THE FIELD OF CLINICAL PSYCHOLOGY AS AN APPLIED SCIENCE

A SYMPOSIUM

(The three following papers were prepared for a symposium which was to be presented at the annual meeting of the newly organized American Association of Clinical Psychologists, held in Baltimore, December 28. Owing to the lateness of the hour it was necessary to omit the reading of the papers. Following the suggestion of several members, the papers are published here, without alteration, in order that the material may be made available to the members before the next meeting. J. E. W. W.)

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The purpose of this symposium is to direct discussion. It is hardly necessary to simply provoke discussion. We are dealing with a very unsettled subject; and it is rather too easy to call forth difference of opinion. Two considerations, however, are no longer in the arena of debate; first, that there is a specialty entitled to the name of clinical psychology; and secondly, that there should now be some form of organization to protect and to promote that specialty as a profession.

When, however, we bluntly raise the question, "What is clinical psychology?" consensus of opinion by no means prevails. Some persons object to the term altogether, and prefer such designations as consulting psychology and applied psychology. Both of these substitute terms, however, are more general and less descriptive. Specifically, clinical psychology is the science and art of individual mental examination and interpretation. It is rather more an art than a science, because its objective is the determination of the mental status of a subject, and the deduction of a practical conclusion as to the possibilities and limits of his improvement. A clinical psychologist is one who is qualified to make a responsible, interpretive mental diagnosis.

Clinical psychology is to be distinguished from psycho-technology. Psycho-technological work has to deal with special and more or less technical questions of methodology and procedure in the fields of industry, commerce, advertising, salesmanship and school administration. Educational psychology, the mental survey, group testing and even trade testing have more affinities with psycho-technology than with clinical psy-
The latter has to do with diagnostic individual examination.

In actual practice the field of clinical psychology has usually not attempted to include individuals suffering from definite mental disease. There are sound reasons for this. There are many problems common to psychiatry and to clinical psychology, but there is also a cleavage which must be respected. There is a considerable field of psycho-pathology which legally, traditionally, administratively, and even theoretically is intimately part of the science and art of medicine. Psychiatry is a recognized branch of medicine; while clinical psychology must, as yet, be considered in the relation of an auxiliary, consultative specialty.

Important work lies ahead in bringing the medical and psychological professions into mutual association; and perhaps the organization which we contemplate may further that work. There is another field of medicine where cooperative relations remain to be established. This is in the important branch of Pediatrics. The whole pre-school period from birth registration to entrance upon school life is destined to become of increasing importance from the standpoint of public health, of public education, and of human engineering. The activities in this field at present are largely medical in their character and in their administration. Pediatrics as a division of clinical medicine or in a broader sense, as a division of public health holds tremendous possibilities. These should in some way be made to include the methods and spirit of clinical psychology. An alliance of some kind must be worked out, or there must be an increase of the type of pediatrician whose equipment includes clinical psychology.

Should not courses in mental development, clinical psychology and mental hygiene become an accepted part of a medical education, and particularly part of the training of the school physician and the pediatrician? And, should not our organization further a movement in this direction? It should be the function of the association to promote clinical psychology as well as clinical psychologists. Nothing will so widely diffuse the benefits of clinical psychology as a proper coordination with the education of medical students, of public health nurses, school nurses, and medical inspectors.

"Clinician" is one of the most respected and significant words in the domain of medicine. It will be fortunate if this word loses none of its dignity and flavor when transferred to the field of applied psychology. A good clinician, in medicine, is an expert who, without necessarily being an authority or
even an investigator in any particular phase of medicine, has so mastered the pertinent principles of his medical science that he can, in the presence of perplexing ambiguities and complications, make a shrewd estimate regarding the conditions and outlook of his patient. He can summon a large amount of previous experience to bear upon his problem. By virtue of his trained perceptions and his native good judgment he can draw a conclusion which has professional and practical value.

Clinical psychology has not yet become as refined, as exact, nor as complex as clinical medicine; but if it is to be worthy of a similar position in the field of applied science, it must protect its standards. Quackery and charlatanism should be exposed and opposed; and methods must be found for guaranteeing and certifying proficiency.

