

## **7.1 Introduction**

Psychology is an important subject for study human behaviour right from the beginning. Clinical Psychology is a recent branch of Psychology. It's origin can be related to a Greek word 'Clinical' which means pertaining to bed. It is both theoretical as well as applied branch of Psychology. It shows a gradual and performed changes in the field of Psychology. The knowledge of Psychology is advancing day-by-day in various fields and application in therapy research and training.

## **7.2 Main Theme**

### **7.2.1 Nature of Clinical Psychology**

In any science we generally start with definition and derivations of the word. Clinical Psychology is derived from a Greek word which generally means pertaining to bed. Thus, according to the word -meaning clinical Psychology can be defined as "a branch of Psychology which studies the mind of the mental patients, those who are confined to bed".

The word meaning of clinical Psychology does not throw light upon the actual nature and characteristics of it. In fact, clinical Psychology is concerned with over all problems of adjustment of a person (human being). It helps a person better adjustment, understanding and well being. Clinical Psychology, is concerned with people in general and people in particular both. Wundi has also pointed out that clinical Psychology is not only concerned with the problems of adult human being but for all. Garfield defined, "Clinical psychology as a branch of psychology with the problems of personality adjustment and change in maladaptive behaviour".

Loutlit (1939) has explained clinical psychology on the basis of following definitions :

- (i) Some definitions are coming out as a result of mental tests.
  - (ii) Some definitions are related to abnormal persons.
  - (iii) Some definitions are based on therapy.
  - (iv) Some definitions are based upon methods and principles.
- (i) First category of outcome of, "Juvenile Research Institute of Chicago". The institute has defined, " Clinical Psychology as a branch of Psychology which is concerned with the evaluations of child's in born abilities, educational achievements and special aptitudes".
  - (ii) This category of definition shares the problems of abnormal persons. It is limited to mal-adjusted behaviour. Goddard (1910) defined clinical Psychology as a " Personal examination of mentally abnormal and sub-normal persons".
  - (iii) Third category of definition deals with the therapy. But it also covers research teaching and training and it should not be confined to therapy. Yet, the improved knowledge and research helped a clinical Psychologist to improve a person in distress.
  - (iv) Fourth, category of definition helped a clinical Psychologist to explain the real nature. There has been a rapid change in the subject matter of clinical Psychology in spite of all

that, it is, however, very difficult to give an accurate definition as well as its relationship with other social sciences. According to the American Psychological Association (APA) "Clinical psychology is an applied branch which aims at defining the behaviour capacities and behaviour characteristics of an individual through methods of measurement, analysis and observation and which on the basis of integration of these findings with the help of the data received from physical examination and social histories gives suggestions and recommendations for the proper adjustment of the individual".

If we analyse the above definition we can get the following facts about Clinical Psychology :

- It is an applied branch of Psychology.
- It is measurement of Personality.
- It studies dynamics of behaviour.
- It helps to understand maladjustment.
- It solves the problems of a person in distress.

It has been also supported by Indian Association of Clinical Psychology and Dictionary of Occupational Titles (1960).

### **7.2.2 Brief Historical Review**

The history of clinical psychology is about 99 yrs. old. Psychology emerged as a science in 1860. And Wundt has established a Psychological Laboratory in 1879 and after 17 years L. Witmer (1867-1956) started a Clinical Laboratory in 1896. (in America). A number of psychologists contributed in the development of Clinical Psychology and are known as antecedents. Bernstein & Nictzel (1987, 1991) has divided history of Clinical Psychology in two parts :

1. Antecedent factors of Clinical Psychology.
2. Development of Clinical Psychology.

**1. Antecedent factors of Clinical Psychology :** Antecedents factors are real determinants of clinical psychology. Watson (1953) has sub divided antecedents into three sub groups.

- Research tradition.
- Doctrine of individual differences.
- Concept of behaviour disorder.

**Research tradition** is the mile-stone in the history of Clinical Psychology. Starting from mind and body (Philosophers) to physiologists (Weber, 1795-1878), (Fechner, 1801-1887), (J. Müller, 1807-1858), (Helmholtz, 1821-1894) are mainly concerned with the study of sensation.

Wundt, (1852-1920) has got name & fame due to his effort to study biology and physics and established first laboratory in Leipzig, (1879) for the study of natural sciences by experimental method. Later on Witmer, 1896 has established another laboratory and gave a formal recognition to Clinical Psychology as a separate branch. Bernstein and Nietzel, (1987) has summarised that "the research tradition in Experimental Psychology has been a strong shaper of Clinical Psychology".

Doctrine of individual difference has been considered as important antecedent. It started with the work of Plato in his famous book "Republic" and individual difference was studied by astrology and anatomy, which helped Clinical Psychologists in the late nineteenth century.

Darwin, (1859) has written in his book, "The Origin of Species" about intra individual characteristics and inter-individual characteristics. Francis Galton (1860) has written in his book, "Hereditary Genius" about the measurement of physical and mental characteristics of a person. He developed first intelligence test to measure mental abilities of individual. In his another book "Inquiries into Human Faculty and its Development" he wrote about different tests and on the basis of those tests **Individual Psychology** developed. Galton established first mental testing centre in London. Another important name in this area was J.M. Cattell, (1860-1944) who contributed in the area of mental testing in America. He established a psychological laboratory in America (1890). He for the first time used the term mental testing in a magazine "Mental Test and Measurements" for personal selection and indicators of diseases. Other important names in this tradition are Krapelin, (1895) and Alfred Binet (1905). Binet was known to be very important scientist for the measurement of mental retardation.

**Conception of Behaviour** : To understand behaviour before Hypocrites was dependant upon supernatural forces. Hippocrates has given a base to explain behaviour on the basis of blood and their distribution in the body are responsible for behavioural problems. Demonism was dominant during middle age. During late eighteenth or early nineteenth century it gained ground by the effort of Pinel. In the treatment of mental disease measure earned name and fame by magnetism also known as "mesmerism". James Braid used hypnosis which changed psychiatric revolution followed by Bernheim, Charcot and Janet which has an organic base.

The most striking work in this area was done by S. Freud, (1856-1939). For the treatment of mental diseases he developed a new concept that mental disease is not due to physical causes rather depending upon mental causes, which is repressed in unconscious material (Primarily sexual material).

**2. Development of Clinical Psychology (1896-1917)** : Actual development of clinical Psychology started with the work of Lightner Witmer (1867-1956) who established first Psychological clinic in Pennsylvania (USA) for the diagnosis of children in learning disabled and gifted children. He did not get support from others yet, he did not give up working in this area. He started a course during 1904-1905 in training centre and residential school and through journals. Other important scientists supported in this area were :

- Binet-Simon test
- Adult assessment.
- Freud's approach.

Binet-Simon Scale of measurement of intelligence gained great popularity in the field. It was a pioneer approach. It was used for the identification of mentally retarded children. Binet test has got

several revision 1908, 1916, 1939, 1960 & 1980. It became popular day-by-day for the measurement of I.Q. and diagnosis.

Adult assessment was one of the weak points of Witmen. He did not take care of adult assessment and started adult care very late (1907) for differential diagnosis.

Freud's approach was very outstanding in the field of treatment and diagnosis. Freud opposed organic viewpoint and explained unconscious mind as a most important and determining feature of personality. Repressed unconscious material are responsible for mental disease and treatment of mental disease through psychotherapy is essential. He also emphasized child guidance. It started a child guidance movement. Scientists supporting are Beers, William James, Mayer etc. William Healy has established first child guidance clinical (1909) in Chicago. Healy studied child misbehaviour delinquent behaviour and learning disability. G.S. Hall, (1904) was also very much influenced by Freud. A journal on this subject was published in America (Journal of Abnormal Psychology). During 1910-1917 scientists provided training in Clinical Psychology. American Psychological Association (APA) and American Association of Clinical Psychologists, (AACP) was established in 1917.

Due to world war different tests had been developed to diagnose soldiers, as a result Army Alpha Test and Army Beta Test has been developed. Woodworth has developed psychoneurotic Inventory which is termed as Personal Data Sheet different personality test has been developed which played important role in clinical Psychology especially MMPI, WAIS, TAT RT etc.

Phillippe Pinel (1745-1826) has used a new application to the problems of mental illness (humanitarian approach). The mental illness was accepted and classifications were done. Hippocriet classified mental diseases under the category— mania, melancholia and phrenitis. This classification opened the door of research fields in Clinical Psychology. The origin of psychoanalysis has a direct impact on the progress, development and enrichment of Clinical Psychology. Freud explained mental disease on the basis of unconscious mind, or hidden conflict.

### **7.2.3 Present Status of Clinical Psychology**

Clinical Psychology has undergone rapid change up till now. It helps a psychologist in diagnosis and treatment. Clinical Psychology is concerned with different problems and different fields like child guidance clinics, schools industries and many other institutions. A clinical Psychologist follow the following functions in different institutions.

**(a) Diagnosis and personality assessment :** Diagnosis in Clinical Psychology is the main concern of Clinical Psychology, it tries to understand the problems and causes of mental conflicts of the concerned persons. Through careful study and interview a psychologist tries to understand maladaptive behaviour of patients and tries to explore causes of personality disorganization. A Clinical Psychologist tries to provide relief to them. Personality assessment can be done with the help of different personality techniques.

**(b) Therapy :** Provides different techniques of treatment, after their diagnosis. A clinical psy-

chologist perform different role such as indentifying treating personality disturbances and behaviour disorders. Though clinical Psychologist is a non-medical profession yet, it plays a very important role in the diagnosis and treatment of behaviour.

**(c) Research** : is another important area of a Clinical Psychologist. Different mental hospitals keep entire case history of a person and serve like a research laboratory for both research scholars and Psychologists itself, e.g. Central Institute of Psychiatry, Kanke, Ranchi (C I P) is a good example social research cell,

**(d)** It has another important field of teaching and training. Teaching in this area provides complete knowledge of the subject in all the P.G. Departments of the universities of India. While, training in this field is given after completing post-graduate degree in different institution available in India. Some important institutions are Central Institute of Psychiatry, Kanke, Ranchi, (C I P), National Institute of Mental Health (NIMH), Bangalore. Lumbini Park Hospital, Calcutta. Such type of training programme was also set up by American Psychological Association. Training programme in alcoholism and drug addiction is to be set up in near future.

#### **7.2.4 Difference between Clinical and Abnormal Psychology**

Both abnormal and clinical Psychology are branches of Psychology. Following are the important distinction between these two branches :

1. Clinical Psychology is an applied branch while Abnormal Psychology is a theoretical branch of Psychology.
2. Both differ with respect to scope of Psychology. The scope of Clinical Psychology is much wider than Abnormal Psychology. Abnormal Psychology deals with symptoms and causes different types of mental diseases. While Clinical Psychology deals with the problems of normal adult and children in different situations like educational institutions, industry, jail, reformatory, child guidance clinic and other profession.
3. Both branches differ with respect to their training. A clinical psychologists must be fully aware of the theory of psycho-pathology. He should have a specialized training in this field while, no such training is essential in Abnormal Psychology.
4. Clinical Psychology is a professional science. A clinical Psychologist can be a private practicener and treat patients even at their home. While, abnormal psychology is not a professional science it's merely a science.
5. Clinical Psychology deals with symptoms, causes and the deeper meaning of maladjustmentive behaviour. It deals with "person in particular" while, abnormal psychology deals with a "person in general.
6. Clinical Psychology is concerned with the diagnosis and treatment of children and adult while, Abnormal Psychology deals with the behaviour of individual.

### 7.2.5 Conclusion

We conclude that Clinical Psychology has relevance in present age because life is very complicated these days, which has created new problems in the life of persons. Research and training has given a new meaning to life and Clinical Psychology. Clinical Psychology has an important role in diagnosis and treatment of different kinds of ailments of a person.

### 7.3 Summary

We can present a summary of the above discussion as follows :

- The word 'Clinical' is derived from a Greek word which means pertaining to bed.
- It is both theoretical and applied branch of Psychology.
- Clinical Psychology helps in diagnosis and treatment.
- Definitions of Clinical Psychology are based upon four points :
  - (i) Mental test
  - (ii) Related to abnormal persons
  - (iii) Some definitions are based on therapy
  - (vi) Some on method and principles
- It helps a person in maintaining adjustment and solving problems and distress of a person.
- History of clinical Psychology is 99 yrs. old.
- Wiltmer established first clinical laboratory in 1896.
- Development of history of clinical psychology has two parts (before and after)
- First part of development is based upon research, individual difference and concept of behaviour disorder.
- Second part of development is based upon test development and Freudian approach.
- Humanitarian approach has been given by Pinel.
- Present status of Clinical Psychology is based upon — diagnosis, treatment, research, teaching and training.
- Clinical Psychology and Abnormal Psychology are different on, theory, research, scope, training and application.

### 7.4 Key Words

- |                  |                         |                     |                           |
|------------------|-------------------------|---------------------|---------------------------|
| (i) Clinical     | (ii) Personal Selection | (iii) Maladjustment | (iv) Mental test          |
| (v) Therapy      | (vi) Juvenile           | (vii) Aptitude      | (viii) Distress           |
| (ix) Antecedents | (x) Doctrine            | (xi) Republic       | (xii) Hereditary genius   |
| (xiii) Applied   | (xiv) Hypnosis          | (xv) Menestrurism   | (xvi) Supernatural forces |

(xvii) Diagnosis

(xviii) Conflicts

(xix) Psychiatry

## **7.5 Questions for Exercise**

### **(a) Objective Questions**

1. The word "Clinical" means

- (a) Diagnosis
- (b) Pertaining to bed
- (c) Sick person.
- (d) Lying on bed

Answer — (b)

2. First Clinical laboratory was established by

- (a) Wundt
- (b) Freud
- (c) Wiltner
- (d) Dorwin

Answer — (c)

### **(b) Short Answer Type Questions**

1. Distinguish between clinical and abnormal Psychology.

For Answer See 1.2.4

2. Discuss the present status of Clinical Psychology.

For Answer See 1.2.3

### **(c) Long Answer Type Questions**

1. Define Clinic Psychology

2. Give a short - historical background of Clinical Psychology.

3. Distinguish between clinical and abnormal Psychology.

## **7.6 Suggested Readings**

- 1. Shaffars & Lazarums — Fundamental Concepts in Clinical Psychology.
- 2. Kochar — Clinical Psychology
- 3. R.M. Vorung — Clinical Psychology



**CLINICAL PROBLEMS**  
**Psychosomatic Disorders And Psychopathic Personality****Lesson Structure**

- 8.0 Objective**
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  - 8.2.2 Classification According to APA (American Psychological Association)**
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- 8.3 Summary**
- 8.4 Key Words**
- 8.5 Questions for Exercise**
  - (a) Objective Questions**
  - (b) Short Answer Type Question**
  - (c) Long Answer Type Question**
- 8.6 Suggested Readings**

**8.0 Objective**

The objective of this lesson is to make the learners understand fully the psychosomatic disorder, and psychopathic disorder. We shall consider all the aspects in detail. First we shall examine its nature, classification of Psychosomatic disorder and give brief description of few important types and lastly, discuss the remedies of psychosomatic disorder.

