

# On the Developmental Task of Clinical Psychology in Japan

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## SUMMARY

This paper is intended as an investigation of the developmental task of clinical psychology today in Japan. Clinical psychology is now beginning to develop a large profile and a more serious role in Japanese society, but it is rather difficult to draw a definite perspective to develop it as a profession in the society. At first, we review the history of clinical psychology in Japan to describe difficulties it is now facing. Then we consider the comparison between clinical psychology in the U.K. and in Japan to focus on a feature of Japanese clinical psychology. It is shown that there is confusion about what clinical psychology, psychotherapy and counselling exactly are in Japan and the confusion has caused many problems of Japanese clinical psychology. The comparative analysis also indicates that finding ways to some integration is necessary to surmount the difficulties and problems. So we can say that it is actually a developmental task of clinical psychology today in Japan.

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1. Clinical psychology today in Japan.

Clinical psychology has been gaining popularity rapidly due to greater demands for psychologists and counsellors. Now clinical psychology is one of the most popular courses at university and graduate school. The number of members of the Japanese Association of Clinical Psychology (JACP) was 1277 when it was founded in 1982 and now it amounts to 100869. JACP has become the biggest of the psychology-related as-

sociations. The foundation of the Japanese Certification Board for Clinical Psychologists(FJCBCP) was established in 1988. The number of the clinical psychologists certified by FJCBCP was 1936 at first and now 7912, which, in fact, has already exceeded those of the Japanese Association of Psychology, that is about 6500.

In the early 90's Bullying in school became a serious social problem. The Ministry of Education officially decided to give clinical psychologists a trial as school counsellors to treat it and the Ministry of Finance funded the activity in 1995. It was the first time that the government officially and financially acknowledged clinical psychology as a profession. Since then clinical psychologists have been hired as helping professionals in many social fields such as victim support, HIV counselling, helping the elderly, terminal care and so on.

The society's growing needs for clinical psychologists (counsellors) in these days could be compared to the situations in the U.S.A. just after World War II, when the Veterans Administration and the government funded training programs for clinical psychologists. They needed clinical psychologists to treat many war neurosis patients back from the battle field. It brought an intense discussion about the profession of clinical psychology. In the end, the American Psychological Association(APA) could accomplish to set up and organize basic systems and institutions for clinical psychol-

ogy to grow as a social profession until the middle of the 50's. They actually boosted later development of clinical psychology (Reisman 1976).

In the case of Japanese clinical psychology the discussion has just been launched. Surely clinical psychology is now beginning to develop a large profile and a more serious role in Japanese society. However, it is rather difficult to draw a definite perspective to develop clinical psychology as a profession in the society since we have not thought of clinical psychology as a whole. We have not been able to reach even a consensus about a model to create a training program while it seems to be in urgent need to set up an official training program and policies regulating the field of clinical psychology appropriate for the social demands.

We have to make clear the feature of clinical psychology in Japan and define the direction to develop it as a profession in order to draw a design for an official training program. I have written this paper because it is the developmental task for Japanese clinical psychology today. So what I wish to do here is to consider the feature from the historical and comparative point of view and to propose a direction and design to develop a training program for clinical psychologists as professionals.

## 2. A brief review on the history of clinical psychology in Japan.

First of all, we have to inquire into the historical background to consider the feature of clinical psychology in Japan. Literature from the Nara Era (8th century) to the end of the Edo Era (19th century) shows people had believed psychological disorders were results of being possessed by supernatural spirits. It indicates there had been a local model to interpret insanity until the Meiji period (19th century) when the modern thoughts and social systems were imported from the West. The local model consisted of some original combinations between religions and psychological thinking. We could find indigenous models of psychotherapy such as Morita Therapy and Naikan Therapy which were proposed after Meiji period in the original context, but they could not be as influen-

tial as those transplanted from the West.

