

Lightner Witmer (Recognition Delayed or Totally Denied ?)

Volume: 10 Issue: 02 July 1992 Page: 75-83

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Abstract

In 1892, Lightner Witmer (1867-1950) joined the faculty of the Pennsylvania University where he worked for the next forty five years. He visualised the applied potential inherent in the findings and principles of the emerging discipline of scientific psychology and was convinced that it can be the basis of a helping profession. A pioneer and an innovator, in 1876 he established such a profession, suggested (1907) an appropriate name - clinical psychology - for it, planned the early training programmes in the area and made them available at the university level. To him goes the credit of having started for the first time a clinic, a journal and private practice in the area of clinical psychology. Despite his pioneering efforts Witmer remains an unknown person in psychology. The person who got clinical psychology rolling seemed to have no role in steering it, especially in the later years. As the profession he established nears its centenary year, it is fitting that one recognises the role of the founder of Clinical Psychology.

Key words -

**Witmer,
History,
Clinical psychology,
Founder**

The year 1992 heralds the one hundred and twenty-fifth birth anniversary of Lightner Witmer, who was born on 28th, 1867 at Philadelphia. The year also marks the completion of a hundred years since Witmer started on his regular professional career at Pennsylvania University. He was the first to enunciate that the emerging discipline of scientific psychology can be the basis for a helping profession. Based on this conviction he gave an explicit call for the establishment of a new field of psychology that would be devoted to helping people and thereon deliberately and consciously defined, established and nurtured the early development of clinical psychology. As Sol Garfield [1] records, if anyone has a claim to the title "founder of clinical psychology" it is undoubtedly Lightner Witmer. Yet very little is known about the man.

The eldest son of a pharmacist, Witmer was born in a family that had migrated to the United States of America in the early part of the 18th century from Switzerland. Witmer graduated from the University of Pennsylvania and for a brief period of time taught History and English at a secondary school. At that point in time James McKeen Cattell joined the Pennsylvania University and Witmer obtained an assistantship under him. Witmer's original plans were to work for a doctorate under Cattell but this did not come to be as Cattell shifted suddenly to Columbia. Witmer decided to go to Leipzig to earn his doctorate under Wundt.

At Leipzig, Witmer wished to do an "applied" description much against the wishes of Wundt, as the study of applied

aspects was discouraged, and at times totally prohibited by Wundt, for study in his laboratory. In his dissertation on the aesthetic values of varying proportions, Witmer studied in the main the basic theoretical issues but in addition managed to include the study of individual differences and the determinants of such differences. Witmer who received his doctorate in 1892/93 who was one of the early group of Americans to obtain it under Wilhelm Wundt. For the next forty five years, Witmer was on the faculty of the University of Pennsylvania and retired in 1937 at the age of seventy.

The Genesis

In the initial phase (1892-96) of his career Witmer showed an inclination towards experimental psychology. There is considerable uncertainty whether Witmer's clinical interest started from 1889, when he was teaching English at the preparatory school, with his involvement with a boy whose articulation was defective or from 1896 with his interest in a "Chronic bad speller". His years at Leipzig and on return the initial interest in experimental psychology makes one choose the later date, 1896, as the starting point.

In 1894, the Pennsylvania University organised a training programme for public school teachers with which Witmer was associated. In March 1896 one of the teachers, Ms. Margaret Maguire, who had undergone training with Witmer discussed with him the problem of one of her students, a boy of 14, who had extreme difficulties in learning spelling though he was good in some other subjects. The boy's problem became a challenge to Witmer's deeply held conviction that psychology should be of practical benefit of society. This made him take on the responsibility if remedial work with the boy whom he referred by the pseudonym - Charles Gilman [2]. This marked the formal beginning of Witmer's clinical work and the "The Psychological Clinic". The case of Gilman was followed by considerable clinical activity and it is estimated that during the first year around 24 clients were seen at the clinic [3]. Witmer had succeeded in establishing and developing the first facility to make his dream a reality - a The Psychological Clinic, headed by a psychologist and primarily staffed by psychologists. By around 1900, Witmer was seeing three clients per day. Most were children and were referred from local schools. By this time he had also seen the necessity and initiated what has now come to be known as the "team approach" wherein members of various professions consult and collaborate on a given case.

