

THE NEW CLINICAL PSYCHOLOGY AND THE PSYCHO-CLINICIST.

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[NOTE.—The first section of this paper discusses the function of the psychological clinic in universities, medical schools, hospitals for the insane, institutions for the feeble-minded and the epileptic, and in juvenile courts. The second section, with the bibliography, which will appear in our next issue, treats of the clinical method in the service of the public school.—EDITORS.]

Scientific psychology is essentially a modern creation. It is only about a half century since the scientific methods of induction and experimentation were systematically applied to the study of mental phenomena. Yet we possess, after this brief half century of labor, not only a fairly complete body of reliable *theoretical* psychology, but the promising beginnings of a number of *applied* psychologies. The methods and results of the new psychology have been applied, with gratifying results, during the last decade or two to the study of problems in history, literature, art, anthropology, sociology, economics, business, hygiene, medicine, insanity, feeble-mindedness, criminology, law, education and pedagogy. Its services thus far have been most valuable, perhaps, to education and medicine, and the outlook in these fields justifies the expectation that we shall soon have to christen two independent sciences—the science of experimental pedagogy and experimental psychopathology (with psychotherapy).

In the present paper we shall discuss one of the most promising of the recent applications of psychology, namely, the new psycho-clinical movement, which has won recognition, within a decade, in a number of universities, hospitals for the insane, institutions for the feeble-minded and epileptic, juvenile courts and public schools.¹ The discussion will pertain more particularly to the educational aspects of the movement—the psycho-clinical work in the schools.

1. *The psychological clinic in the university.* Dr. Lightner

¹Unfortunately we cannot yet chronicle the inauguration of psycho-clinical work at any of the immigration stations of the country, although they are admitting annually thousands of morons and imbeciles who will soon become public burdens. All suspected mental defectives should be mentally examined and excluded if found feeble-minded.

Witmer, to whom we owe the phrase clinical psychology,¹ is the pioneer psycho-clinician in connection with university laboratories of psychology. His interest in the phenomena of mental retardation began in 1889, when his attention was drawn to a boy who suffered from retardation through speech defect; but it was not until the spring of 1896 that he opened the Psychological Clinic of the University of Pennsylvania and received his first case, a chronic bad speller (25, 26). Since that time Witmer's work has continued uninterruptedly and has grown apace, so that three hours daily are now (since 1909) devoted to the examination of children. These children come not only from the public and private schools and juvenile courts of Philadelphia, but from adjacent cities and adjoining States. Through the medium of correspondence, teachers and parents throughout the State of Pennsylvania may receive advice, and members of the staff are prepared to address teachers and school directors in any section of the State. Witmer's work embraces a physical, psychological and sociological examination, in which a number of experts co-operate—a psychologist, neurologist, dentist, oculist, nose and throat specialist and social worker. The social worker makes a first-hand examination of the child's home conditions, renders aid in the mitigation of bad environmental influences, and by means of "follow-up work" sees that the treatment prescribed for the child is carried out. Not only does the clinic address itself to diagnosis, but an orthogenic home school, or "hospital school," has been established for medical and pedagogical treatment. This is a combined home, hospital and training school, where the child is provided with proper food, baths, outdoor exercise, sleep, medical attention, discipline, motor training and intellectual drill in the rudiments of the school fundamentals. This school also serves as a school of observation and a clinic for further diagnosis. A system of records of the hereditary and family history and the child's personal his-

¹Clinical psychology is not synonymous with medical psychology. Clinical means literally bedside, and was applied originally to the first-hand bedside method of studying the individual patient. In psychology it designates the method of determining the mental status of an *individual* child by first-hand observation, testing and experiment. It may be used in the study of normal as well as of abnormal mentality. We may suggest the use of the words *psycho-clinical* and *medico-clinical* to designate, respectively, psychological and medical examinations by the clinical method.

tory (accidents, diseases, educational record, present mental and physical status) is preserved for reference. Courses in the clinical method are offered to teachers during the regular and summer sessions. Witmer also edits *The Psychological Clinic*, now in its fourth volume, which is devoted to the study of the psychology, hygiene and education of children who are mentally and morally deviating.