From the Meiji period to World War II some intelligence tests developed by Binet or Cattell and some ideas of psychoanalysis were introduced. However, the situation remained a primitive stage as a discipline, which had no clear distinction among clinical psychology, psychiatry and education for disabled people.

After World War II, in the 50's, client-centred counselling was introduced from the U.S.A. with enthusiasm. Many psychologists positively accepted it as a symbol of democracy and people who had interests in helping others rushed to learn about humanistic psychology. The boom resulted in the establishment of the Japanese Association of Clinical Psychology in 1964. 978 psychologists attended the first meeting. They started to work toward developing a nationwide certification system for professional psychologists following the APA methods mentioned above.

However, the movement toward the certification of clinical psychologists failed. It was because younger members insisted that such qualification would side with the social authority oppressing weak people like patients. They strongly objected it together with young radicals and tried to reorganize into the association that worked toward changing the social system. In the end, the association was dissolved in 1973. Activities such as counselling, psychotherapy and clinical psychology declined so badly that the movement toward developing professional psychology got a deadly blow in the 70s.

During the Dark Ages, Professor Kawai assumed the leadership to revive clinical psychology. Professor Kawai, who had learned analytical psychotherapy at Jung Institute at Zurich and got Jungian qualification, has lead Japanese clinical psychology into its present orientation based on the individual and intrapsychic psychotherapy model. In 1982 the Japanese Association of Clinical Psychology was reestablished. Many psychotherapists and counsellors who had had bad feelings about putting clinical work in a social context rushed to become the member. In 1988 the Japanese Foundation of Certification Board for Clinical Psychologists was established aiming to set up a national licensure.

As I already mentioned, in the 90's, problems such as school refusal, violence, and bullying in the school field had got so serious that the Ministry of Education decided to introduce a school counsellor system into schools and use the certified clinical psychologists as school counsellors in 1995. Such educational problems pushed the development of clinical psychology just as the war neurosis did in the U.S.A. 55 years ago. Since then social needs for clinical psychologists have been greatly increased in many areas in addition to the school field. For instance, care for the victims of crimes and natural disasters, terminal care in the hospital, psychological assistance for the elderly and so on.

The plan of privatization of all the national universities has already been decided and it is going to be established in three years. The Ministry of Education and Science informed changing the higher education systems and setting up professional schools. The Ministry also suggested having an intention to set up a professional training school for clinical psychologists so as to meet the increasing social needs. The foundation has been asked to develop a model of training programs for a two year master course and fix the curriculum.

The higher education systems are to go through drastic changes in the near future. For clinical psychology to survive that anticipated confusion in higher education systems and take steps forward, it is necessary to develop an appropriate training program as soon as possible.

However, the association has been facing many difficulties, contrary to necessity and expectation. Actually, it is difficult to gain a consensus within the field of clinical psychology and then to cooperate with academic psychology, not to mention setting up a national licensure. So why couldn't it make progress in spite of being in a somewhat advantageous position supported by the Ministry?. This question needs to be considered and answered now.

### 3. Clinical psychology, psychotherapy and counselling in the U.K.

To answer the question, we have to start by mak-

ing clear the feature of clinical psychology in Japan. It is because the feature itself has deep relevance to the question. A good method to clarify it is a comparative study. So we will begin by considering the comparison between clinical psychologies in the U.K. and in Japan.

Marzillier & Hall(1999) describes the situation of health-care professionals in the U.K. and explains the differences among clinical psychologists, psychotherapists and counsellors. It points out that the main differences occur in training and in the formal structure of their work while they may in some way overlap with and relate to each other. It goes on to say that clinical psychology training involves a specialized knowledge of psychological functioning and psychological methods, which provides particular expertise in carrying out psychological assessments such as psychometric tests, formulating problems psychologically, psychological treatment, and psychological methods of research and evaluation. And it adds that in basic training, clinical psychologists specialize in behavioural and cognitive therapy and after that some of them go on to training in other forms of therapy such as psychoanalysis or family therapy.