Innovative Ideas

Witmer did not use the word "clinical" as an adjectival form of the noun "clinic". To him the word meant a method of teaching and of research. Consequently he emphasised two things. First, as a teacher the clinician should conduct demonstrations in the presence of students so that they would be instructed both in the science and art of psychology. Secondly as a scientist the clinician should regard each case as, in part, a research experiment in which the effects of his remedial procedure and recommendations are to be studied.

Witman's early interest was in children who had learning difficulties, those who were mentally defective (sic), blind, and those who showed unruly, disruptive and criminal behaviour. To a large extent this remained his primary and predominant interest.

As Witmer was the first psychologist to apply the principles of scientific psychology to diagnostic and remedial work with children, he had no clearly demarcated line of action. This made him apply himself

directly to the study of his clients and work out his methodology on the basis of gathered experience. His methods were "here and now", practical and problem oriented. Assistance to clients was preceded by diagnostic assessment in which he emphasised the importance of interviewing and case history and held in focus the identifying the proximate cause, and not a far removed and remote cause, an aspect that made him different from the analysis of the day.

Witmer felt that the case study should be explorative and kept in a fluid state. He was not in favour of structuring it by way of formal information blanks. Similar was his disenchantment with structured psychological tests like the Binet. He depreciated excessive dependence on tests but was not against them. He was associated with the development of two psychological tests - the Witmer form board [4], a modification of the Seguin form board, and the Witmer Cylinders [5] - developed in 1916 and 1918 respectively.

One of the aspects that Witmer always emphasised was the preventing of future problems through diagnosis and remediation.

Ahead of Times

At the University of Pennsylvania the course organised for the school teachers, with which Witmer was associated, became popular with the teachers and resulted in the early patients of Witmer's being children. As early as 1896, Witmer gave a course stressing the clinical orientation. The formal course offered the next year, is generally considered as the inauguration of the course work in clinical psychology. The University of Pennsylvania offered a formal programme in clinical psychology from the 1904-05 academic year. Witmer thus was the pioneer in the development of the early programmes in clinical psychology which he conceptualised, organised and carried out.

Witmer was convinced that scientific psychology can, if appropriately utilised, be useful in helping people. His interest was in being of help to people to bring about their maximal functioning by the optimum utilisation of whatever psychological knowledge and skills that existed. He felt that the above help can be best provided by a profession independent of both medicine and education and is closely attuned with basic scientific psychology. The role thus suggested by Witmer was far different from the one considered appropriate at that time for psychologists. Individuals had been studied by psychologists before but always with the aim of formulating scientific generalisations. The objective was generation of new knowledge. Witmer's signal innovation as a psychologist was to suggest and practice the application of psychological principles and techniques in the diagnosis and treatment of individual cases. His contribution thus was an idea that psychology which was in its initial phase of excitement as an experimental science, may also be of direct help to people. Thus Witmer's contribution can be criticised as nothing original and only a suggestion that psychologists should take a direction and discover new uses and applications for already available knowledge and method.

Witmer's ideas came in conflict with the temper of the times, in 1896 itself, at the time of the Boston meeting of the American Psychological Association (APA). Witmer appeared before the body to describe his work regarding the organisation of practical work regarding the organisation of practical work in psychology and wherein he used the concept of The Psychological Clinic for the first time. Witmer stressed that his clinic is an institution of social and public service for original research and for instruction of students in psychological orthogenics - a term coined by him which included the areas of

vocational, educational, correctional, hygienic, industrial, and social guidance. Witmer felt that he was proposing something important, new and exciting - "the clinical method in psychology and the diagnostic method of teaching". As Brotemarkle [6] records "His talk stimulated the elevation of some of his colleagues' eye brows but little else". In retrospect it is obvious that the man was far ahead of his times.

The Name and the Journal

Witmer founded the first journal devoted exclusively to the new profession being nurtured and shaped by him. The first issue of the journal [2] - The Psychological Clinic - was published on March 15, 1907 of which Witmer was the Editor. Herbert Stotesbury of the Temple College, Philadelphia and Joseph Collins of the Post Graduate Medical College, New York functioned as Associate Editors. It was published monthly (except in the months July - September) with the annual subscription of \$1.00 and promised a minimum of twenty eight pages in each of its nine issues.