Within the last few years psycho-clinical work has been started in New York University (where, during the last year, a course for the clinical examination of retarded children was organized by Dr. T. M. Balliet in the School of Pedagogy and offered by Dr. Goddard), Clark University and the Universities of Washington (by Drs. E. O. Sisson and H. C. Stevens), Minnesota and Pittsburg (by Dr. White). The University of Washington has just come into possession of \$30,000 from the Bailey and Babette Gatzert Foundation of Child Welfare, which will enable its psycho-clinical laboratory to extend its usefulness. A State-wide movement in behalf of the study and treatment of defective pupils is planned, to embrace at present all the larger towns of the State and ultimately the schools of the more sparsely settled districts as well. Lectures are being offered in a number of institutions—Columbia (by Dr. E. L. Thorndike and Dr. Naomi Norsworthy), Cornell (where a course of this character has been given by Dr. G. M. Whipple¹ during the past six years), Teachers' College (St.

¹In a personal communication, Dr. Whipple informs me that he plans to open a clinic at Cornell next year, to be devoted particularly to the study of the *supernormal* child. No type of child has, perhaps, been so thoroughly neglected as the child on the *plus* side of the curve of efficiency. This is probably largely due to the fact that "accelerated" children are not nearly so numerous as retarded children, as shown by the few available surveys, and to the fact that they do not encumber the machinery of the schools as do the retarded pupils. But the supernormal or precocious child is the incipient genius; and it is chiefly through the productions of its geniuses that civilization advances. Both of the extreme types of the "special" child merit special study and treatment: the *subnormal* child, in order, that he may be relieved, so far as possible, of his physical and mental handicaps, so that he may become as little of a burden to society as possible; and the *supernormal* child, in order that he may be surrounded with those conditions which, on the positive side, make for the freest and largest development of his potentialities, and which, on the negative side, will not serve to distort, abort or repress his natural powers. Since it is probable that most of the new laboratories which will be established will be dedicated to the study of the subnormal child, it is well that a laboratory be established with the express and exclusive aim of studying the supernormal child.

Louis), the Brooklyn Training School for Teachers, the Montclair (N. J.) State Normal School (by Dr. Will S. Monroe), and probably in other institutions—but these are not strictly clinical courses.

Now that we have a clinical technique—not complete, yet sufficiently accurate to do effective work—the time cannot be far distant when every university in a populous center will have one or two clinical laboratories in psychology. One of these laboratories, to be connected with the department of psychology or the school of education, preferably the latter, should be dedicated to the clinical examination, diagnosis and treatment of the exceptional school child—the individual suffering from temporary mental retardation or permanent deficiency. The lion's share of the clinician's time should be devoted to actual clinical work, the examination of cases and to the training of experts in the clinical methods. Students in training should not only attend the clinics as spectators, but also conduct clinics of their own with a minimal number of defective and deviating children of various kinds. The training should qualify them to become expert examiners. The clinical course should also be a required course for all students in university schools of education and normal schools who are fitting themselves to become teachers in special classes and special schools. The lecture courses offered by the director of the clinic would cover the technique of examining children, and the psychology and pedagogy of mental deviation—courses which ought to be given in all large city normal schools. What the clinical work should embrace will be indicated briefly in our discussion of the public-school clinic. To outline the course in the psychology and pedagogy of mental deficiency would lead us too far afield.

2. *The medical-school clinic in psychology.* The second university psychological clinic should be in the medical school. Its courses should be prescribed for all students specializing in psychiatry—in the psychopathology and psychotherapy of human afflictions. It is a lamentable fact, to which recent medical writers have adverted (thus Jones, Munro and Taylor: 13, 15, 16), that so overmastering has been the influence of traditionalism in the medical teaching of the day that it is

possible to graduate in any medical school of the country without the slightest technical knowledge of psychology. The only exceptions found are instances of college graduates who have taken a required general course in psychology while at college. "Most physicians are given not five minutes' training in psychology in the five years of their student life. There is no teacher of clinical psychology in any medical school in the country." (Jones.) The only thing that has saved the profession in this situation is the fact that many physicians are endowed with considerable native psychological insight and aptitude for psychological analysis.

But the situation is anomalous in view of the indubitable dynamic rôle played by the malfunctioning of mental complexes in the production of various neuroses and psychoses, and in view of the undoubted rôle that the mental factor plays in therapeutics (psychotherapy). The relation of the mind to disease has been established by the researches of Freud and Jung and their followers, by the clinical observations and results of Dubois (3) and of other medical practitioners, and by the net results, however distorted, exaggerated and unreliable most of the reports are, of healing cults of a pseudo-scientific character (17).