It follows from what has been said that clinical psychologists in the U.K. should be defined as psychologist-practitioners who graduate from a 3 year doctoral course of clinical psychology and do psychological assessment, treatment, research and evaluation. Compared with the academic level and the psychological orientation of clinical psychologists, psychotherapists and counsellors have different features. Psychotherapists could be defined as sorts of specialists who are trained according to a specific theory of a type of psychotherapy, for example object-relation theory, and whose works depend on the theory. Counsellors could be defined as professional helpers who are trained in courses recognized by the British Association for Counselling(BAC) and do a variety of work to help less disturbed individuals.

Psychotherapy and counselling are similar each other in that they don't need to attach themselves to psychology, but they are different in terms of their training systems. Psychotherapy clings to its own theory and organizes training programs in its own

institute according to the theory. On the other hand, counselling is open to a variety of theories and sets up broad generic training programs up to the BAC's standard in academic settings such as diploma courses or master courses at university. Actually, BAC has made efforts to develop comprehensive counsellor training(Connor 1994, Johns 1998). BAC published "Code of Ethics and Practice of Trainers" in 1985 and "Recognition of Counsellor Training Courses" in 1988. In the Recognition revised in 1993 the core theoretical model that includes eclectic or integrative model was presented(Dryden & Feltham 1994, Dryden et al 1995).

Counselling has improved its training system so as to become a helping profession and established its discipline in academic settings while psychotherapy has not been concerned about building its training

system in academic settings as a general discipline. In that point, counselling has a feature in common with clinical psychology. Both have certified training courses in university. Clinical psychology has courses accredited by BPS mainly in the department of Psychology. Counselling has courses recognized by BAC in the department of Education or somewhere.

#### 4. Comparison to clarify the feature of clinical psychology in Japan

Thus, in the U.K., there is a rather clear distinction among clinical psychology, psychotherapy and counselling. We can represent the different relationships among them diagrammatically as Figure 1.

On the contrary there is confusion about what clinical psychology, psychotherapy and counselling exactly