To assimilate the whole discussion we shall present a summary and key words used in the lesson. Different types of questions are given for exercise covering objective questions, short-answer questions and long answer questions. In the end the name of some reference books have been given.



## **8.1 Introduction**

Clinical Psychology is a very important branch of Psychology which deals primarily with diagnosis, prognosis and treatment of different types psychological disorder. Here we shall discuss nature of psychosomatic disorder, causes and its treatment. Some of the typical Psychosomatic disorder has been discussed like, Peptic ulcer, Bronchial asthma, Cardio vascular disorder etc. where, symptoms are physiological while, causes are psychological.

## **8.2 Main Theme**

### **8.2.1 Nature of Psychosomatic disorder**

Psychosomatic or psychophysiologic disorder is a very serious diagnostic clinical problem. Generally it is considered that psychosomatic disorder is a typical disease in the sense that their symptoms are physiological while, causes are psychological in nature. It was earlier known as Psycho-physiologic disorders. In some countries this disorder has been called Cardico Vicerai.

Psychosomatic is a combination of "Psycho" and "Soma". Where Psycho means 'mind' and soma means "physiological" or something related to body. The concept of psychosomatic disorder grew as a result of increasing knowledge of autonomic nervous system. The physical disturbance is caused by mental disturbance i.e., disturbance in the autonomic nervous system. The person's emotions and thinking bring out changes in the bodily system. Reber (1987) "Psychosomatic disorder is used for any disorder with somatic (bodily) manifestations that are used to have at least a partial cognitive and emotional etiology, i.e., they are to some degree Psychological".

Thus, psychosomatic disorder is a functional disorder. It means it is different from neurotic disorder and Psychotic disorder in which symptoms and causes are mental or Psychological. The autonomic nervous system which alter the flow of neural impulses the secretion of hormones and biochemistry of the body.

J.C. Coleman defined psychosomatic disorder as, "Physical Symptoms, which may involve actual tissue damage resulting from continued emotional mobilization under stress usually involve organ system under autonomic nervous innervation". Kisker defines "Psychophysiologic disorders are conditions in which physical systems related to autonomic nervous system are caused or significantly influenced by Psychological stress".

The Psycho-dynamic view of physical illness and disability grew out of Freud's early observations and treatment of persons showing hysterical conversion symptom. This approach emphasized the symbolic significance of symptoms. It means that, Psychophysiological disorders are attempts to handle anxiety growing out of unconscious illness. According to this view it satisfies unconscious needs.

It has been also compared with symptoms of conversion hysteria. In conversion hysteria physical symptoms are not followed by tissue damage while, there is tissue damage in psychosomatic

disorder. Symptoms in conversion hysteria is symbolic but it is not symbolic in Psychosomatic disorder.

### **8.2.2 Classification According to American Psychological Association (APA):**

Generally, Psychosomatic disorder has been classified into three main groups:-

- (1) Psychosomatic disorder related to personality of the individual e.g. An anxious person suffers from respiratory disorder.
- (2) Second type of Psychosomatic disorder is related to life style of a person, suffering from gastric dysfunction.
- (3) Third type of Psychosomatic disorder is related to objects and situations which need excessive reaction from the part of a person e.g. allergy (of different kinds).

Another classification by (APA) is based upon the organ involved are :

- (1) Psychosomatic skin disorder, (atopic dermatitis, ache and case of nives are included under this category)
- (2) Psychosomatic respiratory disorder (under this category cases of bronchial asthma, hyperventilation syndromes, hiccough and recurring bronchitis).
- (3) Psychosomatic muscles related disorder (live backaches, muscular cramps, tension headaches, arthritis have been included)
- (4) Psychosomatic cardio vascular disorder (cases of paroxysmal tachycardia, hypertension, vascular spasms have been discussed under this category).
- (5) Psychosomatic henic and lymphatic disorder (It affects the whole organ of the body).
- (6) Psychosomatic genito-urinary disorder (This type of disorder related to mainly menstrual problems of woman).
- (7) Psychosomatic gastro-intestinal disorder (include diseases like peptic ulcer, gastric ulcer and hyper acidity etc).
- (8) Psychsomatic endocrine disorder (specially diseases related to thyroid gland, has been included).
- (9) Psychosomatic disorders of organs of special sense. (include diseases conjunctivitis or other infections related to eye).
- (10) Psychosomatic muscular skeletal disorder include diseases related to skeleton like defects in hands and feet.

Now we shall present a brief discussion of some of the important type of Psychosomatic disorder:

#### **Gastro - intestinal disorder :**

This type of Psychosomatic disorder is related to intestine, caused by stressful situation and affecting digestion process. There are three types of gastro-intestinal disorder.

- (1) **Peptic ulcer :** The main symptom of this type of disorder intestine is full with wounds,

pains, vomiting and blood discharge from stool.

Causes has been found in strong resentment, hostility and anxiety. It has been found that gastric juice plays an important role in the etiology or cause of peptic ulcer. It is assumed that gastric juice (mucus, pepsin and hydrochloric acid plays as an important agent which is responsible for peptic ulcer.

It is, however, difficult trace definite cause of peptic ulcer. But there is obviously a relationship between autonomic nervous system and stomach and viscera. The other important cause of peptic ulcer is supposed to be constant stress. Wald and McKinnon (1972) has demonstrated the importance of stress induced ulcer in rats (Nature of stress was shock). Liss, Alpers and Woodruff (1943) observed that 93% of patients with irritable colon showed Psychological disturbance. They made experiments on monkeys, are supported to prevent the shock under constant pressure and tension in application of the punishment.

It has also been observed in the case of a person. Kisker observed 'At more symbolic level the source of the difficulty has been described as internalized bad-mother who literally devours the patient from within".

**(2) Anorexia Nervosa** : The second type of gastro-intestinal disorder characterized by loss of appetite and vomiting. Causes are thought to be due to over protection during childhood.

**(3) Chonicgastritis** : Major symptom of his type is indigestion, nausea and hyper-acidity and causes are thought to be related to psychological stress.

**(4) Colitis** : In this type of gastro intestinal disorder main symptom is constipation, pain, irregular stool etc. Causes of this disorder is physiological stress.

#### **Cardio-vascular Disorder :**

This type of Psychosomatic disorder is related to heart and blood vessels. The causes of this disorder is strong emotional state controlled by autonomic nervous system. Some of the important types are :

**(1) Migraine headache** : This type of Psychosomatic disorder is characterized by severe headache in half part of head shifting from one place to another. The pain is periodic and the cranial artery expands in the pain area. Sometimes causes are psychologic and some times physiological.

Sometimes pain vanishes as the time passes or some times drugs are essential to remove pains.

Causes are thought to be socio-cultural and highly ambitious persons, strong minded and emotional persons. This disorder is more common in females than males, also common in urban females than rural females.

Medicines are sometimes used but gives temporary relief. For a permanent relief non-adaptive reaction pattern should be used.

**(2) Heart disease** : When heart disease based upon psychological causes, which has no physiological base. Due to emotional tension, there is occlusion in artery and blood vessels and tissues are damaged.

Causes are thought to be emotional excitement, irritation and stress. Friedman and Rasenmann (1974) found on the basis of his studies that this type of heart disease is based upon personality characteristics.

**(3) High blood pressure or Hyper tension :** This is the very common type of cardio-vascular disease which is also known as hyper-tension. Main symptoms are anxiety, headache and irritation. Some times hyper-tension is due to physiological causes and sometimes due to psychological causes.

Its causes are thought to be emotional stress. It can be treated by avoiding such stressful situations or using some kind of drugs.

The other forms of cardio-vascular diseases are tachy cardia angiral syndrome.

### **Respiratory Disorder :**

This type of Psychosomatic disorder is related to respiration problem of a person as for example asthma, common cold, tuberculosis, bronchial spasm, hay fever, sinusitis etc.

**(1) Bronchial Asthma :** It is most common disease also known as asthma. The main symptom is difficulty in breathing as a result of obstacle in respiratory process. This disease is affected by smoke or dust and followed by "Convulsive Coughing". It is more common among males than females.

Causes are thought to be sensitive "allergic" and having feeling of insecurity. Some studies however, support stress and emotional tension as a prominent cause of asthma, Prucell Muser, Milklich and Deltker (1969) studied 344 (aged 6-16) and found emotional stress as prominent cause. Knapp (1968) studied married woman and found that the cause of the disease is associated with their marital problems. In an earlier study he observed that asthma is related to feeling of deprivation and sense of dependence on mother, such patients always seek protection in their life.

According to supporters of Psychoanalysis asthma is related to repressed unconcious desires. They believed that this disease is because of fixation of libido at anal stage (retentive period).

For the treatment of asthma medical therapy as well as psychotherapy is essential.

**(2) Tuberculosis :** It is another type of respiratory disorder in which, major symptom is inflammation of lungs, pain in chest, and recurrent cough.

Causes of this disease is supposed to be both physiological and psychological. Among psychological factor are emotional tension anxiety etc. According to psychoanalyst tuberculosis is due to repressed sexual conflicts. Recent studies shows depression and aggressiveness as a cause of tuberculosis (Goodurn et al; 1973).

### **Psychosomatic Skin Disorder :**

The disorder has been observed for centuries. Hister explains "skin is the mirror of emotion". When people are embrassed the skin' flushes and they, "blush". The skin is thought to be a very sensitive indicator of behaviour. It is found to be related to various skin disorder. It is under the control of autonomic nervous system.

Some of the important types are :

**(1) Neurodermatitis :** It is psychosomatic disorder related to skin of a person where, major symptoms, are swelling, burning, in lips and fingers. It has been found more common among males than females.

Its causes are supposed to be repressed exhibitionistic tendencies, inhibited and frustrated heterosexual relationships.

**(2) Allergic Eczema :** Eczema is a psychosomatic disorder where main symptoms are wounds in hands, feet and neck. It is psychological and basically due to aggressive tendencies.

**(3) Stigma :** In this type there is stigma on hands and feet or back of portion of body. Generally common among females. It can be treated with feed back.

**(4) Scratching and Itching :** This is another type of Psychosomatic disorder which is caused by aggressive feeling toward other person. Coleman has called it "displacement of aggression".

#### **Psychosomatic Endocrine Disorder :**

There are two types of glands in our body— duct gland and ductless gland. Endocrine gland is ductless gland. There are some important endocrine glands (pituitary adrenal thyroid) guided and controlled by autonomic nervous system (sympathetic system).

Causes are thought to be emotional stress, obesity, unbearable tension and frustration.

#### **Psychosomatic Genito-urinary Disorder :**

This disorder is very common related to pelvic region, sexual functioning and process of urination. It is due to both physical and psychological.

Some important types of this type of disorder are :

- (1) Urinary disorder.
- (2) menstrual disorder.
- (3) Pseudo cyesis.
- (4) Sexual deviation.
- (5) Spontaneous abortion.

The above mentioned disorder is associated with psychological factors. Straub (1989) found on the basis of experiment that high frequency of urination is that result of anxiety, fear and aggressive feelings. Psychoanalysts have taken it re-enactment of feeling of hostility towards parents.

Same as psychological factor plays important role in the disorder of menstrual process. Anxiety and mental conflict play an important role. Lack of concentration, and emotional outburst are its main symptoms. There are some physical symptoms common e.g. headache, backache, sleeplessness etc. Freed (1975) has found that symptoms dysmenorrhea seen in a woman who bears a masculine physical traits. Some scientists thought latent homosexuality as the cause of this disorder.

### 2.2.3 Causes of Psychosomatic Disorder

The causes of Psychosomatic disorder can be classified under three categories :

1. Biological Factors.
2. Psychological Factors.
3. Socio-cultural Factors.

#### **Biological Factors :**

Following are some important biological factors of Psychosomatic disorders :

**(1) Heredity factor :** Studies show that some psychosomatic disorders are related to generic factor. Rosener, (1975) found that peptic ulcer, high blood pressure and asthma runs in families and close relatives. Some findings however, show that it is not always related to heredity factor there are some persons who suffers from this kind of disease do not have any family history.

**(2) Physical Weakness :** Some studies show that weakness is a very important factor which determines nature of Psychosomatic disorder, as for example, peptic ulcer is a result of intestinal weakness, tuberculosis and asthma. In a stressfull condition people develop asthamatic attack.

**(3) Disturbance in homeostasis :** Our body always maintains homeostasis but sometimes disturbance in cortex control mechanism, emotional tension increases and homeostasis is disturbed.

#### **Psychological Factor :**

There are some psychological factors responsible for psychosomatic disorder. These are :

**(1) Faulty attitude :** Selye (1953) explained that basic cause of Psychosomatic disorder is anxiety. Persons who have strong attitude towards anything and feeling of competition can easily develop Psychosomatic disorder.

**(2) Personality make-up :** Persons who are ambitious and strong dependency needs are always full with tension and anxiety and that can lead to tissue damage and Psychosomatic disorder.

