Twenty-Five Years Later

A Follow-Up Study of the Graduate Students in Clinical Psychology Assessed in the VA Selection Research Project

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ABSTRACT: Clinical psychology trainees assessed in 1947 or 1948 before entering graduate training were surveyed 25 years later, and the findings are compared with those from a 10-year follow-up study. Roughly 80% of the graduate students eventually achieved doctoral degrees, although some took over a dozen years to do so. As a group, scholarly productivity was quite low. Satisfaction with their choice of clinical psychology as a career, low in the 10-year follow-up, was even lower in the present survey; diagnosticians and teachers reported the most satisfaction, therapists and researchers the least. Further data on scholarly productivity, satisfaction, and attitudes about clinical psychology are reported and compared with the findings of a similar recent survey by Garfield and Kurtz.

During the summers of 1947 and 1948, most students entering clinical psychology graduate programs throughout the United States were assessed by the Veterans Administration (VA) Selection Research Project. The first report of this major assessment program (Kelly & Fiske, 1951) provided psychology with an unusually sobering perspective from which to view the extravagant psychodiagnostic claims made by psychologists as World War II drew to a close; for reviews of this volume, see McNemar (1952), Taft (1959), and Wiggins (1973). In a 10-year follow-up study of nearly 100% of the original assessees, Kelly and Goldberg (1959) found that these clinical psychologists had not become as scientifically productive as their mentors had hoped, nor were the psychologists as satisfied with their initial vocational choices as they had wished. Since these findings have been widely cited over the years, we thought it might be informative to reevaluate the career courses of the original assessees 25 years after they entered psychology as they approached the age of retirement.

Previous surveys of clinical psychologists (e.g., Garfield & Kurtz, 1976; Kelly, 1961; Kirchner, 1969) have sampled professionals of widely differing ages and experience. The present sample, on the other hand, includes virtually all individuals who entered graduate programs in clinical psychology nationwide during the fall of 1947 and of 1948. Consequently, findings from this sample can be used as baseline data to compare these historically important cohorts with ones trained later in the history of clinical psychology.

Method

SUBJECTS

The initial sample included all of the 195 assessees who were still associated with the field of psychology at the time of the 1957 follow-up study, plus 10 additional assessees who had not been associated with psychology in 1957 but who were listed in the 1970 APA Membership Register, the 1972 APA Biographical Directory, or both. Of these 205 former assessees, 6 had been listed in the necrology section of an issue of the American Psychologist, and 6 others could not be located. Of the 193 individuals who ostensibly received a copy of the 1973 follow-up questionnaire, 156 (81%) com-

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pieted it. A preakdown by academic progress of the proportion returning the questionnaire is presented in Table 1.

THE FOLLOW-UP QUESTIONNAIRE

Two sources of questions were amalgamated in the 1973 follow-up survey: (a) the 10-year follow-up questionnaire from the VA Selection Research Project, which is included in Kelly and Goldberg (1959), and (b) a somewhat longer survey sent to members of APA's Division 12 by Kelly (1961). The former questionnaire focused primarily on academic and professional progress, specialization, and satisfaction, while the latter one included a variety of attitudinal questions about the practice of clinical psychology. Copies of the 1973 follow-up questionnaire are available from the authors.

Results

Table 1 presents an analysis of the original assessees by their academic progress up to 1973. Roughly 80% of these incoming graduate students eventually achieved doctoral degrees, and around 75% achieved PhDs in psychology. Given the inevitable

TABLE 1
Academic Progress of Male Assessees by 1973

1947 assessment, $N =$	128
1948 assessment, $N =$	120
Total assessed = 248	

Of these 248 persons, 3 died during the interval 1947-1957, 5 decided not to enter graduate school

in psychology,*
Thus leaving 240 assessees.

	Proportion returning 1973 questionnaire
Of these 240 persons,	.65
at least 178 (74%) achieved a PhD	
in psychology ^b	.78°
at least 6 (2½%) achieved an MD	.00
at least 4 (2%) achieved an EdD	1.00
at least 1 (1/2%) achieved a PhD	
in sociology.	.00
In total, at least 189 (79%) achieved	
doctoral degrees.	.76
As many as 51 (21%) may not have	
received any doctoral degree.	.25

• One achieved a PhD in genetics.