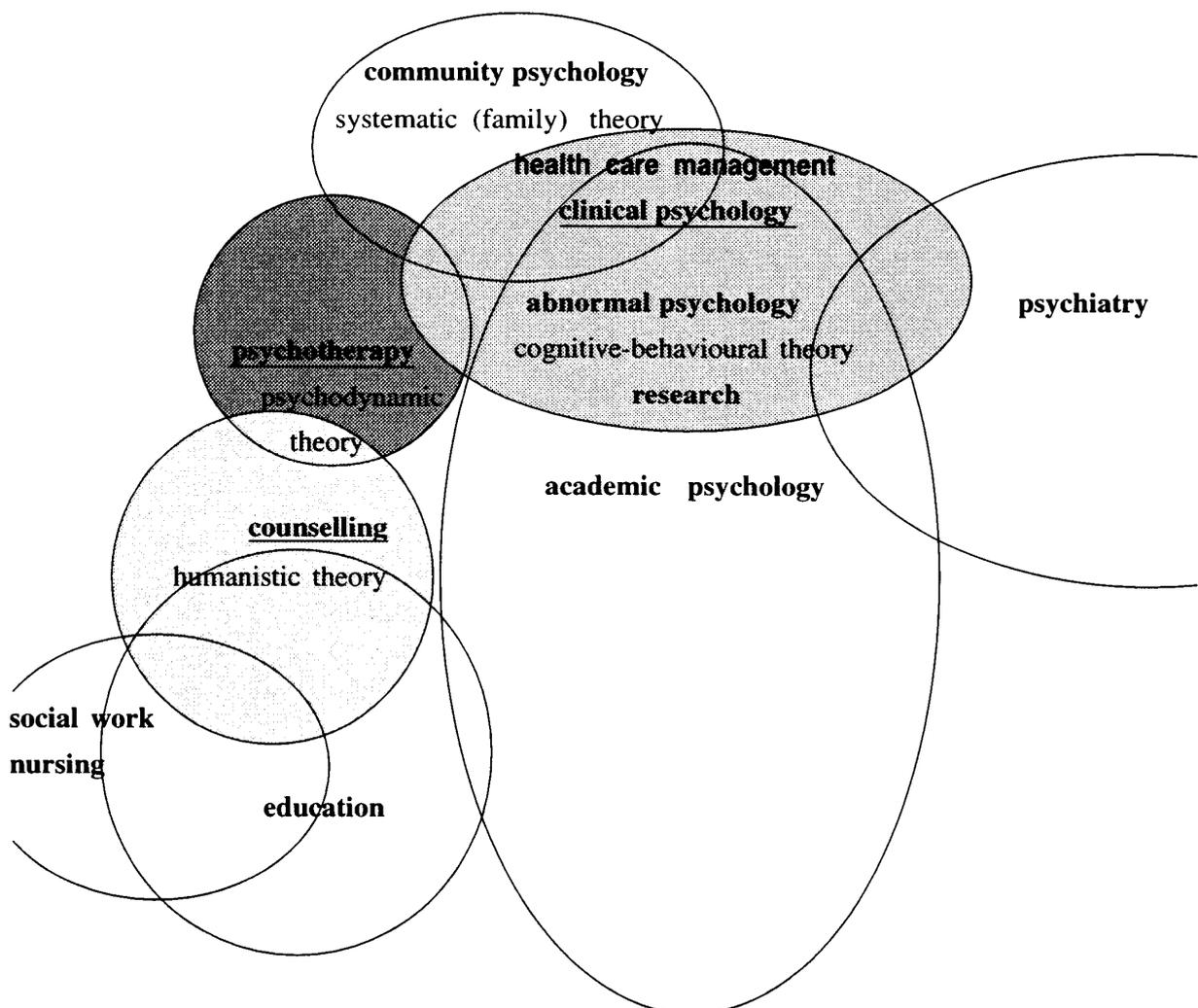


Figure 1 clinical psychology, counselling, psychotherapy in the U.K.

are in Japan. Clinical psychology in Japan includes psychotherapy and counselling so that we can not distinguish between them. Such confusion is the most distinctive feature of clinical psychology in Japan.

The distinction seen in the U.K. would give us some viewpoints to analyze the confusion and distortion of clinical psychology in Japan and some clues to answer the question presented before. With the British terms, the actual situation of clinical psychology in Japan would be described as follows.

Psychodynamic(especially Jungian) theory has maintained its influence so much that the purely intrapsychic psychotherapy has continued to be an ideal model in the Japanese Association of Clinical Psychology (JACP). However, the intrapsychic model is actually so specialized that most members of JACP are not able to master it. In addition, many problems that clinical psychologists are now expected to deal with are concerned with interpersonal and social relationships in daily life. People want to be helped to solve some daily problems or overcome specific disorders instead of analyzing their deeply unconscious conflicts in the intrapsychic world by the psychotherapy. For example, it has been almost impossible to inter-

vene in problems happening in the school communities only with the psychodynamic psychotherapy. In the end such kinds of psychotherapy are sometimes practically of no use. Counselling and community psychology are needed instead.

Eventually, most of the "clinical psychologists" working in the clinical fields have been forced to learn eclectic or integrative counselling skills including social consultation. This is the actual situation and an important feature of clinical psychology in Japan

As a result, strictly speaking or in a British sense, the title of clinical psychology in Japan is unclear and misleading. Actually only a few leaders are psychodynamic or analytical psychotherapists and the larger body of "clinical psychologists" are substantially counsellors. And very few are clinical psychologists if described by the British definition. We can represent these ambiguously overlapping relationships among clinical psychology, psychotherapy and counselling diagrammatically as Figure 2. The comparison between Figure 1 and Figure 2 can make the feature of Japanese clinical psychology clearer and help account for the task it has confronted.