**(3) Stress situation :** Coleman (1971) writes about stress situation of soldiers during world war !!. They were suffering from gastro-intestinal disorder.

**(4) Unconscious conflicts :** According to Psychodynamic viewpoint unconscious conflicts are responsible for psychosomatic disorder of conversion hysteria symptom. Kisker (1982) explained the above fact on the basis of observation done by Freud.

#### **Socio Cultural Factor :**

To some extent Psychosomatic disorder is dependent upon socio-cultural factor, as for example migrane and peptic ulcer. Society affects a person directly. In some way industrialization and modernization is a major source of tension and conflict among persons. Studies support this view. According to Devos (1973) urbanization and socio-economic status also play important role in Psychosomatic disorder. Devos (1973) has shown the effect of cultural factor on physical illness. In a study he pointed out that Japan had lowest rate of cororary heart disease while United States had the

highest rate because the Japanese had greater stability in their life than people in United States. Similarly, studies reveal higher incidence of ulcer to the people belonging to higher socio-economic status.

#### **8.2.4 Remedies of Psychosomatic Disorder**

For the treatment of Psychosomatic disorder three types of treatment procedures have been used :

1. Biological measures,
2. Psychological measures, and
3. Behaviour therapy.

Biological measures are generally used for treatment of such type of Psychosomatic disorder which is associated with genetic or hereditaric factor e.g. peptic ulcer, asthma and respiratory disorder.

Suback-Sharpe (1973), Gwynne (1974) have suggested that, accupuncture is best for the treatment of physical diseases. This treatment was started in China. Meare (1974) and Miller (1914) suggested Electrosleep-cerebral electro therapy for the treatment of insomania.

In Psychological measures behaviour therapy and biofeed back technique are used.

Behaviour therapy is based upon principle of condition. It has been thought according to the principle that maladaptive behaviour are learnt; that behaviour can be eliminated by deconditioning. In other words behaviour modification can be made through extinction. Miller (1969) found in a study that in operant conditioning rats can learn to bring change in their heart rate and process of urination. Lazarus (1971) treated a person who having experimental relation wanted to return to his wife. When the "other woman's" picture" was shown, a shock was given and until he looked at his wife's picture (where current stopped). After few sessions he returns to his marital bed. Similarly, reward and reinforcement has also been used for the treatment of anorexia nervosa. Good response have been recovered by laps of time.

Wolpe (1961) claimed that 91% of phobic patients treated by this technique. But it seems to be very mechanistic and unsympathetic to human values. Punishment therapy develop a negative attitude towards therapy.

Biofeed back technique was developed in 1960. It is a self regulating mechanism of organism, like temperature heart rate, brain waves and respiration, are kept within control by means of biofeed back signals. This technique is used to control heart rate and blood pressure Cornhan (1973) and Kleinman (1971) support this study.

Some gastro-intestinal symptoms can also be removed by biofeed back. Gastric and diarrhoea can be well treated with this method.

#### **8.2.5 Psychopathic Personality**

Psychopathic personality is one of the important clinical problem. During early time it was not

accepted as antisocial behaviour. It is not neurotic personality nor psychotic or mental reformation. It is different because there is no conventional symptom; they are normal personality with normal appearance and good intellect. But they can be diagnosed on moral and ethical ground. Peter Stratton and Nicky Hayes (1991) defines "Psychopathic personality as a form of personality disorder in which the person lacks anxiety and guilt, disregards societies laws and conventions, and has no concern for other people.

Main Symptoms of a Psychopathic personality are the following :

1. Ethical imbecile.
2. Inability to profit from mistakes.
3. Irresponsibility.
4. Lack of conscience development.
5. Impulsive & irritable.
6. Superficial emotion.
7. Antisocial person.
8. Lack of moral and ethical development.
9. Quickability to rationalize and project.

#### **Causes of Psychopathic Personality :**

Causes of psychopathic personality has been given under three categories :

**1. Biological factor :** A very important causes of psychopathic personality is the body constitution. Eysenek (1960) explained that the autonomic nervous system of psychopaths are undeveloped, which cause lack of moral development. Hodge (1985) explained dissimilar brain waves as cause of psychopathic disorder in 80% of the cases. Leavitt and Bass (1984) believed that faulty brain development is the cause of psychopathic personality.

**2. Psychological factor :** It is generally accepted by both clinical psychologists and psychiatrists that psychopathic personality is the result of defective psycho-sexual development. Some psychologists, however, believe that it is because of faulty child rearing process. This is supported by Green (1964) Olfman (1967) and Robin (1960) also supported the above studies. Some important psychological factors are :

1. Parental attitude like parent rejection and parental deprivation.
2. Over indulgence of parent to their child and cause disturbed moral development.
3. Parents rejection also sometimes cause to built a psychopath.
4. Broken homes, A Psychopath may be as a result of either divorce or separation of their parent.

**(3) Socio-cultural factors :** Socio-cultural factor also plays a very important role in the development of Psychopathic personality. It is mainly because of different socio-economic status. Persons coming from lower socio-economic status face poverty, frustration as compared to happiness and prosperity of upper class.



Psychologists believe that psychopaths are "disadvantaged group" of the society.

Psychopaths are also coming out as a result of cultural variation. They are law breakers". So they are known as anti-social personalities.

### 8.2.6 Remedial means of Psychopathic Personality

A psychopath do not need hospitalization. Psychotherapy plays important role in the treatment of psychopaths. They lack motivation to be cured, yet, they can be used following techniques:

**1. Individual therapy :** can be used so that they can explain this problem freely to the therapist . This is also called counselling.

**2. Behaviour therapy :** is based upon learning principle classical and operant conditioning. Behaviour therapy has been successfully used in modification of behaviour. Bandura (1969) studied behaviour of antisocial personalities and treated maladaptive behaviour with behaviour therapy. Valliant also supported Bandura.

**3. Group therapy :** Group therapy is a different mode of treatment used for treating psychopaths. In this type of treatment more than one patient and therapist take part for the solution of their problem. It is a successful method but a group is difficult to make homogenous.

**4. Drug therapy :** Treatment through drug and mild' tranquillizers are used in some cases and persons are supported with electro convulsive therapy.

### 8.2.7 Evaluation

Evaluation of this unit is done on two grounds:

**1. Positive :** Psychosomatic disorder has been taken into account with its, classification, causes and remedies. Similar is the case with psychopathic personality. We have a complete knowledge of this unit on the basis of discussion. Both are different from each other on the basis of different symptoms and characteristics. It has been a plus point to our knowledge.

**2. Negative :** As far as the negative ground of this unit in concerned.

### 8.2.8 Conclusion

We conclude that this unit is very relevant because of clinical problem and its diagnosis and treatment. Psychosomatic disorder is of different types, causes are mental and symptoms are physical. The classification is related to each system of the our body. Some of the classification which is important is discussed in detail. Their causes and remedies are explained well in this unit.

## 8.3 Summary

We shall present the summary of the above discussion as follows :

- Psychosomatic is the word derived from a combination of 'Psyche' and soma.
- A disorder is caused where causes are Psychological and symptoms are physical.
- It is different from Psychoneurosis and Psychologis.
- It has no symptoms of mental retardation.

- It has symptoms related to different systems of the body e.g. Psychosomatic, respiratory disorder (asthma, hyperventilation), Cardio-vascular etc.
- It's etiological factors are biological, Psychological and socio-cultural.
- It's remedies are biological, psychological and behaviour therapy.
- Psychopathic personality is a clinical problem with symptoms of anti-social behaviour.
- Psychopathic personality is impulsive, irritable irresponsibility. It has lack of moral and ethical development.
- They have quick ability to rationalize and project.
- It's causes are hereditary, psychological and sociological.
- It's remedies are individual, group, behaviour and drug therapy.

#### **8.4 Key words**

- (i) Psyche+Soma      (ii) Cortico Vical      (iii) Psychophysiologic      (iv) Peptic ulcer  
(v) Anorexia Nervoga      (vi) Chronic Gaistritis      (vii) Colitis      (viii) Migrane  
(ix) Bronchial asthma      (x) Tuberculosis      (xi) Neurodērmatitis      (xii) Allergic eczema  
(xiii) Stigma      (xiv) Pseudocycsis      (xv) Momeostasis      (xvi) Psychopathic personality

#### **8.5 Questions for Exercise**

##### **(a) Objective Questions**

1. Psychosomatic originates from :-  
(i) Psyche+Soma.  
(ii) autonomic nervous system.  
(iii) Psychophysiological.  
(iv) Cortico Vical.

Answer — (i)

2. Psychosomatic gastro-intestinal disorder include :-  
(i) Peptic ulcer.  
(ii) Menstural problem.  
(iii) hypertension.  
(iv) asthma.

Answer — (i)

##### **(b) Short Answer Type Questions**

1. Discuss classification of Psychosomatic disorder given by APA, (American Psychological Association).

For Answer See 2.22

2. Give the name of main types of gastrointestinal disorder.

For Answer See 2.22

**(c) Long Answer Type Questions**

1. Discuss any two types of Psychosomatic disorder.
2. What do you understand by Psychosomatic disorder. What are its causes?
3. What do you understand by Psychopathic personality. What are its main symptoms?

**8.6 Suggested Readings**

1. Shejjar and Lazarus — Fundamental concept in clinical Psychology.
2. Kocher — Clinical psychology.
3. Md.Sulaiman — Naidanik Manovigyan.



**DIAGNOSIS****Lesson Structure**

- 9.0 Objective
- 9.1 Introduction
- 9.2 Main Theme
  - 9.2.1 Functions of Diagnostic Case Studies
  - 9.2.2 Diagnostic Interview
  - 9.2.3 Overview of Uses of Psychological Tests for Clinical Purposes
  - 9.2.4 Conclusion
- 9.3 Summary
- 9.4 Key Words
- 9.5 Questions for Exercise
  - (a) Objective Questions
  - (b) Short Answer Type Questions
  - (c) Long Answer Type Questions
- 9.6 Suggested Readings

**9.0 Objective**

The objective of this lesson is to make the learners understand the nature of diagnosis, functions of diagnosis, case studies, diagnostic interview and overview of uses of psychological tests for clinical purposes to assimilate the discussion, evaluation, conclusion and summary is presented. At the end key words used are given, and the understanding of whole lesson is tested by different types of questions (objective, short answer, long answer) are given. To make this lesson fully understandable some books have been suggested for further readings.

**9.1 Introduction**

In clinical psychology diagnosis is very important for identifying clinical problems. Diagnosis and psycho-diagnosis are synonymous term through which different types of diseases can be diagnosed and prognosis is made and finally treatment is done.

Different psychologists have defined diagnosis differently. According to Reber (1987) diagnosis refers to the identification of disease, disorder, syndrome and conditions etc. Korchin (1986) has defined diagnosis in two sense.

**1. Broad Meaning :** Diagnosis often involves a systematic study of the patient through the use of specially designed interviews, tests and observations in a differentiated stage of the clinical process (formal assessment). It may, however, be part of the fabric of psychotherapy or other interventions, in which the clinician in less intentional ways is sensitive to, notes, and judges qualities of his patient (informal assessment).

**2. Narrow Meaning :** Diagnosis, in its broad meaning, is thus both inevitable and necessary. However, in the narrower sense of characterizing the patient in terms of one or another nosological entity (Psychiatric diseases). It is of limited value.

The word diagnosis, however, is widely used in medicine. It is very commonly used in psychology and social work situation. Generally, from diagnosis we mean the identification of disease or disorder and establishing relationship with other conditions.

### **9.2.1 Functions of diagnostic case studies**

According to Watson (1949), "the function of diagnosis is to secure and reveal all relevant information from the available sources, analysing these data and planning the future. It is thus clear, to secure relevant information through various sources of problems and behaviour. The psychodiagnostic procedures are used in a variety of situations from the identification of the problem child in public school to the classifications of seriously disturbed in a psychiatric hospitals.

The record of a patient in a psychiatric hospital is accumulated in the form of case record. It is a matter of great importance in evaluating the effectiveness of diagnostic and treatment procedures of the hospital and for research purposes. Nietzel Burnstein and Milich (1994) has emphasized importance of diagnosis and to keep record of diagnostic information which is obtained as well as the subsequent progress of the patient, Psychiatric agencies use a case-history forms. Such a form usually use entries regarding :

1. Identifying data (name, address, age) or collection of base line information about the patient.
2. Collection of supplementary information about the patient (information about past life).
3. Selection of appropriate therapeutic method e.g. which mode of treatment is applicable for a particular patient or disease such as drug therapy-behaviour therapy or electro-shock therapy.
4. Plan for the therapeutic intervention include procedure and rapport. Success of therapy depends upon how successfully rapport is established.
5. Administrative and legal responsibility which is also very important during the course of treatment is to think about their situation and handle them.
6. Post treatment evaluation of patient so that the therapist can assess whether there is

## Diagnosis

- any progress after treatment or not, or does it require another mode of treatment.
7. Study of personality structure and dynamics which helps in further treatment procedure.
  8. Study of conflicts and ego defence of the patient which also helps in treatment.
  9. Making prediction about the patients well being and adjustment in the family and society.
  10. Follow-up action : After the discharge of the patient from the hospital, the therapist keep vigilant of actions and behaviour of their patient.

J.C. Coleman has discussed the following objective of the diagnosis :

1. To obtain a summary view of the symptom picture.
2. To determine dynamics and etiology of the disorder.
3. To classify the patient.
4. To provide a rational basis of therapy.
5. To give a partial basis for prognosis.

### Functions of Diagnosis :

Thorne has discussed the following functions of diagnosis :

1. To identify and reveal the cause of mental disorder.
2. To distinguish between organic and functional disorder.
3. To find the magnitude of seriousness of the disorder.
4. To draw inferences about disorder and plan for the future course of therapy.
5. To formulate a dynamic hypothesis about the disorder on the basis of symptoms underlying mechanism.

But remarkable changes was observed in the function of clinical psychologists since the development of theories of personality and related research in the field of adjustment. Clinical Psychologists now-a-days understand the problems and evaluate their total personality.