The establishment of standards is the most concrete and essential function which an American Association of Clinical Psychologists can fulfill. This fact at once raises a question in regard to our relation to the American Psychological Association. The latter association, contemporaneously with the inception of the A. A. C. P., appointed a Committee on Qualifications for Psychological Examiners and other Psychological Experts, with a sub-committee on Certification. Certainly this creates a situation which is in need of adjustment. It is by no means an ominous situation, for practically all of the members on the committee of the A. P. A. are also charter members of the A. A. C. P. There should, however, be a prompt readjustment so that there will be no conflict or duplication of activities. One solution of the situation is to convert the impending A. A. C. P. into a sub-section of the A. P. A. The writer would prefer two discrete organizations with an official affiliation. This would preserve the close relations with the parent organization which are highly desirable, but leave sufficient freedom for prosecuting the ends for which the A. A. C. P. was designed.

Whether evidence of expertness in clinical psychology is to depend upon certification, or upon membership in the A. A. C. P. is after all mainly a matter of detail and administrative policy. We are in no way anxious to create a new academy of immortals, but our aim is to erect high standards for a branch of Applied Psychology and for a possible profession.
One of the original Binet tests was "What happens when two people discuss a subject without understanding the words they use?" Most of us know what happens, and yet we are in great danger right now of committing the folly in spite of its known consequences.

Some of us who think we are clinical psychologists think we want an Association of Clinical Psychologists. If it were an informal affair the task would be easy—we would simply pick out the group of people we would like to have associated with us and the thing would be done. If we only wanted a neighbors' club this would do. But we are looking for something more formal, an association that would stand for something. An association to be a member of which is not only an honor but a certificate of standing. Our membership, therefore, must be based upon something more than personal preferences. Whether we organize an association of clinical psychologists or whether we organize a clinical division of the American Psychological Association in either case the members must be clinical psychologists.

What is a clinical psychologist? There is the rub—nobody knows. And nobody knows because the expression is a new one, relatively, and we have not agreed upon what we wish it to connote. The first thing to be settled, therefore, is—what do we wish the term to include? Not what does it include, because as already stated it is a new expression and includes nothing. As everybody knows clinical is a medical term which we are taking over into applied psychology, and since we are straining its meaning somewhat in applying it to psychology at all we can stretch it as much as we see fit and make the term mean whatever we like. It will, of course, get its meaning from the group to which it is applied.

Let us first see what it is that we are using. Clinic as a noun applies to "the teaching of medicine and surgery practically, at the bed-side or in the presence of patients." Clinical is an adjective; "of or pertaining to a sick-bed." A clinician "is a physician whose method of treatment, observation, etc., are being based on clinical work. One who holds clinics or whose specialty is the giving of clinical instruction." From these definitions it seems that there are three ideas comprised by the term: first, bed-side; second, sickness; third, teaching. Medical usage has already freed itself from the strict bed-side idea as witness the out-patient clinics. Also they escape more or less from the teaching idea. These same out-patient clinics
very often have nothing of the teaching side connected with them, nevertheless, the physician in his office who sees patients and examines them during office hours does not call that a clinic. The one thing that does remain is the idea of sickness. Physical examination of well people is not called a clinic.

Returning now to the psychological use of the term we know that about all that is left if we consider all the ways in which the term has been used, is the idea of personal examination. Indeed if we should ever come to call the person whose only training and experience is in giving group tests, a clinical psychologist we would have thrown away the last vestige of the original significance of the term clinical. The teaching idea does not hold. If the time ever comes when one teaches psychology by means of clinics they will undoubtedly be called psychological clinics, but that is insignificant at present. The only thing left is the sickness side. Shall we confine its usage to something that is at least analogous to sickness? or, shall we break away altogether and allow the term to be used for any mental examination? It seems to the writer that the latter procedure would be a mistake and that much of the present confusion as to what shall be the qualifications of membership in the proposed association of Clinical Psychologists arises from the extension of the term clinical psychology until it is practically synonymous with applied psychology.

Would it not simplify the whole situation if we were to agree that as related to the practice of psychology, clinical should mean personal examination of some one who is mentally abnormal, or subnormal, leaving those psychologists, who apply the science to determining what the special traits of a normal individual may fit him for, to form a separate group, possibly to be called vocational psychologists? And again those who make a specialty of applying the laws of mind to industrial efficiency to constitute another group, the industrial psychologists? Surely these are three quite different fields. The clinical psychologist as thus defined need know nothing of vocational guidance or industrial psychology, any more than a physician needs to be a clergyman or a lawyer. Or, if the illustration is better, any more than the physician need to be an expert surgeon or an oculist. If this view could be accepted it would indeed go a long way toward settling the other problems that we are facing whether the clinical psychologists will form an independent association or ask to be set off as a division of the A. P. A.