Such confusion and distortion have caused a sort of

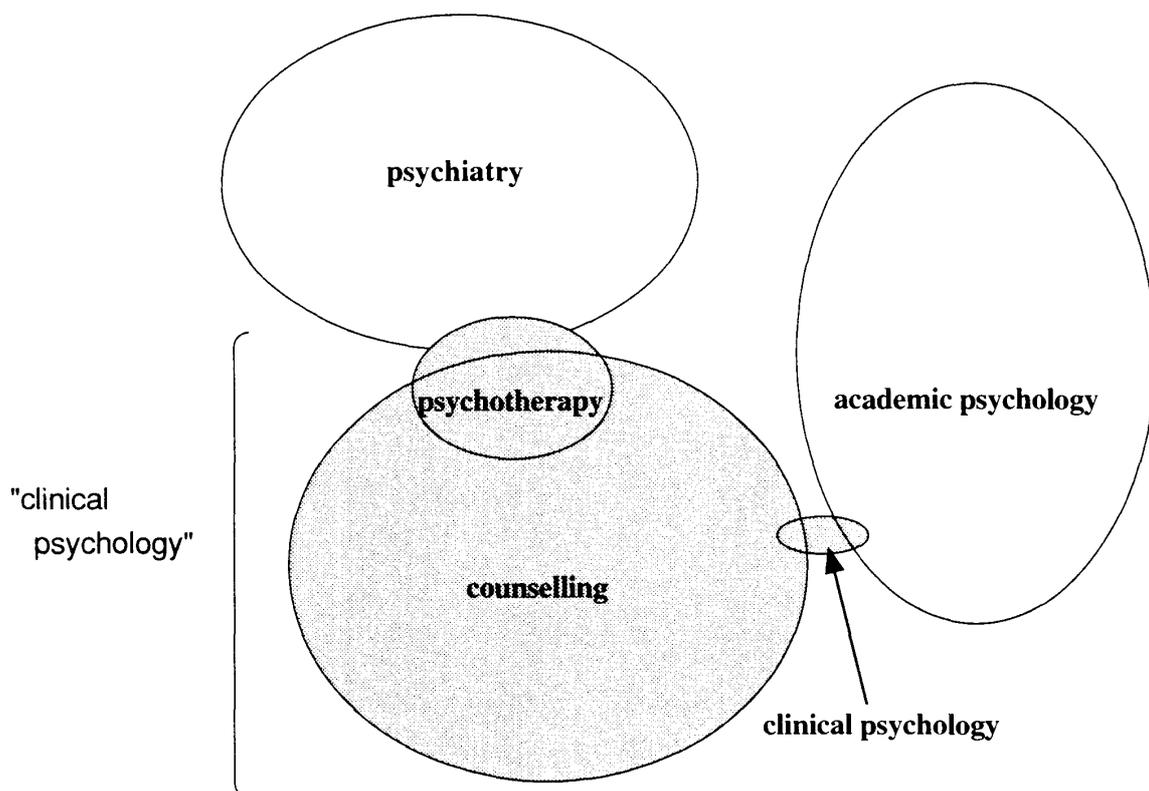


Figure 2 "clinical psychology" in Japan

paralyzed state of Japanese clinical psychology, which has prevented it from taking a great step forward. Since psychotherapy in itself adheres to its own theory it would be inevitable that Japanese clinical psychology lead by a group of psychotherapists could not equally take other theories into consideration and develop a comprehensive curriculum in academic settings.

##### 5. Analysis of actual situation of clinical psychology in Japan

First of all, it is difficult to decide what should be taught and trained as basic knowledge and skills common to various theories. As far as psychotherapy is concerned, it is almost impossible to go beyond its own theory to find a common ground and a way to develop comprehensive or integrated models for training as BAC has achieved in these 15 years. Actually in Japan special techniques like dream analysis, sand play and transference analysis are often discussed, but basic skill training for empathic communication are not discussed. This situation means that discrepancies still remain among sects based on different theories of psychotherapy in clinical psychology in Japan.