The modern diagnosis evaluate several points of view which have been studied in two categories :

**1. Diagnosis based upon classification :** Classifications of mental disorder started with the work of Kreplin. Many other classifications came into picture but great importance has been given to the classification given by World Health Organization (WHO), which has six categories.

**(i) Psychoses :** A severe mental disorder included in this category are schizophrenia, manic depressive psychoses and paranoid delusion and hallucinations are main symptoms.

**(ii) Neuroses :** A mild type of mental disorder with no break in reality. Main types are anxiety neurosis, obsessive compulsive reaction, hysteria, neurasthenia where main symptom is anxiety and conflict.

**(iii) Psychophysiological disorder :** A type of disorder which include physical symptom but causes are psychological. e.g. peptic ulcer, asthma, cardio-vascular disorder.

**(iv) Psychopathic personality :** also known as antisocial personality symptoms of thinking

and perceptual disorder. They are irresponsible, impulsive, have lack of concentration and lack of moral and ethical development.

**2. Diagnosis based on dynamics and social relationship :** According to this classification a complete and comprehensive diagnosis of personality and dynamics of individual is important, as well as the total life situation should be taken into account e.g patients past life, present home situation, marital, occupational and general social adjustment is important. An unhappy marriage, divorce, occupational classification, unpleasant relationship with parent etc. have vital importance in the dynamics of his disorder.

It has been found by some studies that society has an important agent in the etiology of mental disorder ( Wolman (1966) Opler (1969)).

Coleman has considered four types of information necessary for diagnosis.

**1. Medical data :** Patients physical status and emphasis on pathological conditions.

**2. Psychological conditions :** Patients intellectual capacity, conflicts and general personality disorders.

**3. Sociological data :** Includes information about home conditions, Marital, social, financial and general life conditions.

Such data can be obtained by social worker.

**4. Historical data :** Includes data about patients developmental data, health, school, occupational and social history and some important facts about family history of mental illness.

Though, diagnosis is widely recognized today, there are still some areas of concern and misunderstanding. During later part of the 20th century antidiagnosis bias has been expressed by majority of clinicians. It was reflection of psychoanalytic influence in American Psychology. But that trend has changed in a marked manner. The usefulness of diagnosis is now recognized.

### **9.2.2 Diagnostic Interview**

There are a number of collecting information about the patient. Diagnostic or clinical interview is on such method. It is a very important technique of Clinical Psychology. Psychologists defined interview in a different way. Matarazoo (1965) defined, "interview as a form of communication where two people engage in verbal and non-verbal interaction for the purpose of accumulating or accomplishing a previously defined goal. According to Murphy and Davidshofer, (1988) clinical interview represents a less structured interaction between the examiner and the examinee.

Thus, the main characteristics of interview are as follows:

- Face to face conversation situation.
- Interviewer plays the role of clinician and interviewee in the role of client.
- Diagnostic interview is generally unstructured.
- Purpose of diagnostic interview is to gather information only.

**Uses of clinical interview :**

1. Data obtained on the basis of interview can solve the problems of patient. Data can also be obtained through non-verbal expressions of the patient.
2. Clinical interview is helpful in understanding problems of past, present and future.
3. It is helpful in clinical assessment because of a very simple approach.
4. It is basic and more powerful technique than any other standardised test.
5. It is a very natural situation of our social life.

**Limitations of clinical interview :**

1. It is affected by bias and prejudice of the clinician.
2. It is expensive and time taking.
3. Sometimes patient become nervous.
4. Unimportant data are collected.
5. Process sometime becomes unmanageable.
6. Validity of the interview is more complex and depends upon purpose of the interview.

In spite of all the limitations of the interview, its importance cannot be overlooked because of multipurpose use.

**9.2.3 Overview of uses of Psychological tests for clinical purposes**

Psychological tests are used in clinical Psychology for diagnostic purposes. There are a variety of tests e.g. intelligence, aptitude, personality, adjustment and attitude scale tests. According to a report by Lubin Wallis and Paine (1971) there are ten Psychological test in use for assessing intelligence and personality of the patients. Among intelligence test three are generally used viz., Wechsler adult intelligence scale (WAIS), Wechsler intelligence scale for children (WISC) and Stanford-Binet test. Besides, there are some personality test like Research tests (RT) Thematic Apperception test' (TAT), Draw-A-Person, House free Person and Rotter incomplete sentences Blank are commonly used in clinical Psychology. Some personality inventories like MMPI and Bender Gestalt visual motor tests are used to understand the causes of mental disorder.

Psychological tests are used in clinical Psychology for diagnostic purposes i.e. to determine intellectual capacity, motivations conflicts, ego-defenses environmental and self evaluations, interest, aptitude and overall personality organisations. Such tests reveal dynamics of patients illness. In spite of all that there are some tests that are utilized for the diagnosis of brain pathology.

The above tests are used in a mental hospital for assessing the cause of maladaptive behaviour. First of all it is essential to assess the intellectual capacity of the patient.

Intelligence test of clinical utility are the following :

1. It helps to understand the problem of adjustment of the patient. It has been found that emotional problem can affect adjustment. Thus, intelligence test helps to understand the



problem and formulate hypothesis in this connection.

2. By the use of intelligence test effective result can be obtained and application of indices which is helpful in diagnosis.
3. Classification of mental disorder can be possible with the use of application of intelligence test, as for example, neurotics obtain higher score on the verbal items of intelligence test. Hysteria secure high score on performance test in respect of verbal items.

Garfield (1957) has pointed out the following utility of intelligence test :

- (i) An estimate of general intelligence level of the individual often intelligence test is used to determine the intellectual capacity of the patient but generally I.Q. is not the true index of individual intelligence, I.Q. denotes difference in the use of individual is affected by factors like health, emotional stress, anxiety etc.
- (ii) Indication of personality disorders : Measurement of intellectual functioning, the clinician become able to study that in what way personality disorganisation is related to intellectual activity. So, different types of psychopathology affect intelligence in different ways. It gives a clear picture of general ability, hospitality, lack of interest, poor motivation, impairment of memory and organic defects.
- (iii) Measurement of intelligence is helpful in psycho-diagnosis because it permits a standard set of conditions. The clinical Psychologist is able to observe such characteristics as determination, presurance, tolerance for frustration, ability to maintain attention, emotional stability, reactions to stress and similar personality components.
- (iv) By intelligence test, a clinician obtain information about special abilities and capacities of the individual
- (v) Intelligence test reveal mental illness and brain damage.

In addition to intelligence test some personality test and inventories are used. Test for personality measurement is divided into two major groups :

**1. Behaviour studies :** In behaviour studies postures, gestures, muscular movements reflect psychological states and attitudes of the patients. It has been recognized earlier that the personalities in their body. As explained in bible, "A naughty person, a wicked man, walketh with a forward movement" Movement is the language of personality that can be easily known by clinician and even layman.

Thus, the importance of behavioural studies cannot be overlooked. Psychodynamic model deal with postures and gestures gives inner clue for the dynamics of disorder. Such movements represents the reappearance in consciousness of repressed fantasies and memories.

**2. Clinical utility of Projective tests :** Projective technique is a recent method of assessing personality in a planned situation. The word "Projective technique" was first used by Frank in 1939. Freud has used the word for explaining mental mechanism

1. A Swiss Psychiatrist Herman Rorschach who first started experimental use of ink-blots in

1911. The test consists ten symmetrical ink blot which the subject has to respond. The scoring and interpretation of test requires highly skilled clinician.
2. In Rorschach test personality measurement is done through unstructured materials and situations. The way a person responds gives the basic structures and dynamics of his personality. It helps the clinicians in diagnosis.
  3. Some scientists like Weiner, 1971 believe that Rorschach test is a type of structured interview. A structure interview is more concerned about subjects behaviour in test situation and from such behaviour inferences can be made about a typical expressive moods, language patterns and internal personal behaviour.
  4. It is a useful tool for diagnosis. It is helpful in interpreting symbolic behaviour, dream analysis and other modes of symbolic process, conflicts and unconscious needs.
  5. Rorschach test helps in identification and classification of personality disorder e.g. F and represent reality testing of schizophrenia. It also assess development level, hospitality, anxiety and diagnostic signs of neurosis.
  6. The clinical psychologist gets a clear picture of sexual interest. It helps in diagnosis and treatment.

The reliability and validity of the test, however, must be considered while arriving at any conclusion.

#### **Clinical Utility of Thematic Apperception Test (TAT)**

The TAT test was introduced by Morgan and Murray. It consists of a series of pictures to which the subject has to make a story of each picture.

1. The TAT is an important test for clinical evaluation and diagnosis. It is also useful in vocational selection and guidance, advertisement and business.
2. It has been found by Dana (1955) and Goodman (1952) that stories of neurotics differ from stories of normal. So, TAT is a useful tool from both diagnostic and therapeutic viewpoint.
3. It is easy to predict intellectual as well as scholastic ability of the student.
4. It is easy to explore needs and conflicts of the patient.
5. It is useful in understanding depression and schizophrenia part from other diseases.

Thus, TAT requires imagination, originality and creativity from the part of the patient. The reliability and validity are even more complex. It is lacking similarity in scoring and analysis system.

#### **9.2.4 Conclusion**

We can thus conclude that diagnosis plays a very important role in the field of clinical Psychology. The applicability of clinical Psychology has no use. Diagnosis helps a clinical Psychologist to classify different types of mental disorder, plan for it and then think of suitable treatment

of the disease. Therapeutic intervention is possible only where the diagnosis of the disease has been successfully done.

### **9.3 Summary**

Summary of the whole unit is presented as follows :

- Diagnosis or Psychodiagnosis refer to classification or categorization of diseases.
- Krochin (1986) defines diagnosis as narrow or broad way.
- Diagnosis also helps to obtain large number of data about the patient.
- In a diagnostic case study data are collected in a prescribed form.
- To determine dynamics and etiology of the problem.
- To provide rational basis of therapy.
- To distinguish between organic and functional disorder.
- To formulate hypothesis about the disorder and to predict about the disorder and to predict about the disorder.
- Information necessary for the diagnosis are medical data, sociological data or historical data.
- Interview is helpful in understanding problems of past, present and future.
- Tests (both intelligence and personality) are used for diagnostic purpose in clinical psychology.
- Generally three types of intelligence tests are used S.B. WAIS, & WISC.
- Two types of personality tests are used RT & TAT.
- Intelligence as well as personality is helpful in diagnosis.

### **9.4 Key Words**

- (i) Psychodiagnosis (ii) Syndrome (iii) Interventions (iv) Electroshock  
(v) Follow up action (vi) Psychopathic personality (vii) Magnitude (viii) TAT  
(ix) Neurosthenia (x) Diagnostic interview (xi) Psychological tests (xii) Rorschach test  
(xiii) Dynamic hypothesis

### **9.5 Questions for Exercise**

#### **(a) Objective Questions**

1. Clinical Psychology is a
- (a) Applied branch
  - (b) Theoretical branch
  - (c) Baby branch
  - (d) None of these

Answer — (a)

2. Diagnosis refers to
  - (a) Treatment
  - (b) Classification
  - (c) Systematization
  - (d) Identification of diseaseAnswer — (b)

**(b) Short Answer Type Questions**

1. What are the clinical utility of Projective tests?  
For Answer See 3.2.3
2. Interview is a diagnostic tool. Discuss  
For Answer See 3.2.2

**(c) Long Answer Type Questions**

1. Define diagnosis. What are its functions?
2. Discuss diagnostic interview.
3. What is the use of Psychological tests for clinical purposes.

**9.6 Suggested Readings**

1. Shaffers and Lazarus — Fundamental Concept in Clinical Psychology.
2. Kocher — Clinical Psychologist
3. Md. Sulaiman — Naidanik Manovigyan



**DIAGNOSTIC TOOLS****Lesson Structure**

- 10.0 Objective**
- 10.1 Introduction**
- 10.2 Main Theme**
  - 10.2.1 Intelligence Test**
  - 10.2.2 Personality Test**
  - 10.2.3 Diagnostic Value of Intelligence and Personality Tests**
  - 10.2.4 Conclusion**
- 10.3 Summary**
- 10.4 Key Words**
- 10.5 Questions for Exercise**
  - (a) Objective Questions**
  - (b) Short Answer Type Questions**
  - (c) Long Answer Type Questions**
- 10.6 Suggested Readings**

**10.0 Objective**

The objective of the lesson is to acquaint the learners with the nature, characteristics and types of diagnostic tools. Diagnostic tools taken into consideration are intelligence and personality tests.

To assimilate the discussion, evaluation, conclusion and summary are presented, key words used in this lesson are given. Lastly, the understanding of the lesson is tested by different types of questions (objective, short answer, long answer types) are given. Finally, to make this lesson more understandable some books have been suggested for further readings.

**10.1 Introduction**

In Clinical Psychology diagnosis plays a very important role. For diagnosis facts are collected and evaluated with the help of diagnostic tools.

In diagnostic tools mainly two tools are discussed are Ability test and personality test. In intelli-

gence test there are a number of tests used for the purpose of diagnosing different types of mental disorder. Some important tests are WAIS, S-B test and WISC. These tests are a combination of verbal and non-verbal tests.

Where as Personality tests like projective technique (Rorschach Test and Thematic Apperception Test (RT & TAT) are so designed that the needs and conflicts of a patients are displayed in their stories and preferences given by them. Differential diagnosis can be done with the help of the above test and a personality inventory MMPI.

## **10.2 Main Theme**

### **10.2.1 Intelligence Test**

Intelligence is a widely and commonly used term. It is a hypothetical term which has been broadly defined under given categories as :

- (i) **Learning** : Intelligence is the ability to learn (Buckingham)
- (ii) **Adjustment** : Intelligence is the capacity to adjust to new requirement (Stern 1914)
- (iii) **Thinking Capacity** : Intelligence is the capacity of thinking (Termas 1921).
- (iv) **Reasoning capacity** : Intelligence is reasoning capacity.

There are a number of definitions of intelligence. According to Freeman (1950), the most acceptable definition is given by Wechsler (1944), "Intelligence is aggregate or global capacity of an individual, to act purposefully, to think rationally and to deal effectively with his environment." This is a broad definition which takes into account all the above categories discussed above.