The number of clinical psychologists, under this definition, is as yet too small to warrant the establishment of a separate organization. We are too few to obtain the purposes which we
have declared as those of such an organization. Nevertheless it is highly desirable that the clinical psychologists be recognized, that standards of training and experience be established before the group becomes so large as to be unwieldy and before it includes persons that do not have qualifications that are recognized as essential. In accordance with this plan the A. P. A. might at once divide itself into at least five groups or more if needed: the pure psychologists, educational psychologists, clinical psychologists, vocational psychologists and industrial psychologists. Each of these would in time perhaps, if not at once, subdivide again; for example, clinical psychology might divide itself into perhaps three groups: those devoted to the study and diagnosis (1) of mental arrest, (2) of mental disease, and (3) of crime and delinquency. Of course these somewhat overlap and run into each other, but that is true of all specialization and only means that those who devote themselves to crime and delinquency must be clinical psychologists in a broad sense to the extent that they recognize mental disease and mental arrest. This seems like a logical development of the A. P. A.

If, on the other hand, we make the term clinical synonymous with applied and form an independent association of clinical or applied psychologists there will inevitably be sooner or later a breaking up of the present membership of the A. P. A. into two groups. While we would attempt to keep up our interest in both associations it would inevitably result in a division.

The result of the work of the psychologists in the war has demonstrated clearly that psychology has a practical side and the people are conscious of that fact and are going to more and more insist that psychologists help them solve their problems. This means that the field of applied psychology is as wide as human activity and we will more and more devote our knowledge of the science of mind to the practical solution of human problems. Psychology is today able to do more for human efficiency than perhaps any other science. It is possible to take a child and after a careful clinical examination make a diagnosis which in thousands of cases saves the wasted energy of years in the old trial and failure method of education and industrial activities; and yet we have made only the merest beginning. The work is destined to spread very rapidly and cover an enormous field and if done rightly and wisely will perform an enormous service to humanity.

In the nature of things, however, there will be enormous abuses. Just as the public was for years preyed upon by medical quacks and patent medicine vendors, so there will be innu-
merable charlatans practicing under the name of psychologists. This is inevitable. There is probably no way to prevent it but much of the evil can be headed off by vigorous action on the part of an organization of bona fide psychologists. It would seem that the American Psychological Association with its more than a quarter of a century of work, its carefully selected membership has a tremendous advantage, in carrying out this work, over any separate organization that would be formed.

Moreover, we must not overlook the possibility of organizations in the bastard group who will go into this work purely for financial reasons, moreover there is nothing to prevent them from taking high sounding names that will attract the public and make the work of the true psychologist so much more difficult. In view of all these considerations I question whether we can at this time afford to run the risk of dividing our forces by the organization of a separate association of clinical psychologists, whether we use the term in the limited sense for which I have spoken or whether we use it in the broader sense as practically synonymous with applied psychologist. As members of a division of the A. P. A. we would all be bound together with strong esprit de corps; we would hold our meetings together and would have an ever increasing influence and power with the American public.

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In the field of medicine the connotation of the word "clinical" is perfectly well fixed. The clinical method refers to the direct examination of the individual patient by any or all of the approved methods of modern medical science. The aim of the examination is: first, to classify or diagnose the disorder or disease upon the basis of the etiology, which frequently can only be done by a systematic, comprehensive examination of the individual; second, to prescribe a course of curative treatment; and, third, to make a prediction of the probable outcome of the treatment and the future course of the malady. Of course, the physician may examine normal, healthy individuals as well as those who are ill, but in practice the time of the vast majority of medical men is given to the examination and treatment of the diseased and disabled. At the present time we note a growing tendency to place the chief emphasis upon the preventive aspect of medicine, and the interest in preventive medicine has already led to the development of a new profession, and the establishment of a new degree, the Doctor of Public Health. This type of doctor is not primarily, if at all,
engaged in the work of clinical examination, but is concerned with maintaining the public health by the control and regulation of the sanitary agencies affecting the well being of the entire community.