Number of Years Elapsed Between Original
Assessment (1947 or 1948) and Completion of the
PhD in Psychology

No. of years	No. of assessees	Proportion of sample	Cumulative proportion
3	7.	.04	.04
4	45	.25	.29
5	61	.34	.63
6	20	.11	.75
7	19	.11	.85
8	6	.03	.89
9	3	.02	.90
10	2	.01	.92
11	3	.02	.93
12	3	.02	.95
14	3	.02	.97
16	4	.02	.99
17	1	.005	.995
24	1	.005	1.00

Note, N = 178.

vagaries associated with career planning, this latter figure does not seem unreasonably low, although it would be of greater significance if it could be compared with analogous figures from national cohorts in other professions.

Table 2 shows how long those 178 assessees who eventually received their PhDs in psychology took to achieve them: 75% of them achieved their degrees within 6 years, 85% within 7 years, 90% within 9 years, and 95% within 12 years. On the other hand, 5% were a bit more casual about their academic progress, with one hardy stalwart persevering for 24 years.

Table 3 provides an update of Kelly and Goldberg's (1959) analyses of the scholarly productivity achieved by the 178 PhDs in psychology; these figures, culled from the Psychological Abstracts and Books in Print, are conservative estimates of the sample's total productivity, since they do not include chapters in edited volumes, books published early in their careers and now out of print, or publications outside the field of psychology. Moreover, a long book and a short "note" are here weighted equally. Nonetheless, our own qualitative analyses of the works on which these quantitative figures are based suggest that the situation is probably not much different than it appears: As in other professions and academic disciplines, relatively few individuals produce the vast majority of the field's publications. Roughly one third of the present sample have published nothing at all, not even their doctoral dissertations. About three

b One achieved a PhD in both English literature and psychology.
c At least 6 of these individuals died between 1957 and 1973; consequently, the proportion returning the questionnaire among those who were presumably alive in 1973 was 80%.

TABLE 3
Scholarly Productivity of PhDs in Psychology

No. of publications in psychology	No. of assessees	Proportion of sample	Cumulative proportion
0	57	.32	.32
1	27	15	.47
2	21	.12	.59
3-4	18	.10	.69
5-6	12	.07	.76
7-8	11	.06	.82
9–10	6	.03	.85
11-14	6	.03	.89
15-18	6	.03	.92
19-24	6	.03	.96
25-40	6	.03	.99
Over 40	2	.01	1.00

Note. N = 178

quarters of the sample have published no more than a half dozen papers during the 25-year interval since they entered graduate school. At the other extreme, the publications of a half dozen former assessees have earned them international reputations in psychology, and a half dozen more are well-known in clinical psychology circles within the United States.

Table 4 is a cross-tabulation of the major work settings in 1957 with those in 1973 for those 138 assessees who achieved PhDs in psychology and returned both follow-up questionnaires. Between the years 1957 and 1973, there was some movement from clinic and hospital settings—especially VA installations—to academia and, to a smaller extent,

into private practice. By 1973, over one third of the sample were in academic settings. And, while 11% were solely or primarily in private practice, many of the remainder reported some private practice on the side. Over half the sample changed their type of primary work setting during this 15-year period, while many, if not most, of the others changed institutions, changed positions within their institution, or both.

Table 5 presents the analyses of three questions from the 1957 and 1973 follow-up surveys which focused on professional specialization as a therapist, teacher, researcher, diagnostician, or administrator-supervisor. Half of the sample changed their area of specialization over the 15-year period; fewer of these psychologists were diagnosticians in 1973 than in 1957, while more were teachers. Interestingly, the proportion of psychologists who considered themselves primarily administrators and/or supervisors did not change as the sample moved toward retirement age.

On the other hand, far more psychologists considered themselves primarily administrators (26%) and predicted they would be administrators in the future (28%) than would prefer to be (12%). Alternatively, somewhat fewer considered themselves primarily teachers or researchers (31%) and predicted they would be in the future (30%) than would prefer to be (46%).

