Hall, Inc., 1950.
- Reisman, John M. *A History of Clinical Psychology*. Edited by Charles D. Spielberger and Irwin G. Sarason. 2nd ed, *The Series in Clinical and Community Psychology*. New York: Hemisphere Publishing Corporation, 1991.
- Richmond, Winifred. "The Psychologist in the Psychopathic Hospital." *The Journal of Abnormal Psychology and Social Psychology* 18, no. 4 (1924): 299-310.
- Rosenzweig, Saul. "Bifurcation in Clinical Psychology." *The Journal of Psychology* 29 (1950): 157-164.

- Routh, Donald K. *Clinical Psychology Since 1917: Science, Practice, and Organization*. New York: Plenum Press, 1994.
- Russo, Nancy Felipe. "Psychology's Foremothers: Their Achievements in Context." In *Models of Achievement: Reflections of Eminent Women in Psychology*, edited by Agnes N. O'Connell and Nancy Felipe Russo, 9-24. New York: Columbia University Press, 1983.
- Sanderson, William C., and David H. Barlow. "Research Strategies in Clinical Psychology." In *Clinical Psychology: Historical and Research Foundations*, edited by C. Eugene Walker, 37-49. NY: Plenum Press, 1991.
- Sarason, Seymour B. "An Asocial Psychology and a Misdirected Clinical Psychology." *The American Psychologist* 36, no. 8 (1981): 827-836.
- Sears, Robert R. "Clinical Training Facilities: 1947." *The American Psychologist* 2 (1947): 199-205.
- Sears, Robert R. "Graduate Training Facilities I. General Information II. Clinical Psychology." *The American Psychologist* 1 (1946): 135-150.
- Shakow, David. "Clinical Psychology Seen Some 50 Years Later." *The American Psychologist* (1978): 148-158.
- Shakow, David. "An Internship Year for Psychologists (With Special Reference to Psychiatric Hospitals)." *Journal of Consulting Psychology* 2 (1938): 73-76.
- Shakow, David. "The Training of the Clinical Psychologist." *Journal of Consulting Psychology* 6, no. 6 (1942): 277-288.
- Shakow, David. "The Worcester Internship Program." *Journal of Consulting Psychology* 10 (1946): 191-200.
- Shields, Stephanie A. "Ms. Pilgrim's Progress: The Contributions of Leta Stetter Hollingworth to the Psychology of Women." *The American Psychologist* 30 (1975): 852-857.
- Sokal, Michael M. "The Committee on the Certification of Consulting Psychologists: A Failure of Applied Psychology in the 1920s." Paper presented at the History of Applied Psychology: Department of Psychology Colloquium (Series II), Norfolk, VA 1982.
- Strickland, Bonnie R. "Clinical Psychology Comes of Age." *American Psychologist* 43, no. 2 (1988): 104-107.

- Strupp, Hans H. "Some Observations on Clinical Psychology." *The Clinical Psychologist* 36 (1982): 6-7.
- Sylvester, R. H. "Clinical Psychology Adversely Criticized." *The Psychological Clinic* 7, no. 7 (1913): 182-188.
- Symonds, J. P. "Historical Sketch of Applied Organizations." *Journal of Applied Psychology* 21 (1937): 322-325.
- Symonds, J. P. "Toward Unity." *Journal of Consulting Psychology* 1 (1937): 23-24.
- Symonds, Percival M. "Leta S. Hollingworth." *Journal of Consulting Psychology* 4 (1940): 140.
- Town, Clara Harrison, Maude A. Merrill, and Andrew W. Brown. "Report on the Survey of the Training and Duties of Clinical Psychologists." *The Psychological Exchange* 2 (1933): 109-114.
- Tryon, Robert C. "Psychology in Flux: The Academic-Professional Bipolarity." *The American Psychologist* 18 (1963): 134-143.
- Wallin, John Edward Wallace. *Clinical and Abnormal Psychology*. Boston: Houghton Mifflin, 1927.
- Wallin, John Edward Wallace. "Clinical Psychology: What it Is and What it Is Not." *Science* 37, no. 963 (1913): 895-902.
- Wallin, John Edward Wallace. "Comments on the Training of the Clinical Psychologist." *The Journal of General Psychology* 37 (1947): 87-92.
- Wallin, John Edward Wallace. "Danger Signals in Clinical and Applied Psychology." *The Journal of Educational Psychology* ? (1912): 224-226.
- Wallin, John Edward Wallace. "The Establishment of the Clinical Section of the American Psychological Association." *School and Society* 48, no. 1230 (1938): 114-115.
- Wallin, John Edward Wallace. "The Field of Clinical Psychology as an Applied Science: A Symposium." *Journal of Applied Psychology* 3 (1919): 87-95.
- Wallin, John Edward Wallace. "The Field of the Clinical Psychologist and the Kind of Training Needed By the Psychological Examiner." *School and Society* 9, no. 225 (1919): 463-470.