Among the disorders which are now known to be largely psychogenic in origin are the neuroses proper (neurasthenia and anxiety neuroses, both related to disordered sexuality), the psycho-neuroses (classical or Freudian conversion hysteria, anxiety hysteria and compulsion neuroses, all related to suppressed yearnings or wishes of a sexual nature), the lighter forms of hypochondria and melancholia, and various disequibrations bordering on insanity. Since the pathology is psychogenic, the treatment of these disorders must be essentially ideogenic. It will consist in the modification of the patient's stream of thought, his associative mechanism, emotional complexes and attitudes, by the method of suggestion or of psycho-analysis. Whatever efficacy physical agencies, "healing thoughts," or "absent treatment," possess in the treatment of the true psycho-neuroses comes from the force of suggestion: the innate impulsiveness or tendency of ideas to express themselves in physiological adjustments or glandular

activities (the law of dynamogenesis). Now, there is nothing occult in scientific suggestion; it is a legitimate division of psychology and medicine. It is an art that requires developed skill for its best exercise. The successful operator must be, first and foremost, a medical psychologist; he must be able to inspire confidence by his manner and by a correct diagnosis and prognosis, to awaken hope by emphasizing the favorable symptoms throughout the course of the treatment, to remove conflicting thoughts and suggest appropriate thoughts, to bring to the surface and to dissipate psychic complexes which cause mental strife, etc. Medical suggestion should not be left to chance observers, as has been done. In psychotherapy "the public has been left largely to its own devices, to become the victims of Christian Scientists and dabblers in the occult, or, occasionally, the sacrificial offerings of well-intentioned but misguided clergymen." Various forms of mental affliction which have baffled medical skill have been left to untrained empirics and irregular practitioners, because medical curricula have not been adapted to the new demands of changed social and industrial conditions. In consequence we are now reaping a harvest of pseudo-psychotherapies.

If, now—to base an argument merely on one point—suggestion¹ is the basal principle in psychic treatment, and suggestive therapeutics is a legitimate branch of psychology and medicine, the conclusion follows that every complete medical school should make provision for instruction and training in the science and art of psychological medicine. One of the divisions in this department should be a laboratory of clinical psychology, in which the student may receive training in the psycho-clinical and psycho-laboratory methods of examining patients; in the methods used for testing amentia, retardation and the extent of the involution changes resulting from various dementias; in the psycho-analytic² and association-reaction meth-

¹It is possible that the method of psycho-analysis, by means of which suppressed desires are released by being made conscious, may some day attain equal importance. In suggestion the desires are liberated or displaced by verbal cues or by the arousal of certain affective processes.

²For a recent statement of Jung's method of psycho-analysis, with bibliography, see Chase, *Psychoanalysis and the Unconscious*, Pedagogical Seminary, 17: 1910, p. 281f.

ods of mental diagnosis, possibly supplemented by psychomotor or galvanometric tests,¹ and in the psychological and therapeutical aspects of suggestion, hypnotism and allied phenomena. By means of these methods we may hope to lay bare dormant, unrecognized, unconscious mental complexes, disorders and blockages in the associative mechanism, tendencies toward repetition or preservation of test words, sensory automatisms, dissociation phenomena, obsessions, fixed ideas and phobias, experimental criteria of confusions and a differential psychology of various psychoses. These facts will in time attain a diagnostic value which they do not yet possess.

3. *The psychological clinic in the hospitals for the insane.* In contrast with the medical schools the new movements in the medico-clinical applications of psychology have taken a firm hold upon institutions for the insane, feeble-minded and epileptic. In hospitals for the insane practically all of the recent work of value in psychiatry has been done by psychologists or by alienists trained in the methods and imbued with the spirit of the new psychology. The pioneers in the new psychiatry are Wernicke, who, to be sure, recognizes the paramount importance of etiology in the consideration of mental diseases, but finds it inadequate for classification, and who makes the disorders of the content of consciousness primary (from him we derive the concepts of psychosensory, intrapsychic and psychomotor disorders; allopsychoses, somatopsychoses and autopsychoses; afunctional, parafunctional and hyperfunctional disorders); Ziehen, whose classification is thoroughly psychological (based upon the Herbartian and association psychology); Kraepelin, who employs the methods of psychological experimentation, the longitudinal method of analysis of the stream of consciousness (sequential course) for making a composite picture of the distinctive traits of various disease types; and Freud, who makes use of the method of psycho-analysis for purposes of diagnosis and prognosis. These German movements in psychiatry are represented here by Dr. Adolf Meyer, now at the Johns Hopkins Hospital; Dr. August Hoch,