How well did the psychologists predict in 1957 their professional specialization in 1973? Table 6, which presents this analysis, shows that less than half the sample predicted accurately. Table 7 pre-

TABLE 4

1957 and 1973 Major Work Settings of the 138 Assessees Who Achieved a PhD in Psychology and Returned Both Follow-up Questionnaires

				1973					
1957	Colleges or uni- versities	VA instal- lations	Clinics	U.S. govern- ment, state, or city agencies or systems	Non-VA hospitals	Private practice	Other	Row total (1957)	Proportion
Colleges or universities	22	0	0	0	0	3	2	27	.20
VA installations	9	19	4	5	0 .	0	3	40	.29
Clinics	5	0	10	2	1	7	2	27	.20
U.S. government, state or city agencies or systems	6	1	2	7	1	1		10	
-	1	1	2	,	1	ı	1	19	.14
Non-VA hospitals Private practice	0	0 ⁻	2 2	0	0	2	0	10 4	.07 .03
Other	3	2	1	1	0	1	3	11	.08
Column total (1973)	47	23	21	16	4	15	12	138	
Proportion	.34	.17	.15	.12	.03	.11	.09		1.00

Note. The frequencies of individuals remaining in the same setting in 1957 and 1973 are presented in boldface type in the main diagonal of the table.

TABLE 5
Professional Specialization in 1957 and in 1973

			197	3				
1957	Therapist	Teacher	Researcher	Diagnos- tician	Adminis- trator- supervisor	Other	Row total (1957)	Proportion
I. At the present time, I consid	ler myself prima	rily a:						
Therapist	27	5	1	1	6	1	41	.30
Teacher	1	8	1	0	4	0	14	.10
Researcher	5	4	12	0	1	0	22	.16
Diagnostician	6	2	1	4	7	2	22	.16
Administrator-supervisor	8	6	2	3	17	0	36	.26
Other	0	1	0	0	1	1	3	.02
Column total (1973)	47	26	17	8	36	4	138	
Proportion	.34	.19	.12	.06	.26	.03		1.00
Researcher	6.							
Diagnostician Administrator-supervisor	1 6	13 1 5	13 1 3	3 5 0	3 1 7	1 0 1	39 9 22	.28 .07 .16
	1	1	1	5	1	0	9	.07
Administrator-supervisor	1 6	1 5	1 3	5	1 7	0 1	9 22	.07 .16
Administrator-supervisor Other Column total (1973)	1 6 0 44 .32	1 5 0 38 .28	1 3 1 25 .18	5 0 0 10 .07	1 7 0 17 .12	0 1 0 4 .03	9 22 1 138	.07 .16 .01
Administrator-supervisor Other Column total (1973) Proportion	1 6 0 44 .32	1 5 0 38 .28	1 3 1 25 .18	5 0 0 10 .07	1 7 0 17 .12	0 1 0 4 .03	9 22 1 138	.07 .16 .01
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor	1 6 0 44 .32	1 5 0 38 .28	1 3 1 25 .18	5 0 0 10 .07	1 7 0 17 .12 of my time in	0 1 0 4 .03	9 22 1 138	.07 .16 .01
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor Therapist	1 6 0 44 .32 nsideration, I wi	1 5 0 38 .28	1 3 1 25 .18	5 0 0 10 .07	1 7 0 17 .12 If my time in 5	0 1 0 4 .03 the years	9 22 1 138 ahead to	.07 .16 .01 1.00
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor Therapist Teacher	1 6 0 44 .32 nsideration, I wi	1 5 0 38 .28 ill probably 6 7	1 3 1 25 .18 devote the le 2 2	5 0 0 10 .07	1 7 0 17 .12 of my time in 5 4	0 1 0 4 .03 the years 1	9 22 1 138 ahead to: 39 16	.07 .16 .01 1.00
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor Therapist Teacher Researcher	1 6 0 44 .32 nsideration, I wi 23 3 8	1 5 0 38 .28 ill probably 6 7 5	1 3 1 25 .18 devote the le 2 2 5	5 0 0 10 .07	1 7 0 17 .12 of my time in 5 4 5	0 1 0 4 .03 the years 1 0	9 22 1 138 ahead to 39 16 24	.07 .16 .01 1.00
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor Therapist Teacher Researcher Diagnostician	1 6 0 44 .32 nsideration, I wi 23 3 8 3	1 5 0 38 .28 ill probably 6 7 5	1 3 1 25 .18 devote the le 2 2 5 1	5 0 0 10 .07 arger part c 2 0 0	1 7 0 17 .12 of my time in 5 4 5 5 5	0 1 0 4 .03 the years 1 0 1	9 22 1 138 ahead to 39 16 24 12	.07 .16 .01 1.00
Administrator-supervisor Other Column total (1973) Proportion III. Taking everything into cor Therapist Teacher Researcher Diagnostician Administrator-supervisor	1 6 0 44 .32 nsideration, I wi 23 3 8 3 8	1 5 0 38 .28 ill probably 6 7 5 1 8	1 3 1 25 .18 devote the le 2 2 5 1 4	5 0 0 10 .07 arger part c 2 0 0 1 4	1 7 0 17 .12 of my time in 5 4 5 5 20	0 1 0 4 .03 the years 1 0 1 1 2	9 22 1 138 ahead to 39 16 24 12 46	.07 .16 .01 1.00 1.00 28 .12 .17 .09 .33