- Wallin, John Edward Wallace. "The Functions of the Psychological Clinic." *Medical Record* (September 20, 1913): 521-534.
- Wallin, John Edward Wallace. "History of the Struggles Within the American Psychological Association to Attain Membership Requirements, Test Standardization, Certification of Psychological Practitioners, and Professionalization." *Journal of General Psychology* 63 (1960): 287-308.
- Wallin, John Edward Wallace. *The Mental Health of the School Child*. New Haven: Yale University Press, 1914.
- Wallin, John Edward Wallace "The New Clinical Psychology and the Psycho-Clinicist." *Journal of Educational Psychology* 2 (1911): 121-132; 191-210.
- Wallin, John Edward Wallace. "A Note on the Origin of the APA Clinical Section." *The American Psychologist* 16 (1961): 256-258.
- Wallin, John Edward Wallace. *The Odyssey of a Psychologist: Pioneering Experiences in Special Education, Clinical Psychology, and Mental Hygiene, with a Comprehensive Bibliography of the Author's Publications*. Lyndalia, Wilmington, Delaware: Author, 1955.
- Wallin, John Edward Wallace. "A Red-Letter Day in APA History." *The Journal of General Psychology* 75 (1966): 107-114.
- Wallin, John Edward Wallace. "The "School Psychologist" in Retrospect." *Journal of Consulting Psychology* 6 (1942): 309-312.
- Wells, Frederick L. "The Status of "Clinical Psychology"." *Mental Hygiene* 6 (1922): 11-22.
- White House Conference on Child Health and Protection. *Psychology and Psychiatry in Pediatrics: The Problem: Report of the Subcommittee on Psychology and Psychiatry*. New York: The Century Co., 1932.
- Witmer, Lightner. "Clinical Psychology." *Psychological Clinic* 1 (1907a): 1-9.
- Witmer, Lightner. "Courses in Psychology at the Summer School of the University of Pennsylvania." *The Psychological Clinic* 4, no. 9 (1911): 245-273.
- Witmer, Lightner. "The Organization of Practical Work in Psychology." *Psychological Review* 4 (1897): 116-117.

- Witmer, Lightner. "The Study and Treatment of Retardation: A Field of Applied Psychology." *Psychological Bulletin* 6 (1909): 121-126.
- Witmer, Lightner. "University Courses in Psychology." *Psychological Clinic* 2 (1907b): 25-35.
- Woodworth, Robert S. "The Future of Clinical Psychology." *Journal of Consulting Psychology* 1 (1937): 4-5.
- Yerkes, Robert M., Edwin G. Boring, Alice I. Bryan, Edgar A. Doll, Richard M. Elliott, Ernest R. Hilgard, and Calvin P. Stone. "First Report of the Subcommittee on Survey and Planning for Psychology." *The Psychological Bulletin* 39 (1942): 619-630.
- Zenderland, Leila. "Education, Evangelism, and the Origins of Clinical Psychology: The Child-Study Legacy." *Journal of the History of the Behavioral Sciences* 24 (1988): 152-165.
- Zenderland, Leila. *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing*. New York: Cambridge University Press, 1998.