Thorndike has discussed three types of intelligence :

- (i) **Abstract intelligence** : found in artists philosophers (verbal test)
- (ii) **Concrete intelligence** : found in engineers and carpenters (Non-verbal test)
- (iii) **Social intelligence** : It is organizational intelligence

But there is no demarcation line between the above three.

A diagnostic tool, the following intelligence tests which have been used in clinical diagnosis and assessment have been discussed.

1. Binet test
2. Wechsler Scale
3. Raven's Progressive Metrics.
4. Good, Enough Draw-A-Man test.
5. Peabody Picture Vocabulary test.

**1. Binet - Test of intelligence** : Binet test of intelligence was developed for the identification of mentally retarded children in France (1905). Binet developed this test with the help of Simon.

The first Binet Simon test consisted of 30 items and was individual test. It was revised in 1908. Goddard (1911) has translated it in English. In 1916 it was revised in Stanford University by Terman.

It was known as Stanford-Binet test and the concept of I.Q. was introduced. It was three times revised in 1937, 1960 and 1986.

In S - B test there are 15 sections and functioning in four fields viz., verbal reasoning, abstract/visual reasoning, quantitative reasoning and short term memory.

The important fact about S - B test is that it is the concept of I.Q. which was introduced in 1916. The concept of I.Q. is:

$$I.Q. = \frac{MA}{CA} \times 100$$

I.Q. = Intelligence Quotient.

MA = Mental age

CA = Chronological age

Thus deviation I.Q. indicates how much a person deviates above and below the scores of the person of same age. It is the I.Q., SD and mean of a person in a group is known, in such case.

$$\text{deviation I.Q.} = (IQ - IQM) K + 100$$

$$\text{Here, } K = \frac{16}{SD} \text{ and } IQM = \text{IQ of that age}$$

Thus, the importance of Binet test cannot be ignored. Several transaction of this test has been published. The test measures three types of abilities :

- (i) Direction
- (ii) Mental set &
- (iii) Auto criticism

The test has a diagnostic value. It has been used as a diagnostic tool for the last fifteen years by the clinical psychologists. It has been proved useful in identifying delinquents and vocationally unfit persons . It was also used to determine the scholastic achievement and innate capacity. Haris Spearman (1914) used this test to study patients of dementia. Babcock (1930) used this test to determine mental age (vocabulary subtest). Indian adoption of this test was done by S.K. Kulshrestha.

#### **Diagnostic utility of S - B test**

Following are the diagnostic utility of S-B test :

- S - B test is the first diagnostic tool (1904-1905)
- It is for the identification of educational backwardness or mental retardation.
- Clinical assessment is possible.
- Comprehensive assessment is possible e.g. verbal reasoning, abstract/visual reasoning, quantitative reasoning and short - term memory STM can be measured.
- The SAS (Standard age scores) has been used in the revised scale in place of I.Q. which really helps in diagnosis.

- It's a reliable test (test retest & internal consistency).
- It's validity is high for mentally retarded and learning disabled children

**However, it has certain limitations :**

- It measures only two basic ability of children under 6.
- The verbal part of the test is more emphasised
- The S - B test was found inappropriate until 1930.
- Yet the last revision of the test is useful and it has proved an useful diagnostic tool.

**Wechsler Adult Intelligence Scale (WAIS)**

The WAIS was developed by Wechsler of Bellevue hospital in the year 1939. It is a very commonly used instrument for the measurement of intelligence . It comprises of both verbal and non verbal test of equal (50%) numbers. It is used to persons belonging to the age group (5-60). Another scale was developed for the age group 5-15 in the year 1949, known as WISC, Wechsler intelligence scale for children. The WISC was revised in WISC-R which has six verbal subtests and six non-verbal tests. The verbal tests are information, similarities, arithmetic reasoning, general comprehension, digit span and vocabulary. The non-verbal tests are picture completion, Picture arrangement, object assembly, block assembly, coding and mazes. The recent revision of WISC-R was done in 1991 which was known as WISC -III, which has some added items scoring and norms which increases the reliability.

The WAIS addition includes the pre-school primary scale (WPPSI) for the age group  $4 - 6 \times \frac{1}{2}$  years in the year 1967. The revised form was known as WPPSI-R. It has six verbal and five non verbal tests.

The verbal forms are information, vocabulary, arithmetic, similarities, general comprehension and sentence. The performance (non-verbal) scale are animal house, Picture complexion, mases, geometric design and block design.

All the scores are converted into standard score and transformed into deviation I.Q. It is a point scale for which reliability is 90.

The WAIS revised form was known as WAIS-R (1955). The verbal tests of WAIS are general knowledge, general comprehension, arithmetic reasoning, digit span, similarities and vocabulary. The performance forms are picture arrangement, picture completion, object assembly, block design and digit symbol.

**Verbal tests of WAIS :**

**1. Information :** consists of 29 items related to a variety of topics which a person should know by virtue of lying in a culture. Specialized or technical language is not necessary. This is less affected by ageing and pathology.

**2. Comprehension :** consists of 16 items to which the subject is asked to explain why certain practices are followed to interpretproverbs and tell what should be done under certain circumstances e.g. a person finds a self addressed envelops in the street. It measures conventional knowledge of



social appropriateness. A psychotic do poorly on this scale.

**3. Digit span consisted of 3-9 digits presented for memory testing :** It tests (STM) short term memory. It requires attention. If the subject is distractable, preoccupied or anxious, he will do poorly.

**4. Vocabulary test :** Consists of 40 items in increasing difficulty. Vocabulary is the measure of general intelligence. It correlates with full scale I.Q. The score on this test is resistant with neurological damage and emotional disturbance. It is most frequently used in short forms for quick screening or research.

**5. Arithmetic :** Consists of 14 problems from the school text problems are orally presented and paper and pencils are not used. It acquires quick knowledge, concentration use of previously learned material in a quick period of time.

**6. Similarities :** Consists of 13 items which require how two things are alike Here there are different levels of abstract thinking. Brain damage and schizophrenia results lower score in low test scores.

**The performance tests are :**

**1. Picture completion :** Subject has to tell that what part is missing in a series of twenty one drawings. Close attention like arithmetic test is required. Paranoid patients are quick to reveal minor details of their world.

**2. Picture arrangement :** consists of a set of cartoon drawing. There are separate cards for which a subject is required arrangement in a story telling sequence.

**3. Block design test :** There are 10 different designs printed on a separate card and the subject has to reproduce the design within a given time limit. Subjects impaired with brain damage or poor brain functioning can result in disruptive functioning.

**4. Object assembly :** In this test fragmented objects have to be assembled into original form. Subjects have to visualize the whole object. The visual motor co-ordination as well as problem solving is revealed in this process.

**5. Digit symbol :** It is a code substitution test, often used in non-verbal procedures. There are nine symbols paired with nine numbers. The subject is required to fill the blanks in one and half minutes. It requires little learning, memory, problem solving and abstract ability is involved in this task. It often shows depression.

The entire WAIS can be administered in about one hour. The order, however, can be changed. Scoring is straight forward.

#### **Diagnostic utility of W - B Scale**

Following are the diagnostic utilities of W - B Scale :

- It is very useful making diagnosis of the adult client through WAIS and WALS-R.
- It is equally WISC, WISC-R, WPPIS and WPPIS-R to the age group (5-15) and  $4 - 6 \times \frac{1}{2}$  yrs.
- It is useful for the assessment of brain damage (Kaufman 1990) through scores obtained on the subtests their pattern and scattering is important for diagnosis.

- It is useful for the diagnosis of psychotic disorder, scattering indicates symptoms of schizophrenia.
- It is useful in the diagnosis of neurotic disorder. It has been found that if the difference between verbal and performance is more than 15 point, it is thought that the patient is suffering from neurosis depression. Similarly if performance intelligence is more than (15) to verbal intelligence it is thought to be hysterical.
- It is useful for the diagnosis of mental retardation.
- It is useful for the special assets and deficits which helps in rehabilitation.
- It is useful in describing personality dynamics.
- It is useful in identifying mental deterioration. (by using Don't hold test and hold test).
- It is highly reliable and valid test.

It seems, after going through the above important features that the above discussed test has a great clinical utility, but the administration scoring and interpretations are difficult, only skilled clinicians are able to do it.

### **10.2.2 Personality Test**

Personality tests for a Clinical Psychologist is very important as it helps in measuring traits, contents (whether organized or disorganized), integrated style of life and adjustments.

Measurement of personality leads to prediction vocational guidance and selection, clinical assessment and clinical intervention. For the use of diagnosis various psychological tests have been used for the evaluation of personality.

Korchin J. Sheldon has divided the personality tests into following categories :

1. Rorschach Test (RT)
2. Thematic Apperception Test (TAT)
3. Machover Draw-A-Person
4. House -Tree- Person
5. Rotter Incomplete Sentences Blank

In addition to the above listed tests MMPI and Bender-Gestalt Visual Motor test have been used for the assessment of personality.

1. Rorschach Test is a type of projective technique widely used for diagnostic purposes. It was for the first time introduced by Herman Rorschach. The test bears the name of Rorschach. The Rt and the TAT was used as a projective technique in forward psychological clinic.

The word 'projection' refers to externalize his own faults and unacceptable motives on others (as Freud discussed in a defence mechanism) but the projective test refers to reflecting unacceptable need and feelings. Following are the categories of projective tests :

**1. Word Association and Rorschach Test :**

**2. Construction technique :** Thematic Apperception Test, Make-A-Picture story, Blacky.

**3. Completion technique :** Rosenzweig picture frustration, study, sentence completion test.

**4. Ordering technique :** Tomkins-Horn Picture Arrangement Test, Zondi has been included.

**5. Expressive technique :** Draw-A-Person Finger-Painting and play and Psychodrama has been included.

Lindsey (1961) has presented a comprehensive definition of projective test. Projective technique is a tool which is sensitive toward unconscious aspect of behaviour." It is a multi-dimensional ambiguous test situation and evoke fantasy responses

### Rorschach Test

It is test of Personality assessment developed by Rorschach after ten years of his research (1921) on ink blots; His research was published in a monograph, "Psychodiagnostic ". Beck (1930) popularized this test in America. It was considered a multi-dimensional test of personality. Rorschach believed that response toward ambiguous stimulus displays personality of a person.

### Test Material and administration

RT test has 10 ink blot in which 5 are black, gray and white, 2 are red while the rest three are multi-coloured. The test requires subject to find meaning in it or they have to explain the card really seems to him/her, time allowed is 5 minutes but there is no limit of number of responses allowed. A normal person gives two or three responses to each ink blot.

The examiner records all responses within time. The average record has twenty five responses. The figure tends to be higher in bright people. Smaller responses indicate low intellectual level.

Scoring and interpreting Rorschach Responses.

Each response can be gathered as, "What where and why". All the responses are classified on the basis of :

1. Location
2. Determination and
3. Content

An illustration is given below in the table :

Card No.	Position of card	Time	Response	Location	Determinant	Content	Originally
5	(A)	80	Bai	W	F +	A	P
		Sec.	Cloud	W	K	nat	
			Hon.	d	F	Ad	
			Mountain	Dd.	Fv	Geog	

Here

W	=	Whole
D	=	Detail
d	=	Small detail
Dd	=	Rare detail
F+	=	Form
K	=	Cloud etc.
Fv	=	Form
A	=	Animal
Nat	=	Nature
Ad	=	Animal detail
Geog	=	Geography
P	=	Popular response

**1. Location :** Indicates whole blot (W), large area (D), Smaller detail (d) tiny or rare detail (Dd) the subject can reverse figure and ground to respond while space instead of inked area (s)

Thus, many W responses are usually said to show capacity of abstraction and integration. Staying with (D) signifies conventional thought (S) responses indicates negative tendencies.

**2. Determinant :** indicates form, colour movement and shading. The major categories are :

M	=	Human movement
FM	=	Animal movement
C	=	Colour
K	=	Three dimensional effect
Fc	=	Form and colour
Cf	=	Colour and form
+ or -	=	Strong and weak responses

**3. Content :** Subjects report in categories as human, part of human, animal, part of animal, nature object clothing anatomy, sex, food etc. Content reflects educational, cultural and vocational background, Analysis of content is a good source of personality, structure, Personal interest and conflicts. Animal responses are more common in children, so, animal responses indicates stereotyped thinking and social immaturity.

#### 1. Clinical utility of Rorschach Test

- (i) Best source of getting information about intellectual and non-intellectual trait.
- (ii) Gets clue about sexual area because there is a sexual area, which indicates sexual attitude and interest of the patient.
- (iii) Moving person with colour is indicative of symptoms of neurosis. Patients of schizophrenia shows low response towards human movement.

- (iv) RT gives us perceptual and cognitive areas in which subject structures and organises the material. So, inferences can be made to personality cognitive variables. A low F+ is indicative of impaired reality.
- (v) It can explain behaviour situation, his language and speech. So, inferences can be drawn about his interpersonal relations.
- (vi) The source of fantasy, dream analysis and other modes of symbolic process to reveal unconscious needs and conflicts.

In spite of all that the biggest limitations of RT is difficulty in interpretation. A very skilled clinician is required to diagnose the personality of a patient.

## 2. Thematic Apperception Test (TAT)

The TAT is a very popular projective method, developed by H.A. Murray (et al 1935). It is a major technique in the personality research and also an instrument of studying normal personalities. It is used with a combination of RT & WAIS. It is more structured than Rorschach. Holt (1961) has named it a "Test of Fantasy" but the TAT Pictures differ in many respects to naturally occurring fantasies.

