

ROAR, the University of East London Institutional Repository: <http://roar.uel.ac.uk>

This paper is made available online in accordance with publisher policies. Please scroll down to view the document itself. Please refer to the repository record for this item and our policy information available from the repository home page for further information.

To see the final version of this paper please visit the publisher's website. Access to the published version may require a subscription.

**Author(s):** Dave Harper

**Article Title:** Clinical psychology in context: a commentary on David Pilgrim's 'British clinical psychology and society'

**Year of publication:** 201

**Citation:** Harper, D. (2010) 'Clinical psychology in context: a commentary on David Pilgrim's *British clinical psychology and society*' *Psychology, Learning & Teaching*, 9(2), 13-14.

**Link to published version:**

<http://dx.doi.org/10.2304/plat.2010.9.2.13>

**Publisher statement:**

Published version is online at <http://dx.doi.org/10.2304/plat.2010.9.2.13>

**Information on how to cite items within roar@uel:**

<http://www.uel.ac.uk/roar/openaccess.htm#Citing>

Harper, D. (2010). Clinical psychology in context: A commentary on David Pilgrim's 'British clinical psychology and society'. *Psychology, Learning & Teaching*, 9(2), 13–14.

### **Clinical psychology in context: A commentary on David Pilgrim's 'British clinical psychology and society'**

Dave Harper  
University of East London

History is often marginalised within psychology and so it is refreshing to read David Pilgrim's discussion of the socio-historical context of British clinical psychology which builds on his previous work in this area. It complements Rose's (1979) account of the development of the 'psy complex' (Rose, 1985) and more recent work on the history of the profession (e.g. Dabbs & Newnes, 2000; Hall 2007a, 2007b; Hall et al., 2002).

Pilgrim focuses on three themes, beginning with the NHS. British clinical psychology has seen dramatic changes in recent years. For one thing increased public funding since the 1990s means that training numbers are now four times what they were in 1980. The number of training places in 2009 (623) equalled the entire membership of the DCP in 1975 (629 -- Hall et al., 2002). The number of qualified NHS posts has increased too and the DCP membership (8,307) is now over eight times its size in 1980 (966 – Hall et al., 2002).

However, one could argue that the profession's 'psychology' continues to be defined by its humble origins. Pilgrim traces British clinical psychology's move from assisting psychiatrists with diagnosis through psychometrics -- bolstered by the appeal to science (his second theme) -- towards the current role, one increasingly defined (in primary care and adult mental health at least) by the provision of individual psychotherapy. This move from psychometrician to psychotherapist was a bid for autonomy from psychiatry but, over time, UK clinical psychology has struggled to escape medical dominance.

Pilgrim's third theme is that British clinical psychology remains wedded to reductionism and caught within a system defined by invalid psychiatric diagnostic categories. The apparent rapprochement between competing models of mental health represented by 'the bio-psycho-social model' has been undermined by the assertions of biological reductionists that biology always has primacy. Despite notable exceptions, British clinical psychology has largely failed to challenge biomedical reductionism and, indeed, continues to legitimise diagnostic categories. As it grows in size, one is increasingly prompted to ask why it lacks the confidence to set out a more thoroughgoing psychosocial approach free from the dominance of biomedicine. However, perhaps the discipline fears that it owes its very growth to a failure to make such a challenge.

The picture painted by Pilgrim is a complex one. Thus, at the same time that psychological approaches are increasing in prominence and the number of clinical psychologists has dramatically increased (e.g. the DCP membership is now half that of the Royal College of Psychiatrists), the profession is in danger of becoming trapped in a newly re-medicalised system. Recent years have seen a resurgence of the power of psychiatric diagnostic categories which increasingly organise policy,

NICE guidelines and services even though problems with their reliability and validity have been repeatedly demonstrated.

Similarly, though Cognitive Behavioural Therapy has grown in prominence, it is not monolithic and we need to avoid 'straw man' characterisations. Pilgrim rightly notes the changes seen in the various waves of its development. Here, though, one can see CBT following a similar path to clinical psychology. As clinical psychology colonised psychological therapies, it became increasingly pluralistic. Norcross et al's (1992) survey of the profession reported that 36% identified their orientation as cognitive-behavioural, 32% 'eclectic', 21% psychodynamic; and 6% systemic. CBT appears to be following a similar line of development assimilating concepts from: psychodynamic approaches (e.g. attachment theory); Buddhist philosophy (e.g. DBT); and, most recently, narrative approaches (e.g. 'narrative CBT'). It remains to be seen whether this will result in the incoherence Pilgrim observes or pluralism.

Similarly, Pilgrim observes that the reductionist and unreflexive dynamic in clinical psychology is not monolithic. For example, the discipline is seeing an upsurge in the use of qualitative research methods on training programmes. These methods are used in over 40% of trainee dissertations according to a survey of programmes I conducted recently (Harper, under review). Though more realist methods (IPA and Grounded Theory) were the most popular, this suggests that the tension between *verstehen* and *eklarieren* is being expressed in new ways. Moreover, it suggests there is an increasing disconnect between journals like the *BJCP* and younger practitioners who wish to focus on the experience of psychological distress.

David Pilgrim notes a key challenge for clinical psychology trainers: how to enable trainees to question taken-for-granted assumptions. On the UEL programme, we attempt to do this by including courses on epistemology and social inequalities. This can be unsettling at first for those who have not had cause to ask questions about the discipline before and managing this requires careful thought (Davidson et al., 2007) but it is, as Pilgrim argues, increasingly important.

Why should trainees be interested in the history of clinical psychology? As with talking with clients about their pasts, often current concerns make sense when viewed through the lens of history. Moreover, a historical perspective helps us to identify patterns which may allow us to have some choices about the discipline's future. For example, do clinical psychologists want to become solely a purveyor of individual therapy in the future? If so, does this bring any risks? Reading David Pilgrim's article reminds me how quickly British clinical psychology reinvents itself and how things which once seemed central to the discipline are jettisoned. It will be interesting to see what the future holds and which of its current concerns stand the test of time.

Dabbs, A. & Newnes, C. (2000). Special issue: Histories of clinical psychology training. *Clinical Psychology Forum*, 145.

Davidson, S., Harper, D., Patel, N. & Byrne, A. (2007). Drawing back the curtain on clinical psychology training: Maintaining a critical approach. *Journal of Critical Psychology, Counselling & Psychotherapy*, 7, 201-210.

Hall, J. (2007a). The emergence of clinical psychology in Britain from 1943-1958 Part I: Core tasks and the professionalisation process. *History & Philosophy of Psychology*, 9(1), 29-55.

Hall, J. (2007b). The emergence of clinical psychology in Britain from 1943-1958 Part II: Practice and research traditions. *History & Philosophy of Psychology*, 9(2), 1-33.

Hall, J., Lavender, T. & Llewelyn, S. (2002). A history of clinical psychology in Britain: Some impressions and reflections. *History & Philosophy of Psychology*, 4(2), 32-48.

Harper, D. (under review). Surveying qualitative research teaching on British clinical psychology training programmes 1992-2006: A changing relationship?

Norcross, J.C., Brust, A.M. & Dryden, W. (1992). British clinical psychologists: II. Survey findings and American comparisons. *Clinical Psychology Forum*, **40**, 25-29.

Rose, N. (1985). *The psychological complex*. London: Routledge & Kegan Paul.