Note. N = 138.

sents the congruence proportions—the sum of the frequencies in the main diagonal of Table 6 divided by 138, the total sample size—among the indexes of professional specialization, preference, and prediction in 1957 and in 1973. Within each follow-up period, specialization and prediction were quite highly related. Across the 15-year interval, the best predictor of professional specialization in 1973 was actual specialization in 1957, and the worst predictor was 1957 preference—another illustration of the hoary maxim that past behavior is the best predictor of future behavior. Additional analyses showed that 1973 specialization was not significantly related to the length of time spent completing the PhD.

The relationship between scholarly productivity and professional specialization is presented in Table 8. As would be expected, researchers published the most papers, closely followed by teachers, and then administrators; most therapists and diagnosticians published little, if at all.

The most widely cited finding from the 1957 follow-up study was that these psychologists' satisfaction with their initial vocational choices seemed distressingly low. Table 9, which updates the earlier findings on vocational satisfaction, suggests that things have gotten worse rather than better: In 1957, 64% of this present sample of PhDs had expressed a preference for reentering clinical psychology if they had their lives to live over; by 1973, this proportion had dropped to 54%.

However, satisfaction proportions such as these must be eyed with considerable caution. One variable that can influence aggregate indexes of satisfac-

TABLE 6

Specialization in 1973 by Prediction of Future Specialization in 1957

The second street and second street	At t	At the present time (1973), I consider myself primarily a:						
Taking everything into consideration (in 1957), I will probably devote the larger part of my time in the years ahead to:	Therapist	Teacher	Researcher	Diagnos- tician	Adminis- trator- supervisor	Other	Row total (1957)	Proportion
Therapist	26	6	1	1	4	1	39	.28
Teacher	3	7	2	0	4	0	16	.12
Researcher	8	4	9	0	3	0	24	.17
Diagnostician	3	1	1	2	4	1	12	.09
Administrator-supervisor	7	8	4	5	21	1	46	.33
Other	0	0	0	0	0	1	1	.01
Column total (1973)	47	26	17	8	36	4	138	
Proportion	.34	.19	.12	.06	.26	.03		1.00

Note. N = 138.

tion is the proportion of the sample employed in the evaluation; within any profession, persons who promptly return their questionnaires may tend to be more satisfied with their professional lives and accomplishments than those who refuse to cooperate. Indeed, differences in satisfaction ratings among surveys may turn out to be solely a function of differential return rates. Table 10 presents the satisfaction proportions elicited to the exact same question in each of three surveys. These values. computed solely on the subsample of PhDs in each survey, show a virtually perfect negative correlation between the proportion of the sample who would elect to reenter clinical psychology if they had their lives to live over and the proportion of the initial sample on which those values were based.

On the other hand, the 1957 and 1973 satisfaction proportions presented in Table 9 were based on exactly the same cases. These figures—when con-

TABLE 7

Congruence Proportions Among the 1957 and 1973

Indexes of Actual Professional Specialization, Stated

Preference, and Personal Prediction

	19	57	1973			
Index	Pre- diction	Prefer- ence	Special- ization	Pre- diction	Prefer- ence	
1957						
Specialization	.75	.55	.49	.42	.43	
Prediction		.54	.47	.41	.39	
Preference			.37	.35	.46	
1973						
Specialization				.82	.62	
Prediction					.58	

Note, N = 138.

sidered by themselves or when compared to the line of best fit between satisfaction and return rate for previous surveys—show that vocational satisfaction has clearly decreased over the 15 years. Whether this phenomenon is simply an inevitable concomitant of the aging process must await evidence from other cohorts in clinical psychology and, ideally, from national samples from other professions and disciplines.