The test consists of 31 card out of which one is blank and others have different types of scenes of interpersonal events. Murray (1943) has recommended partial (20) cards selected according to patients age and sex. Half of the test is presented in one session and half in the next session of one hour long duration. The one blank card is shown in the middle of the session. The subject is required to write a story after viewing each card, which, directly or indirectly reflects personality of a person (patient)

**Analysis of TAT :** The scoring and interpretation system is accepted. The story written by the subject can be analysed under following headings:

- (i) **Hero** : is central figure to whom a person identifies directly or symbolically to express his own needs, values and expectations.
- (ii) **Need** : The concept is very similar to need theory of Murray. Strivings and characteristics of hero.
- (iii) **Press or environmental force** : acting on him. It may help or may be a barrier in the satisfaction of subjects need.
- (iv) **Thema** : is press-need-outcome combination. It is plot of story.
- (v) **Affective tone** : of the story generally of major actors.
- (vi) **The outcome** : refers to result.

### Reliability and Validity of TAT

The reliability and validity is more complex and there is lack of agreement among scientists about the scoring system.

The reliability of the TAT is measured by the following method :

- (i) Inter examiner agreement of number of examiners on TAT and a positive correlation is indicative of reliability. Hawison (1965) found 7:30 to 7:90.
- (ii) The test-retest reliability was checked by Tom Kins (1947) found coefficient correlation

between +.80 to +.60 through this method.

- (iii) According to split-half reliability was found by Tomkin (1947) as +.197 through this method. The validity of the test was found complex Harrison (1965) explains intrinsic validity.

#### **Clinical Utility of the test**

Following are the main utility of the test :

- (i) It helps to identify major needs, can make judgment and understand the cause of maladaptive behaviour.
- (ii) It identifies depressed patients, hysterical patients and schizophrenias.
- (iii) It understands patients problems, needs social interactions.
- (iv) It is useful for vocational selection and guidance, education and business.
- (v) A different story from a normal person is presented by a patient.
- (vi) It also identifies high and low achiever in school and can predict about their educational ability.
- (vii) It is not only helpful in diagnosis but also effective from therapeutic viewpoint.
- (viii) It is also important in the field of research

**3. Machover Draw-A-Person Test (DAPT) :** It was developed by Karen Machover (1949) which is used in clinical situation. First, the subject is asked to draw a person's picture and then to draw a picture of opposite sex. When the patient completes the drawing, the clinician asks some questions regarding the sketches. The big size of head is indicative of high intellectual capacity. The clear expression of eye reflects social problems and paranoid tendency.

Another test was developed by Blum (1950, 1968) children test "Blacky Tests" in which cartoons are sketched. The children write story about the cartoon which, reveals the dynamics of behaviour.

**4. Picture Frustration Test :** It consists of 24 cartoon pictures of two persons which shows frustration from their posture. The frustrated persons remain silent. The subject is asked to write a story about the frustrated person. The therapist analyses the personality of the patient on the basis of his responses. Rosenzweig (1947) made a similar test like it.

**5. Zondi test :** This test was developed by Liport zondi in which there are 48 photographs of the European Mental hospital. All photos were divided into eight parts each consisting of epilepsy, hysteria, catatonia, paranoia, homosexuality, sadistic murder, depressive and manic. The subject is asked, to select two photographs out of altogether 24 photographs. According to likes and dislikes if the subject shows interest toward any single group indicate suffering of mental disease. Rubin (1950) and Fosberg (1951) found its validity dissatisfactory.

**6. The Minnesota Multiphasic Personality Inventory (MMPI) :** It was developed by Hathaway McKinley (1940, 1951) it is an aid to psychiatric diagnosis. The test was later on used by clinical psychologists. It consisted of eight clinical scale, later on two more were added. Different pathologi-

cal trends are measured through this scale :

- |     |                        |   |     |
|-----|------------------------|---|-----|
| 1.  | Hypochondriasis        | — | Hs  |
| 2.  | Depression             | — | D   |
| 3.  | Hysteria               | — | Hy. |
| 4.  | Psychopathic deviation | — | Pd. |
| 5.  | Masculinity femininity | — | Mf. |
| 6.  | Paranoia               | — | Pa  |
| 7.  | Psychesthesia          | — | Pt. |
| 8.  | Schizophrenia          | — | Sc. |
| 9.  | Hypomania              | — | Ma. |
| 10. | Social introversion    | — | SI  |

The scale consists of 550 items which have been selected on the basis of empirical laws. To answer each item three options are given "True", "False" and "Cannot say".

It does not measure the pathological trend but indicates response bias of the patient.

The MKPI did not serve its original purpose, to classify the patients into clinical categories score on a particular scale. Patient in a diagnosable criteria did not score well on that particular scale.

#### **Clinical Utility of MMPI**

- It is a differential diagnosis scale.
- Its analysis is done on profiles with help of scores obtained on different scales.
- It diagnose a person on 10 point scale.
- However, it requires a skilled interpreter so that they easily diagnose different categories on single pattern.

#### **10.2.3 Diagnostic value of intelligence and Personality tests**

Diagnostic value of intelligence tests are given below :

1. Intelligence test estimates intellectual level of persons.
2. It diagnose criminal behaviour of persons.
3. Intelligence test measures problematic behaviour.
4. It marks prediction of educational achievement.
5. It helps in vocational guidance.
6. It assess personality of a person.
7. It estimates special assets and deficits.
8. It diagnose educational backwardness.
9. It diagnoses mental disorder.

Following are the diagnostic values of personality test :

1. It gives knowledge of imaginative power of a person.
2. It gives knowledge of needs and contents of personality.

3. Diagnosis of neurosis and psychosis is possible through this test.
4. It helps to know defence mechanism of a person.
5. It gives a clue to the unconscious aspect of personality.
6. It also gives knowledge about ego integration.
7. It gives knowledge of intellectual and creative activity.
8. It reveals hospitality and unconscious conflicts.
9. It helps in research.

#### **10.2.4 Conclusion**

We can conclude on the basis of above discussion that diagnostic tool is a very important aspect of clinical psychology. It helps in categorizing or classifying mental disorder and on the basis of that classification a therapist can plan for the future course of treatment. In different types of diagnostic tool, intelligence test and personality tests are important. The nature, administration, scoring, reliability, validity and their clinical uses have been discussed in detail in this unit.

#### **10.3 Summary**

We can present a summary of the lesson in the following ways :

- What is a diagnostic tool and why diagnostic tools are important.
- It helps in classification or categorization of mental disorder.
- Here basically two types of tools are discussed— intelligence test and personality test.
- In intelligence test S-B test W-B test, their nature, administration, scoring and clinical utility are discussed.
- In personality test projective techniques TAT & RT are fully discussed, beside their clinical utilities.
- Some other personality tests DAPT Picture frustration test, zondi test and MMPI are also discussed.
- Lastly diagnostic uses of intelligence and personality test are discussed.

#### **10.4 Key words**

- |                      |               |                     |             |
|----------------------|---------------|---------------------|-------------|
| (i) Diagnostic tools | (ii) S-B test | (iii) WAIS          | (iv) WUSC   |
| (v) WPPSI            | (vi) RT       | (vii) TAT           | (viii) MMPI |
| (ix) MA              | (x) CA        | (xi) Deviation I.Q. | (xii) Thema |
| (xiii) DAPT          |               |                     |             |

#### **10.5 Questions for Exercise**

##### **(a) Objective Questions**

1. First intelligence test was developed by



- (a) Wechsler
- (b) Freeman
- (c) Binet-Simon
- (d) Terman

Answer — (c)

2. The Thematic Apperception Test was developed by

- (a) Rorschach
- (b) Thorndike
- (c) Murray
- (d) Zondi

Answer — (c)

**(b) Short Answer Type Questions**

1. Explain the concept of I.Q.

For Answer See 4.2.1

2. What are the diagnostic uses of personality and intelligence test?

For Answer See 4.2.3

**(c) Long Answer Type Questions**

1. What is an intelligence test? What are its diagnostic uses?

2. Explain briefly diagnostic value of W-B test.

3. What is a projective test? Discuss how it is helpful in diagnosis.

**10.6 Suggested Readings**

- 1. Shaffers and Lazarus — Fundamental Concept in Clinical Psychology.
- 2. Kocher — Clinical Psychologist
- 3. Md. Sulaiman — Naidanik Manovigyan



**PSYCHOTHERAPEUTIC TECHNIQUES****Lesson Structure**

- 11.0 Objective**
- 11.1 Introduction**
- 11.2 Main Theme**
  - 11.2.1 Psychoanalytic Technique**
  - 11.2.2 Behaviour Therapy**
  - 11.2.3 Group Therapy**
  - 11.2.4 Psychodrama**
  - 11.2.5 Non-directive Therapy**
  - 11.2.6 Conclusion**
- 11.3 Summary**
- 11.4 Key words**
- 11.5 Questions for Exercise**
  - (a) Objective Questions**
  - (b) Short Answer Questions**
  - (c) Long Answer Questions**
- 11.6 Suggested Readings**

**11.0 Objective**

The objective of this lesson is to make the learners understand the nature, characteristics and types of psychotherapeutic techniques. In this lesson psychoanalytic nondirective therapy, Psychodrama will be explained. These techniques are used for treating the Psychomatic disorders.

To assimilate the discussion, evaluation, conclusion and summary are presented, Key words used in this lesson is given and lastly understandings of lesson is tested by different types of questions (Objective, short answer, long answer are given. Finally, some books are suggested for further readings.

## **11.1 Introduction**

Psychotherapy refers to treatment procedure suffering from psychological distress. Psychologist defined it differently. Coleman (1971) "psychotherapy means treatment of personality maladjustment by applying Psychological techniques." According to Chaplin (1975), "Psychotherapy refers to the application of specialised techniques to the treatment of adjustments." Shaffer and Lazarus (1952) summarise psychotherapy in the following way,

- It is related to psychiatry.
- It is associated with mental illness, mental disorder, behaviour disorder, distress, diagnosis, care and treatment.
- In psychotherapy the distress or disturbed person are treated.

Psychotherapy is a mode of treatment which aims at reducing emotional stress, facing new experiences, management of ego defence mechanism, increasing capacity of the ego, improving interpersonal relations, sound knowledge development of self knowledge accepting personal limitations, change in state of consciousness and to make continuous change in the present state. There are different types of Psychotherapeutic technique. The widely used techniques are :

1. Psycho-analysis
2. Behaviour Therapy
3. Group therapy
4. Non- directive Therapy or Client Centered Therapy
5. Psychodrama

## **11.2 Main Theme**

### **11.2.1 Psychoanalytic Technique**

This technique was introduced by Simon and Freud. It has been conceptualized as a mode of treatment.

Freud used the concept of Psychoanalytic mode of therapy in 1886. It is also known as psychodynamic therapy. He was working with some psychologists who used hypnosis as a mode of treatment for treating hysteria. He was not satisfied with that method. During the course of treatment Freud noticed that patients who are treated with hypnosis had some symptoms after sometime. He discovered another points of view which is known as "Free association method". Because of free expression of feeling, there is emotional release during the session, thus the method was called "catharsis".

Freud developed the method into a long term treatment that may last for two to three years, with a meetings from three to five times a week. There are some of the basic tenets or postulates of this therapy.

1. **Infantile sexuality** : is the basic concept according to which sex is present in an individual

right from the birth for which he has given a new concept libido. Libido is a hypothetical energy defined in terms of life energy.

**2. Mental organization or structure :** It has two parts — dynamic aspect of mind that is Id, ego and super-ego. And the topographical aspect of mind that is conscious, sub-conscious and unconscious.

**3. Psychosexual development :** Which has basically five stages — Oral, anal, phallic, latency and genital stages important for libidinal fixation.

**4. Unconscious :** The most important part according to Freud is that the repressed or suppressed desires are kept for their satisfaction by dreams and psychopathology of every day life.

**5. Rapport :** Which is an intense, convenient relationship between the therapist and the patient.

**6. Catharsis :** if a type of emotional release as a result of verbalisation or expression of feelings.

#### **Stages of Psychoanalytic therapy**

It is a long going therapeutic procedure in which there are following important steps :

**1. Free association :** In this process the client or the patient expresses his feelings very freely. The aim for expression of feeling is to reveal unconscious conflicts and hidden wishes. There suggestibility is overlooked and relaxation is encouraged. By this method deeply covered desire is uncovered.

**2. Resistance :** is a stage of block period of silence, avoidance of topics and similar other behaviour that obstructs treatment process. To achieve this end psychoanalysis has been considered an effective tool. The subject is facilitated, free association to minimise resistance. Freud recognised the importance of resistance in 1912. Overcoming the resistance is a major task of analytic therapy.

**3. Break of the resistance and the stage of dream analysis :** Dream is the output of sleep where ego loses his control over mind, hence unconscious process are more free to operate than in waking condition. Freud described as, "royal road to unconscious". Patients are encouraged to recall their dreams as it reveals unconscious conflicts. A dream has manifest content and latent content. Dreams also reveal not deploying and long standing emotional problems but they strain at the conflict of present life. During the course of therapy there is transference of feelings, either loving or hostile, directed towards the therapist.

**4. Stage of transference :** It is the core of psychoanalytic therapy. Freud realized that during the course of psychoanalytic therapy, patients held strong personal feelings towards the analyst which simply could not be understood in terms of actual event of therapy or present behaviour admiration' respect and love (positive) or the opposite i.e. hate, contempt or anger (negative) would appear in excessive amount. It is supposed to be "re-enactment of child-parent relationship" such reactions are barriers to therapy and it also brings hidden and repressed feelings and conflicts into present where they can examined and resolved.

The therapist however, remains relatively anonymous and treats the patient as a blank screen. It serves as a transition from ill to health.

**5. Reeducation :** After transference the therapist gives a patient real treatment. The therapist develops insight into patient, gives suggestions, persuasion and instructions to reconstruct his ego so, that the outlook of the patient may change.

**6. Terminal Stage :** When the patient gets cured, the therapist breaks his relationship with him and let him free to spend a free life. But it is not very easy to achieve terminal stage. Sometimes a patient does not want to separate himself from the therapist and if he is separated all of his symptoms will develop again. So, the therapist terminates himself very slowly with the patient and keeps vigilant with his actions known as, follow-up-action.

