

An exploration of the taxonomy and intersection of clinical psychology and psychopathology: Basis for redesigning psychology curriculum

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Interest in clinical psychology has been growing as indicated by large numbers of undergraduates applying for admission to graduate programmes and the professional degrees granted. Clinical psychology is one of the largest branch and the most popular subfields within the broad branch of psychology that integrates science, theory and practice to address psychological problems. It is the study of individuals, by observation or experimentation, with the intention of promoting change (Compas & Gotlib, 2002). As clinical psychology has evolved over the years into a complex and diverse area within psychology, it has become important for psychologists, teachers as well as students to integrate between science and theory. Today, clinical psychology is the largest and certainly one of the most vigorous fields of psychology (Reisman, 1991). At this juncture, an important question arises. What is clinical psychology and should it be taught to students? Essentially, clinical psychology aims to reduce psychological distress and enhance and promote psychological well-being.

Keywords: clinical psychology; higher education; mental health psychological well-being; university students

Clinical psychology relates to understanding wide range of psychological difficulties including relationship problems, learning difficulties, child and family issues, mental health problems, addictions, and most starkly, psychopathology which is the study of the causes, development and manifestations of psychological or behavioural disorders (Blair, Peschardt, Budhani, Mitchell, & Pine, 2006). The main areas of clinical psychology are psychopathological, emotional, and behavioural. As psychopathology is an important area, it is pertinent to ask for the student if it is a redundant concept. Psychopathology is a branch of knowledge that includes description, interpretation, explanation and classification and further of particular mental phenomena that have clinical meaning. It is also important that the student is aware that there are many specialisations in psychology, like educational psychology, occupational psychology, organisational psychology, health psychology, forensic psychology, environmental psychology and sport psychology, but the only psychologists specifically qualified to offer therapy are the clinical psychologist and the counselling psychologist.

It is also relevant when the student is taught clinical psychology, that the study of clinical psychology differentiates – though often overlapping – itself from counselling psychology in the following manner. Clinical psychology deals with more serious mental health conditions like psychosis, neurological damage, and dementia; while counselling psychology has more focus on treatable mild to moderate conditions, where shorter term psychological interventions can be effective like depression, anxiety disorders (Relajo-Howell, 2019). Clinical psychology has greater emphasis on assessment and formulation while more emphasis is given to the therapeutic process in counselling psychology. Meanwhile, according to Ansari, Noor and Haque (2005), the global demand for clinical psychologists reflects the rapid expansion in the application of cognitive approaches to clinical as well as social problems, which is evident in surveys conducted looking at the range of activities in order of per cent involvement: psychotherapy (84%); diagnostic tests (74%); teaching (50%); clinical supervision (62%); research and writing (47%); and, consultation and administration (52%).

An important question which arises in the above context is why clinical psychology should be taught to students? One reason is that since clinical psychology is the study of psychological disorders and the treatments designed to improve the day-to-day lives of people suffering from them it is becoming important that students studying psychology understand how clinical psychology integrates the science of psychology and the treatment of complex human problems with the intention of promoting change. Other reasons why clinical psychology should be taught to students is that the curriculum of most universities have developed to churn out clinical psychologist. Apart from the introductory courses, most of the higher educational institutions teach theoretical framework within clinical psychology. The curriculum entails a focus on the role of assessment and the emerging importance of formulation, using the five P's model and applying the model to case studies. Here, students learn to conceptualise an individual's mental health through predisposing, precipitating, perpetuating, protecting and presenting. Specifically these are: (1) predisposing factors, which are any factors that contributed to an individual's problem over the lifetime (bio-psycho-social); (2) precipitating factors, which are any factors that trigger the onset of the illness or cause a related behavioural response; (3) perpetuating factors, which are any factors that maintain the negative symptoms of an illness or condition; (4) protective factors, those that prevent or lessen a particular behaviour or distress (an individual's children may prevent them from committing suicide for fear of their well-being); and, (5) presenting factors, the problem which is faced by the individual and any obvious signs or symptoms upon assessment.