To prepare competent clinical practitioners the medical schools have established courses of instruction only part of which are clinical in nature, but all of which serve to prepare the student for the strictly clinical branches in the upper years of the course. The degree of M. D. is not conferred upon anyone who has not completed all of the preparatory and clinical courses. In addition eight medical schools now require at least one year of clinical practice in a hospital internship before conferring the degree. No one is admitted to membership in the largest and strongest organization in the medical profession, the American Medical Association, who is not a "legally registered physician." In only a few states is it possible to register as a physician without the M. D. degree. To still further safeguard the interests of the public, no one is allowed to practice medicine who has not received a state license.

Now, I take it that the situation in clinical psychology, with reference to the significance, purpose, demands and responsibilities of psycho-clinical work, does not differ materially from the clinical situation in medicine, at least so far as concerns work with the mentally disordered or deviated. Let us now briefly emphasize a number of propositions which are germane to a consideration of the field of the clinical psychologist and the plan of organization of this Association.

First, no matter how valuable the results from group psychological tests may be for the relative rating of the members of a group or for securing preliminary data, it is questionable whether we are justified in considering group testing as clinical testing, and classifying group testers as clinical examiners. The clinical examiner may employ group tests, but he is not a clinical examiner unless he analyzes (or diagnoses) each case on the basis of an individual examination. A clinical examination in psychology, as in medicine, always means an individual examination of a subject.

Second, the field of clinical psychology in the past has, in practice, been largely restricted to the examination of mentally deficient, backward and delinquent subjects, and possibly the psychotic, although the workers among the insane have usually not classed themselves as clinical psychologists. Theoretically, however, the field of clinical psychology is coextensive with the field of individual psychological examination. The clinical psychologist may devote himself to the study of the feeble-
minded, backward, normal, supernormal, the delinquent, the dependent, the pauper, the hobo, the psychotic, the specifically mentally handicapped, the applicant for vocational guidance, the person who wishes to know whether he possesses aptitude for a special craft, art or profession, the army and navy recruit, with a view to insure placement in the proper arm of the fighting forces, etc. But can we classify any investigator of these classes of individuals and of these problems, no matter how meritorious his work, as a clinical psychologist unless he utilizes the clinical method of individual examination? Testing army recruits in groups of hundreds by means of intelligence test-blanks doubtless under favorable conditions gives a fairly reliable and valuable relative intelligence rating, but such an examination is no more clinical than a class examination in geography or reading, and such a group tester is no more to be considered a clinical examiner than a teacher who conducts class tests in the school branches. When the clinical method is used, however, there is theoretically no limit to the psychological problems which may come within the scope of clinical psychology.

Third, the purpose of a clinical examination in psychology, just as in medicine, is: (a) the making of a correct diagnosis of the case, which involves the elaboration of a clinical picture of the mental conditions found at the time of the examination, and the detection of the etiological factors responsible for the ascertained mental deviations; (b) the rendering of the advice, or the prescription of the educational and social treatment which is indicated by the diagnosis, together with the reinforcement of recommendations for physical treatment made by competent medical examiners; and (c) the making of a reliable prognosis, so that the treatment or training may be effectively directed toward the best development of the individual. Whoever fails to realize all of these aims only partially performs the functions of a clinical psychologist. Whoever has been trained to do less than this, has been inadequately trained for clinical work in psychology. Certainly so far as concerns the mentally pathological or abnormal or anormal classes, the clinical psychologist, just like the physician, must deal with etiological factors and not merely with symptoms. Just as the physiologist or the anatomist, no matter how much he may know about the human body, is not a physician because he does not employ the complete clinical procedure, in the use of which he has no special fitness, so the general, experimental, educational, or physiological psychologist is not a clinical psychologist; no matter how much he may know about the mind, unless he has
been specially trained to use the clinical procedure. Therefore—

Fourth, to become a competent clinical psychologist, just as to become a competent examining physician, requires a course of special training. A course of training in the ordinary branches of psychology which is entirely adequate to produce a good teacher or investigator in those branches is not sufficient to produce an efficient clinical examiner in psychology. But the training needed in addition to the basic psychological, biological and scientific training will differ according to the field in which the clinical psychologist is engaged, and will have to be gradually determined by the consensus of opinion of the workers engaged in each specialized field. The strictly professional training—i.e., the training beyond the basic psychological and scientific training—which will qualify a psychologist for skilled work among the psychotic, will not qualify him to diagnose and direct the educational treatment of feeble-minded, backward, speech defective, alexia—or dyslexia—or merely pedagogically handicapped school children. Nor will the training which qualifies one for efficient work among these types of handicapped school children produce an expert on the selection of successful salesman or on the proper placement of army recruits, or on the direction of courses of instruction for supernormal children. The different fields of clinical psychology have their own special and unique problems, the proper handling of which requires special study and skill in the particular field concerned. Doubtless the technical differentiation of psychological specialists will so develop that in future we shall have some psychologists who will specialize on feeble-minded children and adults, others will specialize on backward and specifically handicapped school children, others on delinquents, others on bright and talented children, others on the selection of employees, etc.