### **Evaluation of Psychoanalytic therapy**

Following are the plus points with this therapy :

1. It is the first primary scientific method of treatment of mental disorder after hypnosis and mesmerism.
2. It aims at resolving conflicts of patient by exploring unconscious, that's why it is often known as depth therapy.
3. It also uncover the cause of conflict and resolve symptoms, that's why it is known as substance therapy. It aims at discovering the unconscious and thus it is known as depth therapy.
4. It is effective in the case of hysteria and neurotic depressions.
5. It is effective for introvert and less motivated patients and get free from emotional distress so, it is known as directive therapy.
6. It makes patient aware of childhood experiences, mental conflicts and personality disturbances.

It has some drawbacks or limitations, illustrated below.

1. It is not useful for psychosis.
2. It is not useful for addictions, sexual perversions, compulsive neurosis.
3. It is inappropriate for very young and very old people.
4. It has limited scope.
5. It is time, money and energy consuming.

However even today short term psychomalysis is used.

### **11.2.2 Behaviour therapy**

Behaviour therapy is basically a gift from Watson (1924), Pavlov (1904) Skinner (1938) and Bandura (1961). It has got importance recently for psychological treatment based upon learning model of maladaptive behaviour. The main aim of this therapy is to bring change in maladaptive behaviour through learning and training. In other words it can be said that the principle is based upon

behaviour modification than resolving unconscious conflicts. It is based upon conditioning principle. The origin of behaviour therapy is behaviourism (America). The conditional behaviour is deconditioned in this type of therapy. These are the basic tenets of behaviour therapy.

In support of his view Watson conducted experiment on his dog and proved that maladaptive behaviour can be modified through conditioning. Watson and Reyner (1920) conducted experiment on a child named Albert. It was found through experiment that the boy was not only afraid with white rat but his fear was generalized to all white furry things.

As per the behaviour therapists such type of behaviour can be stopped or reduced by reconditioning, Wolpe maintained that, "The feared object or an imagined representation must be experienced in association with a pleasure producing stimulus". Wolpe called it, "reciprocal inhibition".

The behaviour therapy was developed in a protest to psychoanalysis (which has an unconscious ground. Eysneck explained that any type of verbal therapy is expensive and time consuming (e.g. Psychoanalysis). The behaviour therapist does not believe in dynamics but they believe in behaviour modification. There are two main approaches of behaviour modification :

**1. Pavlovian approach :** Pavlovian conditioning occurs when a neutral stimulus becomes associated with a stimulus which normally evokes a particular response. The technique holds the view that in a phobic reaction (Albert's fear for white rats) counter conditioning is required. The feared object or imagined representation in Wolpe's method must be re-experienced in association with pleasure producing stimulus.

Thus, a strong positive response which is incompatible with the original negative (neurotic) responses is conditioned to the same stimulus which weakens the response.

There was found symptoms of nervous breakdown with "experimental neurosis experiments. Pavlov based on speculative assumptions. It was found that there were three types of responses.

- (i) An excitatory group
- (ii) An inhibitory group
- (iii) Central group

The above three groups have shown different types of experimental neurosis observed. Pavlov's classical research divided into two types of personality on the basis of weak nervous system and weak language.

(i) **The artistic type :** They are not sensitive towards external stimuli.

(ii) **The thinking type :** They are sensitive towards verbal concepts.

Pavlov's concept open the door for several study and research.

**2. Skinner's Approach :** It is concerned with operant behaviour. The organism units response and operates" to his environment. It is beneficial to psychotic, Oustic and mentally retarded children.

In clinical situation behaviour modifier watches for those behaviour he wishes to encourage and reinforces them selectively. Similarly, he may negatively reinforce (punish) behaviour believed to be undesirable, important for treatment of schizophrenics.

To conclude Skinner explained that, "The most important, undesirable and manipulative determinants of behaviour lie outside the organism in the environment events and can be manipulated to control the learning and behaviour of the organism.

#### **Clinical evaluation of behaviour therapy**

1. It is based upon operational definition in spite of vague concepts like insight, egostrength, identity, self awareness and other hypothetical constructs replaced by stimuli conditions, reward and punishment etc.
2. It is free from interpersonal factors and is responsible for change in behaviour.
3. The basic principle of this therapy includes detailed observation, specification of treatment roles, objective measures of outcome and relevance of patients in real life situation.
4. It is a simple method to teach nurses psychiatric aids.

Simplicity and economy of behaviour therapy prepares a ground for criticism.

#### **Techniques of behaviour therapy**

1. Extinction
2. Differential reinforcement
3. Token economy
4. Shaping
5. Modelling
6. Systematic desensitization
7. Flooding
8. Assertiveness therapy
9. Aversive conditioning
10. Bio-feed back.

**Extinction** : is the simplest method in which factors associated with maladaptive behaviour should be removed or non-reinforced.

**Differential reinforcement** : In this method reward or reinforcement is given to desired behaviour and punishment is given to those behaviour which is to be eliminated. Thus, the bad habit declines gradually.

**Token economy** : The method was used in 1960 in mental hospitals in which desirable behaviour was rewarded with a token (comprises of food, cigarettes, magazines and special privileges). The rewarded behaviour occur more than the non-rewarded behaviour.

The value of the token are 1, 5, 10. Each patient receives forty five token everyday for which nine token have to paid for meal and single room accommodation. The patient improves in several areas e.g. they dress well, showed more initiative in correcting his behaviour.

**Shaping** : In this method the clinician rewards or reinforces those behaviour similar to conditioned behaviour one-by-one and gradually he reinforces only those behaviour similar to original behaviour.

**Modelling** : It is based upon Bandura's (1969, 1971) principle, where behaviour modification is possible on the basis of social learning (imitating) or modelling.

Modelling has been found very useful for phobia and aggressive behaviour and strengthen social behaviours.

**Systematic desensitization** : By this method a person reduces anxiety provoking situations step-by-step and finally that situation is decreased or eliminated.

A woman (26 yrs. old) had a pathological fear of chlorine bleach was treated successfully through a nine hour programme of desensitization. During treatment, she was to make a list of 28 items related to her fear. After a few sessions, she was able to imagine all situations without anxiety. It is also possible to explain systematic desensitization in terms of counter conditioning, extinction and habituation.

**Flooding** : It is a method of desensitization, the person is exposed to the most anxiety provoking situation. There is no gradual introduction to less stressful situations. The patient in this technique encouraged to go into frightened situation and remain there till the anxiety is generated and till decrease in anxiety takes place. The purpose of flooding is to show the person being treated at the peak of anxiety does not last very long.

**Assertiveness therapy** : Used for the treatment of such persons who have difficulties in interpersonal relations due to conditioned anxiety. The therapist develops assertive behaviour through verbal intercourse.

**Aversive Conditioning** : is applied to eliminate addictions and destructive deviant behaviour. It is best suited to chronic alcoholics. Lazares (1971) found that aversive therapy is useful with sexual problems.

**Bio-feedback technique** : It is learned control of Psychophysiologic process such as influencing brain waves, heart action, blood pressure, body temperature and other organic functions. The success of this method depends upon cooperation from the patient. So, the success depends upon inclination and motivation of the subject.

### 11.2.3 Group Therapy

Group therapy is a very general term used to cover psychotherapeutic process in which groups of individuals meet together with therapist (Reber 1987). Thus, it is a method of treatment in which group dynamics are used more than a person at a time. It is a type of Psychotherapy.

#### Procedure of the group therapy

During the process of group therapy following steps are involved :

1. Formal arrangement
2. Composition of the group
3. Role of the therapist

In a formal arrangement a group typically consists of six to ten participants, which is optimal number. Sessions are generally 1.2 to 2 hours long schedule in evening. Meeting may held once or



twice in a week. Participants are seated in a circle so that each member can see each other.

**Composition of the group :** Many clinicians like few participants in a group therapy while, others prefer to see each candidate individually. Clinicians generally agree that certain class of patients are less fit during group meeting. They include those with brain damage; narcissistic, sociopathic or suicidal psychotics.

Now the question arises whether group therapy works better in a homogenous condition or heterogeneous group. Generally a homogenous group is more fruitful in the problem of common concern. A suitable group of common problem is created for better output.

**The role of a therapist :** is the sole agent though it works indirectly. The other members who provide support to each other work as a feedback. The therapist role is to make it cohesive and conducive. It focuses on creating, building and maintaining group culture. A therapist must be alert and prepared to intervene if necessary.

The main characteristic of group therapy is less affected by transference reaction. It is a type of micro-society in which every person is a victim of problems and conflicts. A person achieves mental health to the extent that one becomes aware of interpersonal relationships.

Thus, in a nutshell group therapy has interview, formal arrangements, group composition, therapist role, change in patients outlook and terminal stage.

#### **Evaluation of group therapy**

1. It is less time consuming and a number of patients can be treated at a time.
2. All patients feel similar sense of emotional distress.
3. Patients are learning effective adjustment patterns.
4. There is improved interpersonal relationships.
5. It is more effective in the case of children.
6. It is a social reality testing.
7. A good verbal interchange works (free association) in this method.

In spite of all that plus points it has some limitations also :

1. There are lack of individual attention in this therapy.
2. It is ineffective in the case of a several disorder.
3. It is ineffective in the case of deeper conflicts.
4. There is difficulty in making a group homogenous.

#### **11.2.4 Psychodrama**

Psychodrama is also a very important type of Psychotherapy introduced by J.L. Moreno(1947) in which the patient found the solution of his problem by playing a particular role and expressing according to that. Reber (1987) explains that in this technique the individual acts out certain roles or incidents in the presence of a therapist, and often other persons who are a part of therapy group.

In a role playing or psychodrama there are four types of actors participating in it :

- (i) The protagonist
- (ii) The director
- (iii) The auxiliary egos
- (iv) The audience

In a psychodrama a stage is arranged which is very similar to a real life situation. The patient is instructed to act out or express his feelings on stage in the same way as in real life. The audience or expectators encourage or support the role and the acting played by the patient on the stage.

#### **Evaluation of Psychodrama**

1. Patients in a psychodrama is ready to play any role whatever assigned to them.
2. Troublesome emotional expression is possible which cause release among patients.
3. It is very useful in the case of neurosis where anxiety and conflicts are easily drained out.
4. It is very effective for indifferent patients.
5. The technique is similar to normal situation (reality) so a person get rid of shyness and inferiority complex.
6. During the process of acting patients improve their interpersonal relationships.

#### **Psychodrama has few limitations**

1. It works at surface level.
2. If there is non-cooperation from the patients's side.
3. A therapist sometimes find themselves in difficulty to manipulate role playing.
4. It is uneffective for a severe mental disorder.

#### **11.2.5 Non-directive Therapy**

This technique was developed by Carl Roger (1930) and taken to be a systematic approach to psychotherapy. It is also known as client centered therapy. Roger (1942) gives more in this form of therapy. The client rather than the therapist sets the place and decide the issues and goals of the therapy. It is said to be non-directive because no direction or suggestions are given to the patients. This therapy aims at removal of emotional blocks of the patients and encourage the normal growth of the personality.

A therapist remains here permissive and non-judgemental because the patients strive to get cure of his problem. The therapist only gives due regard to patients encourages him to develop sense of self-respect and self-actualisation.

There are some important steps in this procedure :

**1. Clients initiative for help :** It is first and very importance step in which individual comes to the therapist because he feels that he should be used. A non- directive counselling is more effective than the directive.

**2. Expression of feelings :** In a healthy permissive atmosphere accepting the attitude of the therapist, the patient expresses his feelings (negative and hostile) that has been bottled up,

**3. Development of insight :** When the patient expresses himself a positive feeling developed with insight, it means he got into his problem. This process might be removed from the coloured glasses from the client's eye. Earlier his emotions and attitude kept him under stress.

**4. Positive steps :** He came to know about his problems after the development of insight into the problem.

**5. Ending of contact :** When a patient feels relaxed and had idea about his problem and maladjustive behaviour, he wants to end his contact with the therapist.

#### **Evaluation of non-directive therapy**

1. It is an useful technique and effective for maladaptive behaviour.
2. It evokes self confidence and sense of self actualization in the patients. This type of attitudes leads to easy adjustment in life.
3. It is very effective for extrovert and intelligent people.
4. It gives a relatively permanent treatment to patient by developing insight.
5. It is also very useful because the patient takes self initiative.

In spite of the above characteristics, there are few limitations :

1. It is not useful in the case of a psychotic patient because a psychotic loses his contact with reality.
2. It is not useful with a dull patient and introvert patients.

#### **11.2.6 Conclusion**

We can thus, conclude that Psychotherapeutic technique has an important place in Clinical Psychology. Without the help of these techniques different types of mental disorder can not be treated successfully. Though, there are ways of medical and some other treatment procedure yet; psychotherapy plays a key role in manipulating and treating various types of mental disorder that cannot be treated with other techniques.

### **11.3 Summary**

We can summarise this lesson in the following ways. Its main points are :

- The views on Psychotherapy and definitions given by Coleman, Chaplin Shafer and Lazarus are presented.
- It is a mode of treatment that aims at reduction of emotional stress and improving adjustments.
- There are different types of psychotherapy.
- Psychoanalysis, behaviour therapy, grouptherapy nondirective therapy.
- Psychoanalytic technique is a mode of treatment, a school of thought and a theory of personality.
- In a behaviour therapy learning methods are adapted and maladaptive behaviour are

changed through learning and training.

- There are a number of techniques used in behaviour therapy. e.g. Shaping, Modelling Token economy, Systematic desensitization, etc.
- In a group therapy more than one person can be treated at one time.
- In a non-directive therapy role of the client (patient) is more important than the therapist, because role of self is important here.
- And in a Psychodrama or role playing technique is used to help the patient in acting out a particular type of role similar to real life situation as directed by the therapist.
- Utility of all psychotherapeutic techniques are discussed in detail.