Second, it is difficult to integrate practice and research. Especially psychodynamic psychotherapy tends to put exclusively so much attention on its own intrapsychic theory and etiology like a doctrine that it can not help being against evidence-based and scientific thinking. In fact the Japanese clinical psychology has not paid enough attention to psychological assessment including abnormal psychology and psychological research, both of which should be necessities of clinical psychology. I think the indifference toward them shows lack of an evidence based attitude in Japanese clinical psychology.

For example, Outcome studies such as single case experiment and meta analysis have not been introduced into Japanese clinical psychology while they are already common knowledge of the clinical psychology in the U.K. and the U.S.A. Of course behaviour therapy and cognitive-behavioural therapy, which have been supported by evidence based methods, are not

popular here while they are dominant in the world. This situation means that psychodynamic psychotherapy model has brought some discrepancy between practice and research into Japanese clinical psychology.

Such kind of tendency has resulted in another serious discrepancy. Japanese clinical psychology has kept itself apart from academic psychology which has maintained a scientific paradigm so that the two psychologies could find no connection with each other. Moreover, these days clinical psychology has begun to invade the territories where academic psychology used to occupy in universities since clinical psychology has gained much popularity and demanded more courses to accommodate students at universities. This expansion has caused conflicts between the two psychologies. Supporters of academic psychology often express their objections against clinical psychology and its movement toward a national licensure.

In the U.S.A., APA set up a scientist-practitioner model as a training model at Boulder conference in 1947 as a first step in the process of establishing clinical psychology as a profession. Although the scientist-practitioner model has been revised in some ways, it has continued to be the base on which clinical psychology has developed (Hayes et al 1999). The scientist-practitioner model has provided the framework to integrate research and practice, science and clinical work and academic psychology and clinical psychology. The integration has become a powerful engine to boost clinical psychology. It is because that clinical psychology with the integration could be evaluated not only in practice but also academically and then be socially recognized as a profession.

On the contrary, there has been a serious splitting at the basic level in Japanese clinical psychology as described above. As long as psychotherapy is an ideal model, Japanese clinical psychology can not stem out of sectionalism and the splitting, which have been paralyzing itself. In this situation it is no wonder that Japanese clinical psychology could not take a step toward a profession because taking a next step needs going beyond sectionalism of psychotherapy and approaching some integration.

## 6. Topics we have to discuss now so as to develop Japanese clinical psychology

Here we can get the key to an understanding of the difficulties of clinical psychology in Japan. The comparative analysis shows that finding ways to some integration is necessary to surmount the difficulties. So we can say that it is actually a developmental task of clinical psychology today in Japan.

Integration is also needed to establish a national licensure for clinical psychologists. Many psychiatrists want to have absolute authority and don't like to cooperate equally with other professionals. They declare that they would object strongly against legitimatizing the qualification of clinical psychologists as long as clinical psychologists do not accept the condition that they must work only under the control of psychiatrists. In fact, it is a big obstacle, and the activities of clinical psychologists are limited in the medical settings greatly. In this tough situation, unless clinical psychology is integrated with academic psychology and supported by psychology as a whole, it is almost impossible to establish a national licensure.

We shall now look carefully into ways to approach some integration in developing an educational system for professional psychologists. To meet the social demand for clinical psychology, we have to set up an education system to train up clinical psychologists able to help effectively people in trouble.

The FJCBCP has held a nation-wide examination for the certification of clinical psychologists. The applicants are limited to those people who have a Master's Degree in psychology and psychology-related field. The examination consists of a paper and an interview. The questions are on general psychology, psychological assessment, psychotherapy(counselling), community psychology and ethics.

The system will change drastically in 2002. The FJCBCP will limit the number of applicants for the examination to graduates with a Master's course Degree in clinical psychology accredited by the foundation only. The FJCBCP decides the curriculum and staff of the Master's course in clinical psychology and is the judge role of whether it should be worthy of being accredited.