This is not the place in which to attempt to outline the kind of differential training which clinical psychologists working in different fields should have. But we may indicate briefly, by way of illustration, the training which we believe workers must have who would render skilled service in the psychological examination of mentally and educationally handicapped school children, and in the supervision of educational work in their behalf.¹

¹For a further discussion of this question, see our article on The Field of the Clinical Psychologist and the Kind of Training Needed by the Psychological Examiner of Mentally and Educationally Deviating School Children. School and Society, 1919, p. —. See also The Mental Health of the School Child, 1914, pp. 114f., 134, 136, 210, 216f.
1. The basic training in the various branches of psychology.

2. Special training in clinical psychology, including training in the administration of the current tests used in individual examination, the practical clinical examination and the working up of case reports of at least 200 cases, in course, and preferably a post-doctorial year in a position corresponding to a medical internship, in which studies would be made of various types of deviating children, especially the feeble-minded, backward, epileptic and psychotic.

3. Various pedagogical courses, particularly courses on standardized educational tests; on primary methods of teaching, especially the teaching of reading, spelling and number, and the kindergarten and sensori-motor exercises; on the psychology and pedagogy of the feeble-minded, backward, and speech defective, and children with specific sensory defects, particularly visual and auditory, and with specific defects in reading, writing, spelling and number; and practical courses in the various types of handwork which should be offered mental retardates.

4. Social pathology, including a study of the social, vocational and criminal aspects of mental deficiency and defect.

5. A minimum amount of medical training, in order that the clinical psychologist may secure proper perspective in the work and be able properly to interpret the medical reports, including courses in physical diagnosis, pediatrics, orthopedics, ear, nose and throat disorders, mental deficiency from the physical point of view, neurology and psychiatry, and practical case writing, including the study of the subject's developmental and family history.

It must be quite evident that while the above course of training would qualify a psychologist for skilled service with educational deviates — and we doubt that a less thorough course would do this 2 — it would not qualify him for expert service in many other fields of clinical psychology. We doubt that anyone would propose the above course of instruction in its entirety for a student who was preparing to make psychological studies among the insane, or who was qualifying as an expert on trade tests or on the selection of salesmen.

Fifth, owing to the important practical bearings of clinical work in psychology, only those should be accorded official or

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2 How far the psychological examiners in the public schools of the country fall short of a lower standard of preparation than the one suggested above, was indicated by the study of our questionnaire returns from 302 cities in 1913. In our judgment only about 25% of 115 psychological examiners at that time were qualified for the work. Cf. *The Mental Health of the School Child*, 1914, 392f.
professional recognition as clinical psychologists who have been adequately prepared. The organization of an association or associations, with rigid eligibility requirements, will do much to bring about the proper training of examiners and secure for them the recognition to which their professional qualifications entitle them.

If the above conclusions are correct, the following corollaries would seem to follow. We do not submit them in a dogmatic spirit, but rather as suggestions which we think should be adequately considered before a constitution is adopted by this Association.

First, no one should be eligible for membership in the American Association of Clinical Psychologists unless he is at the time of election holding a position in which he is regularly devoting at least a portion of his time to actual psycho-clinical examinations, or unless he has in the past devoted a considerable portion of his time to genuine clinical work. Possibly it were wise to make an exception in the case of teachers who are training students in mental testing and of research workers who are perfecting and standardizing psychological tests which will be of value in individual examinations. It is evident, however, that teachers will not be especially qualified to train the students in the art of clinical diagnosis and treatment, which involves more than training the students to administer psychological tests, unless they have had actual, first-hand clinical experience and are devoting some of their time to clinical examination. And yet we must recognize, from what has already been said, that the necessity of having clinical experience and doing clinical work, will vary with the type of problem.

Second, no one should be eligible for membership who has not taken the Ph. D. degree in the various branches of psychology in an institution of recognized standing; and who has not published or prepared for publication a valuable contribution in the field of mental tests or clinical psychology.