### 11.4 Key Words

- |                                  |                     |                                 |                              |
|----------------------------------|---------------------|---------------------------------|------------------------------|
| (i) Psychotherapy                | (ii) Psychoanalysis | (iii) Catharsis                 | (iv) Free association        |
| (v) Client                       | (vi) Rapport        | (vii) Libido                    | (viii) Dream analysis        |
| (ix) Transference                | (x) Artistic type   | (xi) Thinking type              | (xii) Classical conditioning |
| (xiii) Auxiliary egos            | (xiv) Extinction    | (xv) Reinforcement              | (xvi) Token economy          |
| (xvii) Shaping                   | (xviii) Flooding    | (xix) Modelling                 | (xx) Bio-feedback            |
| (xxi) Non-directive              | (xxii) Assertive    | (xxiii) Aversive                | (xxiv) Operant conditioning  |
| (xxv) Systematic desensitization |                     | (xxvi) psychosexual development |                              |

### 11.5 Questions for Exercise

#### (a) Objective Questions

1. The word libido refers to
  - (a) mind
  - (b) soul
  - (c) sex
  - (d) energy
2. Psychodrama is a type of
  - (a) Psychoanalytic therapy
  - (b) Behaviour therapy
  - (c) Group therapy
  - (d) non-directive therapy

Answer — (b)

Answer — (c)

#### (b) Short Answer Type Questions

1. Discuss the steps of Psychoanalytic therapy

For Answer See 5.2.1

2. Explain systematic desensitization

For Answer See 5.2.2

**(c) Long Answer Type Questions**

1. What are the main difference between directive and non-directive therapy?
2. What is the rationale of group therapy? Discuss its merits and limitations?
3. What are the basic assumptions of behaviour therapy? Describe the different techniques of behaviour therapy?

**11.6 Suggested Readings**

1. Shaffers and Lazarus — Fundamental Concept in Clinical Psychology.
2. Kocher — Clinical Psychologist
3. R.M. Varms — Clinical Psychologist



**ROLE OF CLINICAL PSYCHOLOGISTS****Lesson Structure**

- 12.0 Objective
- 12.1 Introduction
- 12.2 Main Theme
  - 12.2.1 Role of Clinical Psychologists in a Mental Hospital.
  - 12.2.2 Role of Clinical Psychologists in a Child Guidance Clinic
  - 12.2.3 Role of Clinical Psychologists in a School
  - 12.2.4 Role of Clinical Psychologists in an Industry.
  - 12.2.5 Conclusion
- 12.3 Summary
- 12.4 Key Words
- 12.5 Questions for the Exercise
  - (a) Objective Questions
  - (b) Short Answer Questions
  - (c) Long Answer Questions
- 12.6. Suggested Readings

**12.0 Objective**

The main objective of this lesson is to understand the role of clinical Psychologists in various fields. The important fields that we are going to discuss are in a mental hospital, child guidance clinic, schools and industry.

We shall discuss the above functions in detail and conclude the whole discussion. We will present a summary, key words used in this lesson and different types of questions are presented (objective, short and long answer). Finally, to make the lesson more understandable some books are suggested for further readings.

**12.1 Introduction**

Clinical Psychologists are psychologists who had a M.A. Degree from a recognised university

and have a specialized training from any Mental Hospital or Institution in the field of psycho-diagnosis and therapeutic technique. As clinical Psychology is an applied branch concerned with a variety of problems of human being.

Thus, a clinical psychologist has to play a very important role in every spheres of our life to diagnose and treat a person. They, however, serve different roles in a child guidance clinic, mental hospitals, schools and in industries. These are the specialized field to sort-out their problems.

## **12.2 Main Theme**

### **12.2.1 Role of Clinical Psychologists in Mental Hospitals**

Mental hospital is a place where persons are admitted for the treatment of personality disturbance, neurotic, psychotic and other types of ailments of persons. But general people have a very bad opinion about mental hospitals, they don't know what is happening there. They feel that persons are admitted in a hospital are persons beyond cure. They are hopeless cases. To commit a patient to a mental hospital against his will requires the certification of two physicians to the effect that he is dangerous to himself and others.

In such type of mental hospitals the clinical psychologists play an important and vital role. Shakow has presented a fourfold base of role of a clinical psychologists.

Psychotherapist and psychoanalyst are kept in the first category. Their main function is diagnosis and treatment. Loutite (1939) 35.1% Kelley (1961) 50% support the above findings. They evaluate and diagnose the patients as soon as possible admitted in the hospitals and clinics. For diagnosis a complete medical and Psychological examination is done. The psychiatrists examine them on physical ground while psychologists administer different types of tests for psychological evaluation.

Thus, the first important work of a clinical psychologist is "diagnosis" which is done with the help of interview, case history and observations. Different types of physical and psychological data collected. When the nature of the disorder is diagnosed, clinical psychologists and psychiatrists coordinate plans for therapy and is formulated. The Psychologists who is clinically oriented should find it possible to extend his energies to broad areas of teaching, training, research and practice. Witoner who established first clinic.

- The clinical psychologist uses different modes of treatment on intervention techniques Among those psychotherapy is most prominent and they use--- Psychoanalytic therapy, behaviour therapy, non-directive therapy, group therapy etc. They also seek help from psychiatrists, psychologists and psychiatric social work.
- The clinical psychologists also perform a consulting role to his fellow clinician and give suggestion too.
- A clinical psychologist also works as an administrator, as for example working as a head and director in hospital or institute.

- A clinical psychologist works as a planner who plans future course of treatment of patients.
- A clinical psychologist also works as a teacher who teaches psychology in many institutions or universities.

Besides the above said functions the clinical psychologists are concerned with the following :

**(i) Training :** The clinical psychologists are trained in different field of psychotherapy in mental hospitals and clinics. As for example, Central Institute of Psychiatry (CIP), Kanke, Ranchi. There are provisions of three types of courses:

**(a) Diploma in Psychological Medicine (D.P.M) :** This training is only for psychiatrists, limited to those candidates only have M.B.B.S. degree.

**(b) D.M.S.P. :** Diploma In Medical Social Psychology.

**(c) D.P.S.W. :** Diploma in Psychiatry and Social Work. A two years course require masters degree (M.A) in Psychology.

**(ii) Teaching :** In mental hospitals special course has been introduced for nurses, staff and students. Patients in these hospitals are different from other hospitals.

**(iii) Research :** Different types of research are conducted in mental hospitals. There is a laboratory for research work. They provide opportunity to study the behaviour of different types of patients, data obtained from various sources. Research articles are published in journals. An organization of "All India Clinical Psychologists Association" has been formed in mental hospitals.

### 12.2.2 Role of Clinical Psychologists in a Child Guidance Clinic

One of the very major function of a clinical psychologists is in a child guidance clinic. The basic function here is diagnosis of children and categorising them. In this field a clinical psychologist work for the physical and mental welfare of the children. After diagnosis they collect facts about them by interview, case-history and observations. They are tested on different types of intelligence test and come to know about their overall development. Different intelligence test was developed for the purpose of assessment of children. Besides intellectual and personality factor some other behaviour pattern needs and conflicts are also evaluated. It means a clinical psychologists evaluate over all abilities of children. According to an American report involvement of a clinical psychologist increases 17% in a child guidance clinic. Their contributions are classified in this field in the following ways:-

- (1) The clinical psychologists develop intelligence test for the measurement of intelligence.
- (2) The clinical psychologists classify children on the basis of I.Q. , gifted, intelligent average or retarded. This classification further helps in overall development of a child.
- (3) The purpose of all the above is to contribute in the field of overall educational development.
- (4) A clinical psychologist makes a diagnosis of autism, isolation and withdrawal of the children and treat them.



- (5) Physically handicapped children are treated and rehabilitated.
- (6) Children suffering from speech disorder are also treated with the help of essential instruments.
- (7) The psychologists guide and teach the parents of valid information of mental hygiene.

Finally, the role of clinical psychologist is related to research also, which aims at causes of maladjustment, hostility, aggression and other psychological traits in children. The purpose of research is :

- (1) To examine the old concept and test their applicability in modern set-up.
- (2) To formulate new theories new hypothesis regarding diagnosis and treatment.
- (3) To understand personality development and process of learning. Function of a clinical Psychologist in a description (1984) surveyed by Wichita Child guidance clinic :

1. Observation of children	—	1397
2. Interview	—	14,000
3. Therapeutic interview	—	26,00
4. Contact with Community group	—	532

The above illustrated fact explains that the clinical psychologists play an important role in a child guidance clinic.

### **12.2.3 Role of Clinical Psychologists in a school**

A very important work-field of a clinical psychologists are schools and some other institutions Kelly (1961) Cuca, (1975), Garfield and Kurtz (1976) emphasized the role up to 20% 17% and 38% respectively in the fields given below —

**1. Nursery School :** A clinical psychologist plays an important role in a nursery school. They solve their problems, measure intellectual ability, guide for the appropriate physical and mental growth and suggest for better educational institutions. A survey (American) indicates 14% of solution of the problem of children by a clinical psychologists. The further work as a —

1. The clinical psychologist works as a counsellor. He collects facts by interview, case-history and observation. He uses intelligence, aptitude and personality tests to guide for a better over all development of a child.
2. To help and guide physically handicapped, hearing and speech impaired children for their better rehabilitation.
3. A psychologist works as a researcher with the help of earlier collected facts and can formulate new principles and new thoughts.
4. He also works as a director, head of the guidance and counselling service. In other words works as administrator.

**2. Secondary School :** The contribution of a clinical psychologist in a secondary school is also

important for guidance and counselling programme. Following are the important functions of a psychologists :

1. As a counsellor important services are guidances, personal data service, environmental data service, counselling service, placement service, follow-up evaluation service and comprehensive guidance programme (Mohsin, (1957,1959).
2. As a guide he collects fact about a student by test technique, observational technique, self repairing technique, interview sociometry, apptitude test, personality test and intelligence test etc.
3. As an administrator he does as guidance programme, administrative function and service programme are important.
4. As a researcher deals about the collected facts briefly.

**3. College and University :** An American Survey indicates 9% 29% and 38% of importance of role of a clinical psychologists in this field. (Garfield Kurtz. (1976) Cuca (1976))

A clinical psychologist plays a role of guide, counsellor, assessor, therapist, consultant, researcher and administrator.

It becomes clear from the above discussion that a clinical psychologists plays a very important role in schools, colleges and university. The basic aim is to solve their problem and provide them guidance for a better social and personal life.

#### **12.2.4 Role of clinical psychologists in an Industry**

The clinical psychologist also plays an important role in industries to solve the problems of workers, labourers, technicians and management. In industry different types of problems crop up like, strike, job classification and continuous conflict between workers and management. Following are the important functions of a clinical psychologists in an industry :

**1. As a guide and counsellor :** A psychologist can be seen as an occupational guide, occupational counsellor. It has been found by studies that each employee is not suitable for each work so, an organization requires a right man for right job in order to have a better output. Thus, a clinical psychologist work in a two way function:

**(i) Personnel Selection :** For selection interviews a person for a particular requirement. He does job analysis for competency, proficiency, temperament, conduct and physical traits. As per the requirement on the job interview and off the job interview is being placed.

**(ii) Vocational guidance :** For this purpose different types of tests are used for industrial job satisfaction.

**2. In the role of a therapist :** because there are some people in work are neurotic, depressed and maladjusted. They are treated by clinical psychologists up to 3% according to Kelly (1961).

**3. In the role of consultant :** A psychologists worker as a case oriented consultant and administration oriented consultant and solves their different types of problems.

**4. In the role of administrator :** He work for employees work, economical source, policies, pay, report to higher officials and future planning regarding industrial development.

**5. In a role of researcher :** The psychologist works as a researcher, he defines new hypothesis and new theories out of analysis of obtained data.

Thus, a clinical psychologist works in a variety for fields but he must be skilled having sufficient competency, proficiency, interest, insight, awareness, loyalty, emotional maturity, self confidence, self control and self appraisal. ("Supported by APA 1968).

### **12.2.5 Conclusion**

We can conclude that role of Clinical Psychology is very important in various fields such as, Mental hospitals, child guidance clinic, schools, industries, jails, reformatories, crime depth and many other fields of life situation.

The basic purpose of appointing clinical psychologists is to understand the problem of person or institution concerned, to deal with it and to solve the problems. To make them better adjusted and rehabilitated in their society and various life situation. Thus, we cannot overlook the importance of a clinical psychologists in different fields.

### **12.3 Summary**

We can summarise the discussion in this lesson as follows :

1. Role of clinical psychologists in various fields is very important.
2. The basic purpose is to diagnose the patients and help them in leading a happy life.
3. He is in a role of therapist.
4. He is in a role of administrator.
5. He is in a role of researcher.
6. He collect facts about the person with the help of interview, case history and observation.
7. He classifies or categorise persons on the basis of personalitiy and intelligence test.
8. Role of a clinical psychologists discussed here are in child guidance clinic, mental hospitals, schools and industries.
9. A clinical psychologists must be skilled, sound, efficient and should bear a goods character.

### **12.4 Key Words**

- |                  |                      |                     |                      |
|------------------|----------------------|---------------------|----------------------|
| (i) Diagnosis    | (ii) Psychotherapist | (iii) Psychoanalyst | (iv) Clinic          |
| (v) Psychiatrist | (vi) Consultant      | (vii) CIP           | (viii) DPM           |
| (ix) DPSW        | (x) IQ               | (xi) Retarded       | (xii) Rehabilitation |
| (xiii) Hostility | (xiv) Maladjustment  | (xv) Community      | (xvi) Counsellor     |

(xvii) Administrator

(xviii) Hearing & Speech impaired

### **12.5 Questions for Exercise**

#### **(a) Objective Questions**

1. The function of a clinical Psychologists are :

- (a) Diagnosis
- (b) Treatment
- (c) A and B both
- (d) Entertain

Answer — (c)

#### **(b) Short Answer Questions**

1. Discuss the role of clinical psychologist in a child guidance clinic (see answer 6.22)
2. What should be the characteristics of a clinical psychologists?

For Answer See 6.24

#### **(c) Long Answer Questions**

1. Discuss the role of clinical psychologists in any two fields.
2. What are functions of a clinical psychologists in mental hospitals? How these functions are different from general hospital?

### **12.6 Suggested Readings**

1. Shaffers and Lazarus — Fundamental Concept in Clinical Psychology.
2. Kocher — Clinical Psychologist
3. R.M. Varms — Clinical Psychologist

