

A Two-faced Reply

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I am grateful to the commentators for elaborating and in some cases questioning the points I tried to make. My only regret is that the commentators were so predominantly Pakeha, male, and academic. I hope that we may still hear from more women, Maori, and those at the pit-face, to borrow Beale's metaphor.

Is There a Crisis?

With a few exceptions, most notably Strongman, the majority of commentators seemed to agree that there is indeed a crisis, or at least a rift, in modern psychology between those whose interests are primarily academic, and those who practice psychology. It is of course debatable when a rift becomes a crisis, but few who have watched the scene in the United States over the past few years can doubt that a state of crisis has been reached there. This is admitted even by those who might be disposed to deny it, such as the 1988 President of the APA:

I am continually told that the American Psychological Association is in a state of crisis. I do not deny that, but I like to remind myself that a crisis is defined as a turning point, an unstable or crucial period the outcome of which will make a decisive influence for better or worse [Fowler, 1990, p. 5].

It is also clear that the very term "psychologist" is in the process of change. The Report of the Science Advisory Committee of APA (1990) notes "the increased tendency of psychological scientists to identify themselves as 'neuroscientists,' 'cognitive scientists,' 'human factor engineers,' and so forth." It goes on to note that this has resulted "in an increase in society's perception of a 'psychologist' as, exclusively, a mental health practitioner. This frequent public reaction has caused some

research and academic psychologists to become disaffected with the term *psychology*. Just as public perception of 'psychologist' as a mental health practitioner has evolved, APA is increasingly perceived in academic circles as an association of and for practitioners [p. 875]." These are precisely the trends I tried to document in my article.

I wrote my article while on leave overseas and was largely in ignorance of some of the things that were happening here, and of what was to come. The formation of the New Zealand College of Clinical Psychologists surely speaks of a crisis within the organization of psychology here, at least if I am to judge from the reaction of some of my colleagues. As Hughes points out, the large increase in the annual subscription to the NZPsS is also disturbing, because academics are likely to see it as benefiting only the professionals. Although the new Executive Officer has assured us that the Society will work equally hard for the benefit of psychological science, it is well to remember that the troubles within the APA began with disputes over subscriptions. The remit to the Annual General Meeting of the NZPsS from Maori delegates in Christchurch this year may also, in my view, be seen as part of an impending crisis, for it reflects a growing sense that science-based training in clinical psychology does not meet the special needs of Maori, and perhaps of other groups as well.

I stand by my claim that the rift is due in part to differences in basic values between scientists and practitioners. The 1982 President of APA, William Bevan, put it like this:

We differ in motivation and goals, in priorities, in intellectual styles, in human values, and in temperament, and we don't find peace by glossing over these differences [Bevan, 1982, p. 1303].

There are of course some who can straddle the divide, perhaps especially those who do research in clinical settings and are at least exposed to both scientific and clinical problems

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in the course of their work. Among the commentators, Ogden and Beale are examples of bilateral psychologists, although Werry makes an interesting contrast. However one need only attend, say, the annual meeting of the Psychonomic Society in the United States to appreciate that there are large numbers of psychologists who see themselves as basic scientists, and seldom give a thought to any form of psychological practice. And at APA meetings, by contrast, the majority belong to that other species of psychologist, the practitioner, and seem rather uninterested in basic science.

Walkey suggests that part of the crisis is brought about by psychology departments themselves. It is true that introductory courses often exploit the more popular (or pop) aspects of psychology to keep the numbers up and the funds rolling in. Students moving on to advanced courses then often feel let down by the narrowing of the curriculum. Perhaps we should try harder to preserve scientific integrity at the introductory level, but at the same time broaden our offerings at higher levels to include more courses in applied psychology.