To this condition it is probably advisable to make one exception: a holder of an M. D. degree may be admitted if he has had special training in psychology and considerable experience in making individual psychological examinations and diagnoses, and if he has made valuable contributions in the field of mental tests and clinical psychology.

The suggestion has been made that the rank of associate membership be established for psychological technicians or testers who cannot qualify under the above conditions. We are inclined to doubt the advisability of this suggestion. One of the chief aims of the Association should be to develop the
highest standards of work in the field of clinical psychology, in order that properly trained clinical psychologists may secure the emoluments and recognition to which their special preparation and fitness entitle them. We shall probably secure a large number of applications for membership from persons who wish to profit by the prestige which membership will confer who should not be given this recognition if their basic and professional training and experience are inadequate. In this connection, however, we may raise the question whether it would not be advisable to call the members of the Association Fellows rather than Members.

Third, in addition to the above two general conditions, a candidate to be eligible for membership must have secured a special or technical preparation in addition to the basic work in experimental, educational and other branches of psychology. This strictly technical preparation, however, would have to differ, as we have already stated, according to the particular field in which the psychological examiner is engaged. If this is so, it is impossible to outline the detailed professional training which a candidate for membership must have, unless the Association is divided into sections. Every section would then have to determine upon the necessary technical training needed for membership in its own section. Under such an arrangement every candidate would have to meet two requirements: first, the general conditions for membership imposed by the association at large—say, the first two conditions given above—and second, the special conditions required by the individual section. If this plan were approved, we should probably have the following sections: Mental Deviation, including mental retardation and deficiency and possibly specific mental deviations; Mental Disorder, dealing with various grades and types of psychotic disorders; Crime and Delinquency; and Trade and Vocational Testing. Other sections would eventually emerge as the problems become more clearly defined, because the progress of the science will doubtless be toward greater and greater differentiation of special fields. The American Medical Association now has 16 sections in its Scientific Assembly, and in addition five councils which make recommendations in the interest of physicians.

One of the practical arguments for establishing the sections is that this will make it possible to more fully realize the aims of the association to establish high standards of professional qualifications for clinical examiners in psychology. According to the plan of organization as at present proposed, it is impossible to define satisfactorily the strictly technical qualifica-
tions which a clinical psychologist should possess in order that he may be rated as proficient or in order that he may be eligible for membership, because the requirements which are applicable to one type of examiner are not applicable to another type. The Association already has in its membership persons who should be distributed in several sections, while applications in future will no doubt come from persons representing very diverse interests. Recently a western state adopted a statute according to which no one can be appointed as a clinical psychologist to one of its state institutions for the feeble-minded who is not a member of the American Psychological Association. But the majority of members of that Association have not made any technical study of feeble-mindedness at all, so that the fact that one is a member of this Association does not constitute him an expert on feeble-minded children. But the same criticism applies also to this Association. Membership in this Association, according to the present plan, does not indicate whether the person is qualified to do work with feeble-minded or backward school children, or with the insane, or the delinquent or the normal, or any other class. The establishment of a number of sections, with membership limited to the experts in the particular field of each section, in accordance with the present practice of the American Medical Association, would have the merit of indicating the particular specialty of each member. Would it be worth while to divide the Association up into sections to gain this advantage? I believe that it would. But there may be weighty practical objections to sectionalizing the membership. The aim of the writer is merely to offer the suggestion, in order that the whole matter may be fully considered before final action is taken.

If the suggestion were adopted, however, the Association could adopt the general conditions for membership at this meeting, while the specific technical qualifications would have to be worked out by committees of the various sections which would be authorized. These committees would report their recommendations to the individual sections for adoption at the next annual meeting. No new members ought to be elected until the sections had determined upon their eligibility requirements.

A further suggestion has been made that the title of the Association be changed to the American Association of Consulting Psychologists, or the American Association of Applied Psychologists, and that sections be established to include all the important applied divisions of psychology. The scope of such an Association would be broader than that contemplated by the present Association, as non-clinical workers would
evidently be eligible for membership. If eligibility to membership in the Association of Clinical Psychologists will be limited to persons who are engaged in genuine clinical work, at least on a part-time schedule, or have been thus engaged, this expansion of the Association is probably not advisable. But if eligibility will not be so limited, it would seem to the writer that either of the other two titles will more correctly express the scope and purpose of the Association.