¹It is appropriate to state that the import of the phenomena of galvanometric deflections is still in dispute.

at the Ward's Island Psychiatric Institute (both of these psychiatrists have done notable work along Kraepelinian lines especially), and Dr. Ernest Jones of the University of Toronto, who is an exponent of Freudian methods. Psychological research is also being prosecuted at the McLean Hospital, Waverly, Mass. (until recently by Dr. F. L. Wells, now at the Ward's Island Psychiatric Institute); at the Government Hospital for the Insane, Washington (by Dr. S. I. Franz); Friends' Asylum for the Insane, Frankford (by Miss Clara H. Town); Kings Park Hospital, New York State (by Dr. A. J. Rosanoff); the New York Infirmity for Women and Children (by Dr. Boris Sidis), and probably elsewhere (in this connection the work of Drs. Morton Prince, A. A. Brill, T. A. Williams and I. H. Coriat deserve mention).

4. *The psycho-clinical laboratory in institutions for the feeble-minded and epileptic.* The initial impulse toward the organization of laboratories of psychological research in these institutions came from Dr. A. C. Rogers, who, in 1898, engaged a medical man with a psychological training (Dr. A. R. T. Wylie) to devote about half of his time to the psychological study of the patients of the Minnesota School for Feeble-Minded and Colony for Epileptics at Faribault. The fruits of Wylie's work, which continued for about three years, appear in a number of studies of the emotions, instincts, senses, memory, reaction time, height and weight of the feeble-minded.

The main impulse, however, toward the development of the work came from Prof. E. R. Johnstone of the New Jersey Training School for Feeble-Minded Boys and Girls at Vineland. He launched the movement in 1906 by the appointment of Dr. H. H. Goddard as director of research. The work in Goddard's laboratory has progressed uninterruptedly during the last four years, and has covered a wide range of interests in psychology and heredity. The department at present commands the services of a director, two assistants and four heredity field workers. The laboratory is not only an institute of research, but also a seminary of instruction. During the summer it offers training courses in clinical psychology to teachers of retarded and subnormal children. Similar courses were offered during the months of February, March and April

this year. The result of the Vineland work is appearing in a number of studies of the psychology and heredity of feeble-mindedness—growth curves, percentile curves of height, weight, vital capacity, hand dynamometry, endurance, heredity charts, record forms, translations of graded tests for developmental diagnosis (7, 8), etc. The laboratory has a fair equipment of apparatus and a well-chosen library of technical periodicals, domestic and foreign. The Vineland laboratory is not only the first genuine laboratory of clinical psychology to be established at an institution for the feeble-minded, but it is second to none, in this country or elsewhere, in respect to the influence which it has exerted in its special field.

Within the last year four departments of psychological research in institutions for these defectives have been organized. In the fall of 1909 a laboratory—the second of the sort in the country—was established on the recommendation of Dr. H. G. Hardt in the Lincoln State School and Colony of Illinois, under the directorship of Dr. E. B. Huey (10, 11). In the fall of 1910 the Faribault laboratory was re-established, with Dr. Fred Kuhlmann as director, and two new laboratories were established, one at the Iowa Institution for Feeble-Minded Children at Glenwood by Dr. George Mogridge, under the directorship of Prof. P. F. Lange, and one in the New Jersey State Village for Epileptics at Skillman by Dr. D. F. Weeks. The latter is the pioneer psycho-clinical laboratory in colonies for epileptics.

Institutional positions in psychological research offer certain advantages. The incumbent is relieved of teaching duties and has ready access to an abundance of clinical material. He may also count on the sympathetic co-operation of the governing and administrative officers of the institution, for the view is now gaining acceptance that the functions of hospital, custodial, correctional and penal institutions should not be limited to the care, treatment and restraint of the inmates, but should include the scientific investigation of the present mental and physical status of the defectives, and the conditions and causes which underlie various kinds of defectiveness and delinquency. Public institutions should be laboratories of research as well as places of treatment, refuge or confinement.