In deference to Thomas and Jamieson, I concede that the crisis is much less evident in areas like organizational and industrial psychology than in clinical psychology. Perhaps this is partly because these areas tend to be applied to the market place, which is as much a product of the male, European side of our heritage as is psychology itself. By contrast, in dealing with people in their everyday lives and in diverse cultural settings, approaches based on academic psychology often seem irrelevant, or even at odds with personal or spiritual values. It is not surprising that women and Maori are among the most vehement critics of modern academic psychology, and the situation will probably not change until these groups are more strongly represented. The worry is whether an already fragmented discipline can cope with such changes without fragmenting still further.

The Role of Science

There seemed to be general agreement among the commentators that psychological practice should be based on science, although again I suspect that there may have been less of a consensus on this had the commentators been more broadly representative of psychologists in

the field. Bushnell, for example, essentially reiterates the scientist-practitioner model. Underlying the commentaries, though, there seems to be considerable variation of opinion as to what constitutes science. To Strongman, it seems, virtually everything in psychology counts as science, while implicit in Irwin's commentary is a much narrower view such that only some aspects of psychology can qualify; indeed he classes clinical psychology as an art rather than a science — clearly a minority view if we are to judge from the other commentaries.

Haig argues for the realignment of psychology with philosophy. This is not an argument against science *per se*, but rather against a positivist, empiricist view of science. As I pointed out in my article, philosophers are very much a part of recent developments in cognitive science and neuroscience. It is not clear to me whether a greater philosophical awareness will help solve the scientist-practitioner problem, unless it serves to soften the hard empirical stance that some see as detrimental if scientific psychology is to be useful.

However flexible a definition of science one espouses, it may still be asked whether science is a *sufficient* basis for psychological practice. Werry was the hard-liner on this, and argued that even therapy should not be taught in university-based programmes. I wonder if he would include behaviour therapy, which is after all based on scientific principles. I think that there is fairly general acceptance that experience in clinical settings is an important part of clinical training, and this scarcely constitutes science in the accepted sense of the word.

One solution that would be consistent with Werry's view would be to hold the universities responsible only for the teaching of the scientific bases of psychology, with the practical aspect derived in clinical settings under some other umbrella. As Smith points out, practicum experiences in other professions, such as law, medicine, and engineering, are controlled by the professions themselves, not by the universities. In some respects this would be fairer to university staff in clinical programmes, since the universities, virtually by definition, are primarily dedicated to research-based teaching, and tenure and promotion within the university system depend very much on productivity in research. Medical training provides the obvious precedent here, although as Werry points out even medical training has been contaminated

by the intrusion of the "white-coated medical yahoos." We have something of the same problem in psychology, although the garb is different.

Taha Maori might also be seen as a challenge to the supremacy of science. I simply do not know to what extent the incorporation of "a Maori dimension" (Abbott & Durie, 1987) into clinical training can be accomplished within a scientific framework. I suspect that teaching about Maori cultural or spiritual values from an anthropological or social psychological perspective has a paternalistic flavour, and indeed the enterprise of science itself is commonly seen as predominantly white, Western and middle-class. One solution is simply to define psychology as a science, with the cultural limitations that this implies, and recognize that effective practitioners will require additional knowledge, especially if they are to work in bicultural or multicultural settings. The scenario envisaged by Ogden, and already under way in several departments, is to incorporate the Maori perspective into psychology itself, and I do not think that anyone knows quite how this will work. In spite of similar pressures in the 1970s to introduce alternative perspectives into training programmes in the United States, the outcome has been disappointing, and clinical psychology has remained largely a white, middle-class occupation (Trimble, 1982). It might be interesting to hear a debate between John Werry and Mason Durie, two of our most articulate psychiatrists, on this issue.

Similar issues arise in relation to feminist perspectives. Again, taken to its extreme, the feminist critique is a critique of science itself, and of its applicability to psychological problems. There is no doubt that the *practice* of psychology has not been directed sufficiently to the special problems of women and ethnic minorities; what I do not know is the extent to which corrective action has to impinge on the scientific approach itself. Ogden suggests, for example, that the use of more "qualitative, descriptive methods" might help alleviate the problem, but I think there is a real danger that it may have precisely the opposite effect, by creating a second-class science and by reinforcing stereotypes.

