CHAPTER I
INTRODUCTION

1.1 PSYCHOLOGY IN 20TH CENTURY IN INDIA – A HISTORY

Indian scriptures dating back thousands of years extensively dealt with the analysis of states of consciousness and contents of spirituality along with mental growth. The important feature of this early exposition is that it is mostly experiential and is a culmination of centuries-old tradition of self-verification. In the ancient Indian scriptures, no rigid distinction among religion, philosophy, and psychology was maintained. The overriding consideration was to help individuals in their pursuit of self-realization and liberation from the miseries of life. In this world-view, the source of all suffering was presumed to be within the person, and thus the emphasis was on exploring the 'world within', to alleviate the suffering. The goal was to seek enduring harmony of spirit, mind and body for everlasting happiness. The meditation and yoga system evolved very sophisticated mind-control techniques in this pursuit. In contemporary literature, this broad field of inquiry is referred to as "Indian Psychology".

These rich traditions, however, had little bearing on academic psychology implanted in India as a Western science during the British rule. Scientific psychology with laboratory work was a novel approach, not having any parallel in traditional Indian psychology. Psychology was first introduced as a subject in the Philosophy Department at Calcutta University. Brojendra Nath Seal who was the then King George V Professor of Mental and Moral Philosophy drafted the first syllabus for experimental psychology and established a laboratory for demonstration purpose in 1905. Eleven years later this laboratory was upgraded as the first psychology department, the Department of Experimental Psychology. Narendra Nath Sengupta, who chaired this department, had his education at Harvard University with Hugo Munsterberg, a student of William Wundt. Laboratory research at Calcutta in the areas of depth perception, psychophysics, and attention inspired early work at other centers. Recognizing the scientific nature of research, psychology was considered as a separate section in the Indian Science Congress in 1923.

Psychology was introduced initially as a subject at the undergraduate and post-graduate level (Sinha, 1986). In Dacca University, Prof. H.D. Bhattacharya set up a laboratory in 1921.

The Mysore University laboratory was established in 1924 under the guidance of Dr. M.V. Gopalswami who was trained in London under Prof. Spearman. With the guidance of Prof. Spearman, he conducted extensive research on higher psychological thought processes and the applications of psychology to education. Thus, psychology in India at an early stage acquired the status of a science along with physical and biological sciences, something which Western psychology achieved only after a long struggle. The Indian Psychological Association was founded in 1924 and the Indian Journal of Psychology, the first psychology journal in India, appeared the very next year.

Girindrashekhar Bose, a psychiatrist and a psycho-analyst succeeded Mr. Sengupta. Because of close contact with Sigmund Freud, Mr. Bose showed much enthusiasm to promote psychoanalysis in 1922 and he established Indian Psychoanalytic Society. Bose also received Ph. D degree on the 'concept of repression', which was also the first Ph.D. from any Indian University in psychology. He also established the Lumbini Park Mental Hospital in Calcutta in 1940 and also pioneered the department of Applied Psychology Wing in 1938 where Jung, Meyers and Spearman were invited to the Silver Jubilee Session of the Indian Science Congress (Dalal, 2013).

Other departments were also established at Mysore and Patna during independence period. M.V. Gopalswami who was trained at London University in the mental testing tradition under the guidance of Spearman, developed Indian adaptations of Western intelligence tests and applied psychological principles in the field of education. In Patna, the department was begun in 1946, headed by H.P. Maiti, along with establishment of Institute of Psychological Research and Services. The department had emerged as a major center for teaching, research and counseling services where vocational guidance and counseling was provided to a students and general public.

Due to the influence of Wundt and Titchener, research was mainly accomplished in the areas of sensation, perception, psychophysics and reaction time. Gradually psychology became an important subject of study in Indian universities. Calcutta continued to remain the center of inspiration so that the Wundtian influence was diffused to other places. As a result, Wundtian and Titchenerian techniques became so much popular that every psychologist in the field of experimental research was bound to show some form of reflection of Wundt's work. In the

Western society, psychology had moved away from theology and philosophy and had developed its own methods of inquiry based on natural science models. During this period, Indian psychologists saw the opportunity of developing a secular identity distinct from that of religion and philosophy by applying Western psychology.