Witmer's orientation can be judged from the fact that the journal contained a prominent notification that it is "a journal for the study and treatment of mental retardation and deviation". The journal was "published primarily in the interest of a large class of children, who manifest different degrees of retardation in mental and moral development". The journal aimed at presenting "the results of investigations conducted mainly through the examinations and treatment of individual mental and moral peculiarities associated with developmental phenomenon". It took "cognizance of all form of special work for mentally and physically defective children, juvenile delinquents and dependents". The journal made an appeal for support of all those having an "interest in improving environmental and other conditions to further normal development during the formative period of childhood".

During the period 1896-1907, the new profession was gradually coming into being but it lacked a name. A formal proposal for such a profession and a name for it were required. Both these were may by Witmer's opening article in the first issue of the journal. He proposed that the new profession be named as Clinical Psychology and chalked out its plan of action.

The Journal was instrumental, especially in its early years, in defining, promoting and publicising and attracting people towards it. Witmer wrote regularly and extensively in this journal though his writings in other publications were not many. The journal ceased publication in 1935, a decade before the profession it had baptised in its first set on a march that lead to its phenomenal expansion and made it the largest and most robust speciality area in the field of Psychology.

The Enigma

An evaluation of Witmer's life-time contributions indicate that he was basically a clinician, a doer, and a man of action. His research contributions and research writings are sparse. He did not put forth any theory on his own though he did express his views and ideas on several issues. A characteristic feature of his ideas is that they seem off beat and are expressed in words specifically coined by him to meet his requirements. His foresight and plans of action as to how to put available psychological knowledge to practical use were worth their weight in gold but he seemed to miss the obvious in the research work

that he carried out. In his life-time contributions a scatter emerges as a conspicuous factor.

Witmer [7] defined intelligence as "the ability of the individual to solve what for him is a new problem" and stressed the importance of the problem being new for intelligence to be measured. He believed that retesting a person with the same intelligence test plainly ruled out the possibility of getting a valid estimate of intelligence. He believed that scales which evaluate a person's creativity and resourcefulness are more important than the popular intelligence tests of the day. He had a very broad view of mental retardation. He felt that if any child is developing at less than his fullest capacity, to that extent, the child was retarded.

Witmer pointed out that material, social and intellectual deprivations of children growing up in slums can contribute to their backwardness. He called for preventive social action to overcome the impact. He was a supporter of the role of environment over heredity in the area of intelligence. He encouraged his colleagues and students to become involved in correcting aspects of the social system that produced harmful psychological consequences. This desire for reform within society for prevention of retardation made Witmer coin the word "orthogenics". As a means of preventive guidance, orthogenics primarily concerns itself with the cause and treatment of retardation and deviation but Witmer clarified that it is also the science of normal development and comprehends within its scope all the conditions which facilitate, conserve or obstruct the normal development of mind and body. During the twenties, Witmer's interest was directed towards the psychology of intelligence superior children.

Witmer felt that clinical psychology should try "psychonomic personering" wherein it is oriented towards the creation of a personal character of surpassing superiority. This concept of "surpassionism" or that individuals have the capacity to "surpass" themselves or develop their capacities and abilities to the fullest seems like a half-hearted fore runner akin to the concept of self-actualisation. The objective, had merit but seemed inopportune and attracted little interest.

Not only were his theoretical concepts opaque and difficult to comprehend but Witmer showed a tendency to miss seeing the obvious. Witmer's first client - Charles Gilman - looks like a case of dyslexia. Witmer started his work with Gilman in 1896 and continued with remedial efforts till 1903. Gilman died of tuberculosis in 1907 and in the same year, in the first issue of the journal *The Psychological Clinic*, Witmer [2] reported the case. Historians credit Pringle Morgan as the first person to identify dyslexia in the year 1896 - the very year in which Witmer diagnosed and started his work with Charles Gilman.

More dramatic was yet another miss. One of Witmer's early students, Edwin B. Twitmyer studied patellar reflex for his dissertation of Pavlov, discovered the conditioned reflex. Twitmyer presented his findings at the APA meeting held in Philadelphia in 1904 and William James presided over the session. None - Twitmyer, Witmer or James - realised the far reaching implications of the findings in front of them.

On the other hand in doing things Witmer seemed second to none. He visualised the applied potential interest in the findings and principles of psychology, thought of a helping profession, decided on an appropriate name for the newly emerging subject, planned a training programme and made it available at the university level. Simultaneously he started a clinic and a journal.