A convenient way to handle the Maori and feminist disaffection with psychology is to lay the blame elsewhere, a tactic seemingly deployed by Love. I doubt that this will find much

sympathy, but we should perhaps not overlook the possibility that some of our psychological ills have an economic basis.

I think it is worth adding that scientific psychology is probably fairly alien to most of the general population, regardless of gender or culture. The folk psychology that informs our everyday lives is rather different from the psychology that appears in the *Psychological Review*, and in many practical settings it probably works better, as indeed Werry makes clear. Scientific psychology is not only alien to spiritual values, both Maori and pakeha, it is also often antithetical to the faith that people have in horoscopes, psychic surgery, telepathy, pyramid power, rebirthing, neurolinguistic programming, and so on. As Werry points out, love and friendship are probably the most powerful means of changing human behaviour. Scientific psychology may well be the route by which we come to understand more about the human condition, but it may not touch the well-springs of human happiness. I think that there is bound to be a certain exclusiveness to scientific psychology, just as there is to medicine, and we should recognize that members of the public are free to take it or leave it.

Applied vs. Basic Research

Several commentators, notably Bushnell and Thomas, called for a greater emphasis on applied research. This is a fair point, although it is not always easy to distinguish applied from basic research. For example, cognitive science has now been declared a priority research area in several countries, including Australia, even though it seems, on the surface at least, to be more "basic" than "applied". The rationale for this, I suppose, is that fundamental research in this area is bound to have far-reaching applications, though perhaps as much in computer technology and the design of machines as in dealing with basic human problems. Indeed, if history is to be our guide, the truly profound applications of science tend to come from basic research, although often the consequences are more to be feared than admired; one need only think of the effects of research in atomic physics or on the structure of DNA. By contrast, applied research is often disappointingly ineffective and typically does not apply beyond its own limited context. Even in psychology, the names of Thorndike, Watson, Skinner, Harlow, and Seligman, mentioned by Hughes,

stand out as basic researchers whose work has had a major impact on clinical technique, notwithstanding the declining influence of behaviourism. As Hughes points out, moreover, they all worked with animals, but that is another story.

Should We Split?

Hughes' provocative title suggests that psychology should indeed split, and will probably do so anyway. Unlike Ogden, I do not really think that academic psychology has a great deal to lose here; as I noted in my original article, the most prestigious Departments of Psychology in the world have largely ignored the professional dimension, and there is no sign that they are suffering in popularity or support. Psychological science is strong, which is one reason why research psychologists are increasingly dissociating themselves from the profession. Groupings of scientific psychologists continue to proliferate and thrive in Australia, Britain, Europe, as well as in America; the APS already has over 10,000 members and shows no signs of abating. Perhaps the situation is different in a small country such as ours, although we must be wary of the "little New Zealander" syndrome. Our best scientists will simply leave for greener pastures if they sense that opportunities are to be denied them here — a prospect that grows more tempting as academic positions become again more freely available, especially in North America.

The loser in a split is likely to be professional psychology, not scientific psychology. There is little doubt that universities play an empowering role for professions, and universities are almost certain to retain their emphasis on research and international scholarship. If professional psychology moves out of the university it will lose substantially in status, but if it stays within the university there may be limits to the nonscientific or "local" aspects that can be introduced. Perhaps there can be something of a *taha Maori* or feminist revolution in the university as a whole, but the American experience does not encourage optimism.

An alternative, suggested by Unger, is that professional psychology might be taught in the polytechnics, but retain close ties with the universities. I doubt that this will be greeted with great enthusiasm, but it does have something to recommend it. The polytechnic might well be an appropriate arena in which to

develop the more practical and local aspects of clinical training. Perhaps, though, a more acceptable model might be one in which professional psychology remains within the universities, and the NZPsS plays a more prominent role in practical training.