Students also learn the formation from different perspectives (e.g., cognitive behavioural therapy and psychodynamic approaches) in the study of clinical psychology. In their curriculum, students should be encouraged to read about anxiety disorders, mood disorders, and personality disorders. This encompasses the study of: (1) anxiety disorders, where students learn preliminary considerations to re-assessment of anxiety; (2) mood disorders with focus on early developmental issues and attachment problems; and, (3) personality disorders that give rise and fall as a distinct clinical category leading to

new wave treatments like DBT (dialectical behavioural therapy). Hence, students should also be taught the contemporary developments in clinical psychology using case studies of working across the lifespan in childhood, middle life and older adulthood. Students should also be taught clinical psychology to make them aware of the role of clinical psychologist in society today. Students should be aware that they have to learn to assess, formulate, intervene, evaluate, reflect and carry out research as clinical psychologist. Healthcare and continued professional development like supervision of trainees, further qualification and specialism should also be provided. These are the fundamental roles of clinical psychologists

Undergraduate students who are applying to graduate training programmes in clinical psychology and are struggling with making what they perceive to be the difficult, but necessary, career choice between science and practice (McFall, 1991) are often confused. This is another reason why students must be educated in clinical psychology with a firm grounding in research, theory and practice. There are many areas where a clinical psychologist can help. Clinical psychologists are now considered experts in providing psychotherapy, psychological testing and in diagnosing mental illness (Baharvand, 2012). The demand for mental health professionals especially with clinical psychology background is expected to increase over the next decade. Psychologists who provide clinical psychology services have to be trained in a wide range of techniques and theoretical approaches that equip them with the knowledge and skills necessary to advance the science of psychology, the professional practice of psychology, and people's general health and well-being.

Knowing that the study strategies of students using college textbooks can be a powerful predictor of performance in the classroom, we examined the extent to which students in different psychology courses reported reading their textbooks. In psychology courses overall, students read on average 27.46% of the assigned readings before class and 69.98% before an exam, which corresponds to previous research. Researchers furthermore found that these percentages were highly influenced by the course in which the students responded. In fact the percentages ranged from 21.21% to only 42.96% before class and from 60.83% to 91.20% before an exam, with significant differences existing between courses. Given that the majority of university students spend less than three hours reading textbook material and that they feel the instructor is responsible for reviewing material during class time, as well as, telling them what is important in the reading, instructors must find ways to encourage more reading by students, even if this involves giving quizzes over reading material.

Historical perspective

Clinical psychologists are experts in the assessment, diagnosis and treatment of a wide range of psychological and mental health issues across the lifespan. They are most often involved in the design and implementation of treatment strategies in settings such as primary care, psychiatric hospitals, community based mental health services and private practice, but also may be involved in research and teaching. Clinical psychologists work in a variety of settings (hospitals, clinics, private practice, universities, schools, etc.) and in many capacities. All of them require these professionals to draw on their expertise in special ways and for different purposes. Clinical psychologists assess and treat people with emotional work, school, or other physical health concerns and chronic conditions like schizophrenia, phobias and depression. Clinical psychologists are usually members of several professional organizations. Like all professions, clinical psychology has both features that it shares with other professions and characteristics that are peculiar to itself (Pilgrim, 2004). Clinical psychology is closely related to medicine as it is quite as closely related to sociology and to pedagogy (Witmer, 1907). The profession faces many challenges including pressure to deliver training to larger numbers of recruits in a more flexible way (Pilgrim, 2004).

The field is often considered to have begun in 1896 (Baharvand, 2012). In fact, early influences on the field of clinical psychology include the work of the Austrian psychoanalyst Sigmund Freud who was the first one to focus on the idea that mental illness was something that could be treated by talking with the patient, and it was the development of his talk therapy approach that is often cited as the earliest scientific use of clinical psychology (Cherry, 2019). While psychology was born as a distinct discipline with the founding of the American Psychological Association in 1892, the birth of clinical psychology as a speciality area occurred four years later in 1896 with the opening of the first psychological clinic at the University of Pennsylvania by Lightner Witmer (1867–1956). In 1885, Alfred Binet, a French scientist and attorney, founded (along with Henri-Étienne Beaunis) the first psychology laboratory in France. Binet and his colleagues were especially interested in developing tests to investigate mental abilities in children.