Under these conditions we have to develop a thorough training system for professional psychologists. The point is what is essential for certified clinical psychologist's candidates to learn during the 2 year Master's course in graduate schools. The main topics we have to discuss here are as follows.

*1) What should the foundation of the training program be?*

There are theories such as Behaviourism, Cognitive-behavioural theory, Humanistic theory, Psychoanalysis, Analytic psychology, System theory, Community psychology, Solution-focused orientation and so on. We have to fix a common ground among different theories, which can provide clinical psychology with a base for integration.

*2) What kind of training model should be taken and developed?*

There are various training models such as a core-theoretical counselling model, an eclectic counselling model, an integrative counselling model, a psychologist-practitioner model, a scientist-practitioner model and so on. We have to set up a training model to integrate knowledge and skills of clinical psychology. If there is a common feature of training processes among different models it may suggest a way to some integration.

*3) How should we construct the curriculum and locate it in academic settings of the higher education system?*

In order to fix the curriculum in academic settings, it is necessary for clinical psychology to collaborate with academic psychology. We have to find a way to integrate training programs with research of psychology. We also have to discuss and decide if the scientist-practitioner model is appropriate for the situation of clinical psychology in Japan.

## 7. Conclusion

In 2000, FJCBCP set up a working group to develop a training program and establish an education system for clinical psychologists in response to a re-

Table 1 clinical psychologists I met with in the U.K.

<b>Prof. Grahan Turpin</b> University of sheffield	The former chairperson of Committee on Training in Clinical Psychology of BPS
<b>Dr. John Hall</b> <b>Dr. Sue Llewelyn</b> University of Oxford	One of the editors of "What is clinical psychology ? "(Marzillier & Hall 1999) The course director of the training program for clinical psychologists
<b>Dr. Jennifer Clegg</b> University of Nottingham	The author of "Critical issues in clinical practice"(Clegg 1998)

Table 2 counsellors I met with in the U.K.

<b>Msw. Jane Speedy</b> University of Bristol	One of the contributors of "Balancing Acts: Studies in counselling training" (Johns 1998)
<b>Dr. Henry Hollanders</b> University of Manchester	The author of "Eclecticism and integration in counselling : Implications for training"
<b>Dr. Mary Connor*</b> College of Ripon & York St. John	The author of "Training the counsellor: An integrative model" *I could not meet her due to her bad condition. I met her colleagues instead.
<b>Dr. Colin Feltham</b> Sheffield Hallam University	One of the authors of "Developing counsellor training" (Dryden & Feltham 1994)

quest from the Ministry of Education. The foundation appointed me as the person in charge of the group. Being appointed I visited U.K. to discuss the topics listed above with counsellors and clinical psychologists working as trainers and to get some perspective for designing a training program(see Table 1, 2)

As a result of the discussion, I found, at first, that the psychologist-practitioner model of BPS can provide us with much information, but it is not relevant to Japanese clinical psychology today. The psychologist-practitioner model has cognitive-behavioural theory at its centre and integrates other theories around it. We have to learn and introduce much more assessment and research methods developed according to cognitive-behavioural theory into Japanese clinical psychology. However, we could not put cognitive-behavioural theory at our centre since we don't have a tradition to concentrate on it. In the traditional and social context, an integrative counselling model might be more relevant to our situation. It is because the larger body of clinical psychologists here has been substantially counsellors as mentioned above and the

professionals that the society needs most have been school counsellors at least these 5 years(Shimoyama 2000).

Second, I realized that a distinction between clinical psychology and counselling might not always be a good thing. A distinction sometimes prevents them from collaborating with each other. It is true that there has been confusion among counselling, psychotherapy and clinical psychology in Japan, but it also means that we have an opportunity to convert this confusion into an integration because we have not been divided completely. I wish to clear up this confusion by integrating. In this point, the scientist-practitioner model of APA could give us a suggestion.