The commentators showed little sympathy for professional schools outside the university system, despite the trend in the United States. Perhaps, as Knight suggests, the structure of psychological training and practice in New Zealand is such that similar developments are unlikely here. I hope he is right. However one can already discern in the College of Clinical Psychologists the beginnings of a more entrepreneurial attitude, and the promise of training and examining roles outside the university system. My guess is that this trend may continue as more professional psychologists head for private practice, and away from institutional settings. It seems to me likely that this will result in a further de-emphasis on research, and a greater focus on professional issues.

Other Solutions

Another possibility, as Knight suggests, is that professional training might gravitate toward the medical schools. I do think that psychology is likely to play an increasing role in medical education itself. Although clinical psychology has always had uneasy relations with psychiatry, psychologists are increasingly employed in departments of psychiatry, and introduce research skills often lacking in those departments. Overseas, at least, neuropsychologists are increasingly indistinguishable from neurologists, especially in research, but increasingly in clinical settings as well. The behavioural component in neuroscience is becoming more important, as researchers turn more and more to the biochemical bases of mental illness, or to the psychological aspects of disorders such as Parkinsonism, Aids, Alzheimer's disease, and so on. Indeed, as the science of the mind grows increasingly "respectable," and as medicine itself becomes increasingly "health" and community-conscious, I think it entirely possible that much of psychology will simply be swallowed into medicine.

As I suggested in my original article, it might be feasible to broaden the training of professionals so that disciplines other than

psychology are involved. In a recent article, Schneider (1990) envisages a university-based school of "biopsychosocial" studies that would include biology, behavioural neuroscience, psychology and cognitive science, sociology, economics, and social and cultural anthropology. Smith would add business administration, and other courses in marketing and management. Perhaps this idea of a more broadly based school is just a step from what Ogden refers to when she writes of "a solution that allows clinical psychology to flourish, yet remain within the university with continued close links to psychology departments as well as to other appropriate university departments."

However it is unlikely that our universities would contemplate so radical a move as a new school, especially since many of the ingredients already seem to be represented in existing schools — of medicine, management, social work. A more feasible solution would be to collapse the six existing clinical psychology programmes into perhaps two or three larger programmes, as suggested by Smith. This would cause territorial problems, of course, but would have the advantage of pooling expertise and of overcoming some of the narrowness of our existing programmes. There is power in numbers. Even if it does not split from academic psychology, professional psychology needs to develop greater autonomy, and a higher profile in the university. In order to achieve these goals, I think clinical psychology needs many more staff appointments, including professorial appointments. I suspect also that we need to develop doctoral programmes in professional psychology.

Conclusion

This, I hope, will be the last word from me on these matters. I write with the no doubt distorted perspective of an academic, and we need much more input from professionals themselves. Although some commentators read anguish into my article, I really have no fears for the health of research psychology. I suspect that the major issues lie within professional psychology, but the appeal of psychology as a mental health profession is so great that it will surely survive. The decisions that have to be made concern how professional psychology should be organized, how and where training should take place, what is the right mix of

academic and practical training, and how to inject greater cultural sensitivity. My guess is that the two sides of psychology will continue to draw increasingly apart. However if professional psychology is given greater autonomy, my hope is that it will continue to draw on relevant aspects of psychological science, as well as on other disciplines, in a university setting.

Decisions about such issues as taha Maori are probably more critical for professional psychology than for academic psychology. A profession must deal with the public at large, whereas I suspect that universities will retain a measure of exclusiveness, at least in the foreseeable future. Paradoxically, though, a profession needs to maintain a united voice, whereas academia can more readily assimilate different ideas and points of view. Academic psychology itself is almost certain to split further into a variety of subdisciplines, a natural process in the evolution of a university — look, for example, at the variety of biological sciences. What the profession of psychology must do is to find unity, and this will not be an easy task.

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