Additional analyses of professional satisfaction revealed that satisfaction was not significantly related either to the time spent achieving the PhD or to scholarly productivity. On the other hand, the analyses presented in Table 11 suggest that satisfaction may be related to employment in VA installations (78% would reenter psychology), and dissatisfaction to employment in other types of clinics and hospitals (49% would again choose psychology). Table 12, which relates satisfaction to field of professional specialization, indicates that diagnosticians (88%) and teachers (77%) were the most, and therapists (53%) and researchers (47%) the least, satisfied.

THE ATTITUDINAL QUESTIONS

Table 13 includes a list of the additional questions from the 1973 survey, along with the proportions of the sample of PhDs in psychology who selected each alternative. The modal psychologist in this sample professed to an "eclectic" theoretical orientation, which he claimed was highly reflected in his actual practice—especially in his methods of treatment. (For an analysis of the meaning of "eclecticism" in clinical practice, see Garfield & Kurtz, 1977). Sixty percent of the sample have undertaken some personal psychotherapy, two thirds pri-

TABLE 8

Specialization in 1973 by Scholarly Productivity

		At the present time, I consider myself primarily a:						
Number of publications in psychology There	Therapist	Teacher	Researcher	Diagnos- tician	Adminis- trator- supervisor	Other	Row total .	Proportion
0	20	6	2	3	7	2	40	.29
1 or 2	14	3	1	2	14	1	35	.25
3 to 6	8	5	2	1	7	1	24	.17
7 to 14	5	7	2	2	5	0	21	.15
15 or more	o	5	10	0	3	0	18	.13
Column total	47	26	17	8	36	4	138	
Proportion	.34	.19	.12	.06	.26	.03		1.00

Note, N = 138.

marily for personal reasons. The sample was narrowly split between those who regard personal therapy as desirable for all clinical psychologists and those who see it as useful only when personal problems interfere with one's professional functioning.

There was no uniformity of response as to whether research experience in graduate school was valuable, 12% claiming it was useless and 19% feeling it was extremely valuable. On the other hand, this sample saw such research experience as at least slightly more beneficial for themselves than for their colleagues. When research training was pitted against developing clinical skills, the sample was again of many minds. The modal psychologist in this sample tended to rely on both projective and objective tests about equally, although once again, the range of response was large.

More uniformity was displayed when the sample responded to questions about clinical psychology as a profession. Roughly two thirds of the sample believe that clinical psychology should retain its autonomy, working closely but independently with medicine. Few were adamant that those they serve be called patients; the sample was roughly equally split between a preference for the term clients and no preference at all. When asked to predict the future of clinical psychology as a professional specialty, most of the sample predicted that it would continue to develop and become coequal in status with other leading professions. And finally, the Boulder model of a scientist-professional was endorsed by roughly a three-to-one majority.

Discussion

Since the current survey was conducted at virtually the same time as that of Garfield and Kurtz (1976), and since both samples were identified professionally as clinical psychologists, comparison of the two sets

TABLE 9
Satisfaction With Choice of Clinical Psychology: 1957 Versus 1973

1957							
	Clinical psychology	Some other field in psychology	Medicine: psychiatry	Law or business	Other	Row total (1957)	Proportion
Clinical psychology	59	5	1	9	15	89	.64
Some other field in psychology	4	4	1	1	4	14	.10
Medicine: psychiatry	Ô	2	1	0	0	3	.02
Law or business	8	0	0	7	3	18	.13
Other	4	1	3	2	4	14	.10
Column total (1973)	75	12	6	19	26	138	
Proportion	.54	.09	.04	.14	.19		1.00

Note. In both years, the question responded to was, "If I had my life to live over again (knowing what I now know), I would try to end up in

TABLE 10

Relationship Between Questionnaire Return Rate and Reported Satisfaction: Proportions of Three Samples of Psychology PhDs Indicating They Would Again Choose Clinical Psychology as a Career If They Had Their Lives to Live Over

Study	Return rate	Satisfaction
Kirchner (1969)	. 45	.90
Garfield & Kurtz (1976)	.69	.71
Kelly & Goldberg (1959)	1.00	.60

of results may be instructive. Several findings in this survey replicate those reported by Garfield and Kurtz. With regard to theoretical orientation, high percentages of both samples (58% and 55%) considered themselves eclectic, and the next most popular theoretical position (13% and 15%) was a psychodynamic (psychoanalytic or neo-Freudian) one. Approximately 60% of both samples had been in personal psychotherapy.