In order to be made attractive centers of scientific research, however, the prerogatives and regulations affecting the research positions (in respect to the matter of stipend, rank, hours of service, vacations, publishing rights, personal prerogatives, freedom from unnecessary restrictions, etc.) should be made to conform with the rules which govern similar positions in the universities and research institutions. Only thus will the best scientific talent find the field sufficiently attractive to forsake the scientific, cultural, library and laboratory advantages which the universities furnish in such rich measure. At the present time the universities have practically a monopoly on the scientific producers of the country. According to Cattell's statistical study of American men of science, 75 per cent. of the 1000 scientists of the first rank are located in the colleges and universities (2). There is an inviting virgin soil for scientific investigators in institutions for defectives. Provided that proper inducements are offered, these institutions bid fair to become large productive centers of scientific work in the near future.

So far as psychological work is concerned, it is pertinent to point out that the function of the psychologist is to study mind in all its manifestations and under all its conditions. The psychologist should therefore have the freedom of the institution; he should have ready access to the patients in the cottages or schoolhouse or in the field, no less than in the laboratory. There is a certain artificiality and formality about psycholaboratory work, a certain unnaturalness in the attitude or the reactions of the subject toward the tests. This will sometimes render the results one-sided or partial, and therefore makes it desirable to do supplementary work under other conditions.

5. *Psycho-pathology in the juvenile court.* The application of the methods of clinical psychology to the study of the juvenile offender is just beginning. The department of child study and pedagogic investigation of the Chicago public schools has done incidental work in this direction in connection with the schools for truants and delinquents, but the first laboratory directly connected with a juvenile court is the Juvenile Psychopathic Institute, organized in Chicago two years ago by Dr. William Healy, who secured \$30,000 with

which to carry the work on for five years, which was deemed sufficiently long to demonstrate its value. Dr. Healy, with the aid of three assistants, is engaged in the study of the underlying factors, physiological, psychological and social, of criminalistic careers, and is working with the juvenile repeated offender. It is expected that this laboratory will be continued upon an enlarged basis and that similar institutes will be organized in the near future in a number of the larger cities of the country. The time is near at hand when our criminals and delinquents, juvenile or adult, whether in jails, prisons, reformatories, houses of rescue or detention homes, will be given individual study from the points of view of anthropology, medicine, sociology and of clinical and criminal psychology, and when the truthfulness of testimony and the veracity of witnesses will be tested by methods other than the crude method of cross-examination (16). The laboratory method of determining capacity for correctness of description and report will prove an aid to the jurist. Psychology is destined to contribute something toward making criminology and jurisprudence more scientific. When the methods of science have been applied to the study of the delinquent and criminal we shall be in a position to adapt the penalty, qualitatively as well as quantitatively, to the nature of the offender rather than to the nature of the offense. Frequently the roots of criminality lie embedded in a criminal neuropathic heredity, or in certain irresistible habits which have been engendered by vicious or criminal influences in the social environment, or in a diseased or physically malformed organism, or in an organism which is functionally maladapted to its physical and psychological environment. The rôle of the different causal factors must be rightly estimated for every individual offender before we can deal scientifically with the problems of crime and criminology. Our methods of criminal procedure have too long been on a par with that type of cure which treats effects, but ignores causes. The Binet-Simon and other psychological tests will aid the alienist and jurist in determining the mental status and responsibility of persons in commitment. The arrest or degeneration revealed by such tests will often be found to affect precisely those higher psychological powers without whose integ-

rity of function the individual cannot attain that standard of conformity to law demanded by his social environment. It will frequently be found that the arrest or atrophy of function is so serious as to produce permanent mental and moral maladjustment to the community ethical requirements. Offenses by such individuals are without conscious criminal intent. There is no immorality of intent, though there is immorality of act. Such individuals are, subjectively considered, unmoral, like the infant who cannot appreciate the distinction between right and wrong. None the less, they are a menace to society, and require permanent restraint as a protective, rather than a punitive, measure.

(To be concluded in the April issue.)