In 1908, Witmer established a residential school, associated with his clinic, for training and care of troubled and retarded children. This was around Wallingford near Pennsylvania. He took on this responsibility in addition to his University duties and was probably the beginning of private practice by a clinical psychologist. Witmer's student Twitmyer pioneered the clinical study and treatment of

speech disturbances and in 1914 founded the first formal speech clinic. Six years later in 1920, Morris Viteles, another student for Witmer established the first facility for vocational guidance. In later years this led Viteles to nurture and develop Industrial Psychology.

In 1924, along with Twitmyer and Starr, Witmer established a psychobiochemical laboratory and clinic at Pennsylvania and offered a course at the university in "Metabolism and Behaviour". Witmer coined a word "Psychobiochemistry" for this new science. He predicted that this area is likely to make most important contributions in the "later half of this century".

Witmer the Man

Witmer was a man of profound self-confidence who was assertive and forceful which bordered on being pedantic, dogmatic and domineering. He had a tendency to make overzealous criticism and deliver his remarks in an aggressive tone. More often than not what he said seemed correct or soon found to be so. Generally what went wrong seems to be way he said things than what he said. He was a very strong, but not very tactful, fighter of causes he believed in. One of the causes Witmer considered very important was academic freedom an issue on which he vehemently opposed the trustees of the University of Pennsylvania. He was a private person and a loner, a characteristic which became marked in his later years [3].

Witmer was respected for his clinical skills and more so for his devotion to his clients as his attitude towards them was one of deep interest, respect, concern and caring. In this aspect he was ideal role model for clinical psychologists.

Witmer's influence on clinical psychology was profound in the early years as early clinical facilities were modelled after or planned and guided by the Pennsylvania clinic.. Many of his students moved into key positions in clinical psychology after their graduation. After World War II, when he was in the later part of his career, his influence on clinical psychology showed marked decrease. His emphasis and involvement was always on direct clinical interviewing, observations and applications. This was at variance with the Zeitgeist which emphasised psychological testing and analytical orientation towards the patient.

The Great Divide

The American Psychological Association was founded in 1892. Witmer was a charter member of the APA and was the last to die. In the first annual meeting of the APA, which took place at the University of Pennsylvania in December 1892, Witmer presented two papers. Similarly, he was an early member of the American Orthopsychiatric Association.

After an initial involvement with the APA, Witmer started withdrawing from its activities. This became marked after his disagreements with William James whom he severely criticised "as the spoiled child of American Psychology" for his laxity and lack of scientific temper as shown by his being a supporter of unscientific mental health movements because of his interest in mysticism. In 1908, Witmer came out very harshly against what he believed to be certain fraudulent and unscientific mental health movements. His outspoken nature and critical attitude marked the beginning of the

gradual estrangement of Witmer from mainstream psychology and he ceased to be part of the in-group American Psychology. Ultimately, the mainstream academic/experimental psychologists of his day either ignored him or tended to depreciate his accomplishments. The man who found William James to be unscientific was in turn considered by academic psychologists as speculative and loose in his logic and approach. The great divide between the experimentalists and the clinicians that started from the days of the founder of clinical psychology does not seem to have ceased to exist even to the present day. In 1981, Lloyd Humphreys who had been a member of the APA for forty years submitted his resignation to the APA in an open letter to the APA Monitor [8], [9]. The resignation came immediately after the announcement that Max Siegal, a clinical psychologist had been elected as the 91st President of the APA to take over office from January 1983. Humphreys [8] wrote "There is basic incompatibility". The issues discussed by Humphreys are not new. They represent one of the long term struggles clinical psychology has faced almost from its inception of the days of Witmer - namely the basic incompatibility between the needs and objectives of clinical practitioners on the one hand and those of research oriented theoreticians on the other.

The recognitions that Witmer got were few and were more local in nature. In 1931, to commemorate the 35th year of the founding of the The Psychological Clinic an edited volume consisting of 29 contributions by Witmer's associates and former students was brought out. In 1934-36, Witmer became the President of the newly formed Pennsylvania Association of Clinical Psychologist. In 1946, the APA convention held at Pennsylvania University had a special symposium to mark the fifty years of clinical psychology. Finally, on his retirement in 1937, the Pennsylvania University awarded him the honorary degree of Doctor of Science.