On the other hand, while Garfield and Kurtz (1976) suggest that "the overwhelming majority [of clinical psychologists] are happy with their choice of career" (p. 9), the present data indicate that nearly one in two clinical psychologists who entered graduate school in 1947 and 1948 are sufficiently dissatisfied with their profession that they would not reenter it if they were to live their lives again. Further, although the present survey did not include ratings of satisfaction with graduate training, it did include ratings of the value of research training in graduate school. On a 7-category rating scale, 33% of the sample indicated at least some dissatisfaction with their own graduate re-

TABLE 11
Satisfaction With Choice of Clinical Psychology in 1973 by 1973 Major Work Setting

1973 major work setting	(knowing	up in:					
	Clinical psychology	Some other field in psychology	Medicine: psychiatry	Law or business	Other	Row total	Proportion
Colleges or universities	23	9	2	4	9	47	.34
VA installations	18	0	0	4	1	23	.17
Clinics	10	0	2	6	3	21	.15
U.S. government, state, or city							
agencies or systems	8	2	0	1	5	16	.12
Non-VA hospitals	2	Ó	1	1	0	4	.03
Private practice	9	0	1	2	3	15	.11
Other	5	1	0	1	5	12	.09
Column total	75	12	6	19	26	138	
Proportion	.54	.09	.04	.14	.19		1.00

Note. N = 138.

TABLE 12
Satisfaction With Choice of Clinical Psychology in 1973 by 1973 Specialization

	If I had my life to live over again (knowing what I now know), I would try to end up in:						
At the present time I consider myself primarily a:	Clinical psychology	Some other field in psychology	Medicine: psychiatry	Law or business	Other	Row total	Proportion
Therapist	25	0	2	11	9	47	.34
Teacher	16	4	1	2	3	26	.19
Researcher	3	5	1	2	6	17	.12
Diagnostician	6	1	0	1	0	8	.06
Administrator-supervisor	23	2	2	3	6	36	.26
Other	2	0	0	0	2	4	.03
Column total	75	12	6	19	26	138	
Proportion	.54	.09	.04	.14	.19		1.00

Note. N = 138.

Response Percentages to the Attitudinal Questions

• Which of the following theoretical orientations best characterizes you?

58% Eclectic	4% Neo-Freudian	1% Gestalt
9% Psychoanalytic	4% Sullivanian	1% Transactional
5% Humanistic	$\overline{2\%}$ Rogerian	0% Existential
5% Behavior Modification	2% Rational	2% Other
		6% None (I am not a clinical psychologist)

• How much would you say your theoretical orientation is actually reflected in your practice?

	Little 1	2	3	. 4	Much 5	Doesn't apply
In methods of diagnostic evaluation	5%	6%	12%	20%	32%	25%
	1%	1%	7%	22%	48%	20%

• Have you had personal therapy? 60% Yes 40% No

If your answer is "yes," did you enter therapy

 $\frac{67\%}{28\%}$ primarily for personal reasons? $\frac{28\%}{5\%}$ primarily to become a better professional person?

As a general principle, do you regard personal therapy as

17% essential for all clinical psychologists?

45% desirable for all clinical psychologists?

38% useful only for those whose personal problems interfere with their effective functioning as a clinical psychologist?

• My own research experience in graduate school (e.g., thesis, research projects, etc.) has been:

Useless						Extremely valuable	
1	2	3	4	5	6	. 7	
12%	9%	12%	9%	22%	18%	19%	$M = 4.5$ $\sigma = 2.0$

• On the basis of my interactions with fellow clinical psychologists, I feel that their research training has been:

Useless					Extremely valuable		
1	2	3	4	5	6	7	
9%	20%	18%	26%	15%	9%	4%	$M = 3.6$ $\sigma = 1.6$

• If clinical graduate students today devoted more time to developing clinical skills and less to research training, the effect on clinical psychology as a field would be:

Very detrimental						Very beneficial	
1	2	3	4	5	6	7	
11%	12%	14%	17%	19%	17%	9%	$M = 4.1$ $\sigma = 1.8$

(table continued)