The first two decades of the twentieth century witnessed tremendous growth in the field of clinical psychology. Clinical psychology in both UK and the US (Pilgrim, 2004) has promoted itself as a science-based enterprise and has used this to establish its professional jurisdiction (Abbott, 1988). Academic psychology in Australia developed from the academic subject called 'mental philosophy' introduced in the 1890s by British colonial scholars (Geerlings, Thompson, & Lundberg, 2014). The first applied psychology practitioners were appointed in 1920s and the Second World War created a niche for clinical practice, which stimulated the development of clinical psychological education. Today, psychology undergraduate education is offered at 38, and postgraduate clinical programmes at 30, out of four Australians educational institutions – the majority of which are national, government-supported universities.

Similar with Australia, psychology was first introduced in Indonesia during the colonial era. In 1941, towards the end of colonisation, the Dutch set up clinics and taught psychology courses to teachers and medical students (Geerlings, Thompson, & Lundberg, 2014). The early work of clinical psychologists involved primarily psychological and intellectual testing. Psychotherapy and other treatment services for those suffering from mental illness were conducted primarily by psychiatrists. Most psychotherapy during this time utilized Freud's psychoanalytic principles and techniques. Research and practice in clinical psychology has found certain approaches to understanding and treating problems may be especially for certain people and problems while different approaches may be helpful for others (Plante, 2010). Many clinical psychologists use psychological tests and procedures to assess or diagnose various psychiatric (e.g., depression, psychosis, personality disorders, dementia) as well as non-psychiatric issues (e.g., relationship conflicts, learning differences, educational potential, career interests and skills).

Brief history of the DSM system of classification

It was in 1952 that the DSM (Diagnostic Statistical Manual) was introduced under the title 'Diagnostic and Statistical Manual of Mental Disorders' later referred to as DSM-1. It was introduced because the American Psychiatric Association was asked by the American military and healthcare insurance companies, to produce a universal classification of mental disorders in order to standardise health claims. The original listed 108 disorders. Primarily adopting an aetiological rather than descriptive approach to diagnosis, it was characterised by: (1) diagnoses based on theories of underlying psychological cause behind symptoms; (2) heavily influenced by dominance of psychoanalysis and European psychiatry; and, (3) rested on a primary distinction between neurosis and psychosis.

DSM-II moved toward a more descriptive psychopathology in 1968. This move resulted in a decline in psychoanalysis, growth of empirically supported therapies like behaviour modification and lastly the increasing dominance of drug companies wanting symptom based diagnosis to target the development of medication. In 1980, the DSM-III was the turning point in that response to controversies around

diagnosis saw and increase dominance of the bio-medical model in psychiatry. In the DSM-4, there were introduced five main diagnostic axes from Axis 1 to Axis 5 from disorders of childhood and adolescence to personality disorders to the Global Assessment of Functioning (GAF) scale. In 2013, there were changes made in the DSM-5, where the DSM-IV was criticised for being too complex. The British Psychological Society gave this statement on a draft of the new DSM-5: 'clearly based largely on social norms, with 'symptoms' that all rely on subjective judgements ... not value-free, but rather reflecting current normative social expectations.' This comment was a very important thought for all students of clinical psychology.

Individuals pursuing clinical psychology careers will often find that they will be able to secure employment in a number of different healthcare facilities, such as hospitals and mental health facilities. Depending on their specialties, clinical psychologists might also be able to find employment with a number of other private and government-run organisations. Universities often employ clinical psychologists, for example, to perform research and help steer eager young minds toward clinical psychology careers. Schools, police departments, and military branches are also usually in need of professional psychologists as well. The systems and structures that many people live in do not always help them negotiate these life challenges particularly well, so clinical psychologists often also work indirectly, with carers or families to encourage them to develop a more psychologically satisfactory way of engaging with people in distress. In some cases, the system is the client; hence psychologists may also work with teams, families or communities.

CONCLUSION

A clinical psychologist must first and foremost be a psychologist in the sense that he or she can be expected to have a point of view and a core of knowledge and training which is common to all psychologists. This would involve an acquaintance with the primary body of psychological theory, research, and methods on which further training and interdisciplinary relationships can be built. In summary, clinical psychology is one of the various branches of psychology that aims at helping patients with mental, emotional and psychological disorders better their condition. The disorders that the psychologist addresses include substance abuse, eating disorders, anxiety and depression. Depending with the specialty he or she possesses, a clinical psychologist can render services in various institutions, including hospitals, mental health facilities, police departments, military branches and universities, or may decide to practice his profession privately.

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