Epilogue

Garfield [1] records that "it is remarkable that such an unusual pioneer and innovator as Witmer did not have a greater impact on subsequent developments in clinical psychology and is remembered primarily as a figure of historical importance". Witmer got clinical psychology rolling but seemed to have succeeded very little in steering it. Watson [10] opines that "Witmer turned his back on almost all that was to predominate in the later days of clinical psychology and became of historical significance only" which seems to be a harsh judgement on one who visualised a new movement and a profession, but is unfortunately true. In The Psychological Clinic Witmer [11] had said "In the final analysis the progress of clinical psychology, as of every other science, will be determined by the value and amount of its contributions to the advancement of the human race". Undoubtedly, Witmer had perceived a movement and its major objectives, yet something somewhere had gone astray.

Despite his pioneering efforts and early contributions Witmer remains an unknown person in psychology. A standard book on history and systems of psychology [12], mentions him only once and that too in two words - Lightner Witmer - in a list of names, as a student of Wundt and then ... nothing more. He is the least documented of all the founders of American Psychology. The answer to the question "why"? can only be speculative. The outstanding clinician and practitioner comes out to be an uncertain and wavering academician and, a difficult man.

Histories of psychology have always placed major emphasis on experimental psychology. Most of them give little attention to history of clinical psychology despite the fact that the first clinic by Witmer

was established and currently clinical psychology is not the single largest speciality field of psychology but also the robust.

Even within the area of clinical psychology, all the time Witmer seemed to sail against the current. His clinical perspective was one which was at variance with the prevailing dominant orientation. In the earlier part of the century when intelligence testing constituted the centre piece of most clinical work Witmer decried it. He was not in tune with the Freudian dynamic model which greatly influenced clinical psychology. Witmer started working mainly with children and continued to remain so even when clinical psychology started being interested in therapy with adults. Even among children he concentrated on the mentally retarded children and those with behaviour disorders. His therapeutic approach was pedagogical and not dynamic, affective or motivational. He contributed greatly to an educational approach.

Majority of the psychologists considered themselves as scientists and as Reisman [13] points out did not regard the role described by Witmer as exciting. Even if they empathised with his views, few were prepared by training or experience to perform the function proposed. They seemed to be unwilling to jeopardise their identification as scientists, by prematurely plunging into the role of applied professionals.

One wonders whether the scene would have been different if Witmer had been a persuasive individual, was tactful, soft spoken and a social mixer. That probably would always remain unanswered.

Commemorating the 75th anniversary of the first issue of the *The Psychological Clinic*, Garfield [14] editorially commented that "Witmer was an outstanding individual and pioneer whose influence was not proportionate to his contribution ... it seems appropriate to acknowledge his role as the father of Clinical Psychology..." As the profession approaches the centenary year (1996) of its founding Garfield's comment takes on added and solemn significance.

Scientific Psychology began in India with a predominantly British orientation with the introduction of the subject in the department of Philosophy of the Calcutta University in 1906, where it developed into an independent department of Psychology by the year 1916. The introduction of the psychoanalytical thought and the formation of the Indian Psychoanalytical Society in 1922 at Calcutta imparted psychology a clinical orientation.

The establishment of the All India Institute of Mental Health, currently known as National Institute of Mental Health & Neuro Sciences at Bangalore by the Government of India and the introduction of the 2 year post M.A. diploma course in clinical psychology (D.M.P.) in 1956 is a recognisable landmark in the emergence of clinical psychology as a scientific speciality. The formal beginning of clinical psychology in India was thus two decades after Witmer retired from Pennsylvania which was also the year in which Witmer died. As Witmer did not contribute to, or rather did not accept the analytical thought the earlier phase of Indian Psychology was not influenced by his ideas or work. The formal phase of Clinical Psychology in India came to be much after Witmer's active career had ended. Thus Witmer hardly influenced the development of clinical psychology in India. Yet, in the final analysis it is to be remembered that scientific disciplines and professional orientations do not have geographical boundaries though in each society they have a history, development and pattern of their own. In the larger perspective clinical psychology in India also hinges by the same basic philosophy of Witmer's that the principles of scientific psychology can be and are a basis of a helping profession.

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