The recent scientist-practitioner model is very comprehensive and integrated because it includes an integration among clinical psychology, psychotherapy and counselling as well as one between academic psychology(research) and clinical psychology(clinical work). It regards counselling as a basic skill to establish a rapport and learning counselling is a task completed at the first stage of the Master's course

(Mathews & Walker 1997). These days, communication skills to establish helping relationships, which are provided by counselling, are generally considered as a common ground of helping professions including clinical psychology (Corey & Corey 1998). In the Master's course, textbooks on integrative counselling model such as Egan (1986) and Carkhuff (1987) are often used.

In addition, trainees who go on to doctoral courses are to be taught and trained in a variety of theories of psychotherapy. Robertson (1995) indicated that psychotherapy education and training have been toward integrative orientation. And finally Clinical psychology in the U.S.A. today is inclined to complete its speciality by integrating assessment, intervention and research with the framework of the cognitive-behavioural theory and a biopsychosocial integration model (Plante 1999). Thus, it is so comprehensive that it takes 7 years at least for a trainee to become eligible for taking an examination for licensing.

We have to develop a training program for a two year Master's course. A two year course is too short to teach everything. Therefore, we have to decide what basic skills, knowledge and attitudes are necessary to teach at first. In this point, basic training in Master's courses of clinical psychology in the U.S.A. are relevant and suggestive to our situation.

However, if we were satisfied with Master's course level training or counselling training, clinical psychologists in Japan could not take professional roles responsible to manage mental health care programs. So we should classify clinical psychologists into two types, that are Master's level clinical psychologists and doctoral level clinical psychologists. In the doctoral course, we have to add more professional and comprehensive education and training to bridge discrepancy between practice and research, clinical psychology and academic psychology.

To develop doctoral level education and training, the psychologist-practitioner model of BPS and the scientist-practitioner model of APA could be suggestive, but it is not best to combine practice and research in Japan because Japanese clinical psychology has not done scientific research before. So, it would be better to introduce qualitative research methods at first to

offer a bridge between practice and research.

We therefore conclude that we should develop a two stage integrative training model appropriate for the feature of Japanese clinical psychology and construct a curriculum as soon as possible.

## References

- Carkhuff, R.R. 1987 *The art of helping*. Human Resource Development Press.
- Clegg, J. 1998 *Critical issues in clinical practice*. SAGE Publications.
- Conner, M. 1994 *Training the counsellor: An integrative model*. Routledge
- Corey, M.S & Corey, G. 1998 *Becoming a helper* 3rd ed. Brooks/Cole Publishing, Company.
- Dryden, W. & Feltham, C. 1994 *Developing counsellor training*. SAGE Publications.
- Dryden, W. & Horton, I. & Mearns, D. 1995 *Issues in professional counsellor training: Counsellor trainer & supervisor*. Cassell.
- Egan, G. 1975 *The skilled helper*. Monterey, Books/Cole.
- Hayes, S.C. Barlow, D.H. and Nelson-Gray, R.O. 1999 *The scientist practitioner: research and accountability in the age of managed care*. Allyn and Bacon.
- Hollanders, H. 1999 *Eclecticism and integration in counselling: Implications for training*. *British Journal of Guidance & Counselling*, 27(4), 483-500.
- Johns, H. 1998 *Balancing Act: Studies in counselling training*. Routledge.
- Marzillier & Hall, J. 1999 *What is clinical psychology* 3rd ed Oxford University Press.
- Mathews, J.R. & Walker, C.E. 1997 *Basic skills and professional issues in clinical psychology*. Allyn & Bacon.
- Plante, T.G. 1999 *Contemporary clinical psychology*. John Wiley & Sons.
- Reisman, J. M. 1976 *A history of clinical psychology*. Irvington Publishers.
- Robertson, M.H. 1995 *Psychotherapy education and training: An integrative perspective*. International University Press.
- Shimoyama, H. 2000 *On the education and training system of clinical psychology: Comparison with U.K and U.S.A.* In *Bulletin of Foundation of the Japanese Certification Board for Clinical Psychologists*, 12(1) 19-32.