- With respect to the relative value of projective and objective tests, where do you stand?
 - 2% I rely almost entirely on projective techniques.
 - 17% I rely primarily on projectives.
 - 30% I use both about equally.
 - 11% I rely more heavily on objective tests.
 - 13% I rely almost entirely on objective tests.
 - 26% Not applicable; I do not use either.
- With respect to the future relationship of clinical psychology and medicine, I think that clinical psychology should
 - 3% become more and more a medical specialty (perhaps even merge with psychiatry).
 - 8% grow closer to medicine but retain its autonomy as one of the healing arts.
 - 66% retain its autonomy working closely with medicine but also independently.
 - 22% differentiate itself from medicine and the healing arts as rapidly and as completely as possible.
- As a general policy, do you think it preferable from the standpoint of public relations that clinical psychologists refer to those whom they serve in nonmedical settings as
 - 8% patients?
 - 44% clients?
 - 48% This is not important.
- What is your best guess concerning the future of clinical psychology as a professional specialty?
 - 0% It will continue to grow and flourish, becoming eventually the most reputed of professions.
 - 63% It will continue to develop and become coequal with the other leading professions in status.
 - 24% It will remain pretty much in its present status.
 - 9% It will probably undergo some loss of status.
 - $\underline{5\%}$ It is on its way out as a separate professional specialty.
- The APA has in the past strongly supported the idea that an applied psychologist should be trained both as a scientist and as a professional practitioner. I regard the idea as
 - 73% a sound one that should be maintained.
 - 27% an impossible ideal that should be abandoned.

Note. N = 138.

search experience, and 47% believed that the research experience of their colleagues was not particularly valuable. If the neutral point of the scale is included, these percentages become 42% and 73%, respectively—substantially higher than the comparable figures reported in the other survey.

In the present survey, then, considerably more disaffection with both career choice and graduate training was reported. Paradoxically, the Boulder model of the clinical psychologist as a scientist-practitioner was endorsed by a three-to-one margin, even though the value of research training in graduate school was seriously questioned, and even though at least 32% of those who endorsed the Boulder model have published fewer than three papers during their professional careers.

In a sense, then, these two recent surveys of clinical psychologists are remarkable both in their similarities and in their differences. With the exception of satisfaction, Garfield and Kurtz (1976)

concluded that "one cannot ascribe any particular view or orientation to clinical psychologists in general" (p. 9). With that conclusion, we can but agree. Theoretically, therapeutic eclecticism is most frequently endorsed; there is no significant agreement among professionals about how one might best go about reducing human distress. The disparity of opinion on the attitudinal questions is similarly marked. About as many respondents believe that greater emphasis on the development of clinical skills would be very beneficial to the field of clinical psychology as feel that it would be very detrimental, and the distribution of responses to this question was virtually rectangular. That clinical psychologists are not of one mind clearly understates the case. Rather than forming a unitary enterprise, it seems that these psychologists have forged their own routes and constructed their own answers to basic questions: Clinician or scientist? Psychoanalysis or behaviorism? Personal therapy or not? We find, as did Garfield and Kurtz, that both poles and all points on the continuum between them are occupied. In that respect, this sample of psychologists seems much like people in general.

REFERENCES

- Garfield, S. L., & Kurtz, R. Clinical psychologists in the 1970s. American Psychologist, 1976, 31, 1-9.
- Garfield, S. L., & Kurtz, R. * study of eclectic views.

 Journal of Consulting and Clinical Psychology, 1977, 45, 78-83.
- Kelly, E. L. Clinical psychology—1960: Report of survey findings. Newsletter: Division of Clinical Psychology of the American Psychological Association, 1961, 14, 1-11.
- Kelly, E. L., & Fiske, D. W. The prediction of performance

- in clinical psychology. Ann Arbor: University of Michigan Press, 1951. (Reprinted by Greenwood Press, 1969)
- Kelly, E. L., & Goldberg, L. R. Correlates of later performance and specialization in psychology: A follow-up study of the trainees assessed in the VA selection research project. Psychological Monographs, 1959, 73(12, Whole No. 482).
- Kirchner, E. P. Graduate education in psychology: Retrospective views of advanced degree recipients. *Journal of Clinical Psychology*, 1969, 25, 207-213.
- McNemar, Q. Review of E. L. Kelly & D. W. Fiske, "The prediction of performance in clinical psychology." Journal of Abnormal and Social Psychology, 1952, 47, 857-860.
- Taft, R. Multiple methods of personality assessment. Psychological Bulletin, 1959, 56, 333-352.
- Wiggins, J. S. Personality and prediction: Principles of personality assessment. Reading, Mass.: Addison-Wesley, 1973