However, due to ignorance to the integration of philosophy, spirituality and psychology, Indian psychology was not well equipped to derive the contemporary world and did not have tools and techniques to explain the existing social and moral decay of the Indian society. Indian psychologists always facing issues in balancing between two polarities: metaphysical versus empirical; clinical versus experimental; intuitive versus objective. Psychology practitioners in India started compartmentalizing their practice and research in the Western psychological tradition from other scholarly and personally satisfying creative pursuits.

Indian psychologists started living in two different worlds of religion and spirituality and objective reality of philosophy and psychology. For example, Girinder Shekhar Bose, apart from his important contribution in psychoanalysis, serialized the interpretation of the holy Gita in the prestigious Bengali magazine 'Parvasi'. Gopalswami who was heading department at Mysore maintained interest in two diverse fields – intelligence testing and animal laboratory work. Moreover, he had also established his own radio station and was involved with various cultural activities (Nandy, 1995).

Durganand Sinha, one of pioneer of modern Indian psychology observed the rejected attempts of the formulation of Indian Psychology such as rebirth, transmigration of souls and supernatural powers by the practitioners who were trained in empirical tradition. So, due to the negative attitude of inheritance of colonial past and influence of scientific worldview, the concept of Indian psychology was resisted and ideas were grounded. As Kiran Kumar (2008) noted, this situation has created a duality in the personality - psychologist as a professional vs. psychologist as a person – which resulted in to lack of creativity and draining of personal resources and energy resulting in 'burn out' among many psychology professionals. With the absence of proper understanding of Indian social realities, the unique systems of caste, religion, tribal and rural communities, rituals, beliefs, traditions, the colonial administrators were facing many problems in the functioning of system. It was noted that Britishers did not promote

psychology in India in the same way as they did in the case of sociology and social anthropology.

The notion of psychologists in India living in two worlds had become more pronounced, though, the three main streams of academic psychology - experimental psychology, psychoanalysis and intelligence testing were viewed as culture-free and uncritical. In most universities, psychology department were established by splitting the departments of philosophy. As a result, many faculties moved to psychology department from philosophy seeing better career opportunities. By the end of 1960s, a majority of chairman in psychology departments had a philosophy background because of the movement from philosophy to psychology. It was believed that philosophical knowledge would create a strong base to psychology and make psychology richer in terms of indigenous concepts and theories. Paradoxically, the faculties with philosophical background, for establishing identity as a scientist, disassociated themselves from philosophy. Interests were shown in the areas of memory, psychophysics, perception, learning, pattern recognition and faculties were quite fascinated with the notion of value-free and culturally neutral experimental work. Due to lack of training in research methodology, they learnt Western research methods to acquire methodological sophistication and training of statistical techniques. As a professional, they were engaged in Western models based scientific research methods and to satisfy their creative urges, they would engage in other activities.

After India's independence from the colonial rule, the National Government recognized the importance of social science teaching and research for the national reconstruction and social development. Later, many psychological studies evidenced the concern on the rioting behavior during the human tragedy of partition of India where thousands were killed in Hindu-Muslim riots and massive influx of refugees from across the border. After realizing the initiative from psychologists towards psychological research, the Ministry of Education thought about involving Gardner Murphy through United Nations Educational, Scientific and Cultural Organization (UNESCO) in 1950 for the development of research to understand the causes of communal violence. The book, 'In the Minds of Men' edited by Murphy was published by the contribution of various studies by psychologists in India.

After the Independence, the Ahmedabad Textile Industries Research Association (ATIRA) was established in 1950, where Kamla Chowdhury conducted large scale surveys to

study motivational problems in the textile industries. In the field of clinical psychology, advanced training programmes were introduced at the All India Institute of Mental Health (now known as National Institute of Mental Health and Neuro-Sciences (NIMHANS) in 1955. Also, Hospital for Mental Disease were established in Ranch in 1962 and Indian armed forces also expressed interest in using psychological test in personnel selection, to conduct research on defense related problems, motivation, leadership, mental health, stress and rehabilitation of disabled war veterans. Psychological Research Wing of the Defense Science Organization was set up in 1949, which was elevated as the Defense Institute of Psychological Research (DIPR) later on.

With such diverse initiatives and efforts, psychologists began to contribute the psychological services in different domains of national life by the end of 1950s

1.2. DEVELOPMENT AS A DISCIPLINE

There was a phenomenal growth in psychology discipline in terms of psychological practices and research in 1950s and 60s. In 1956, University Grant Commission (UGC) was constituted and funds had been provided to various universities to start psychology departments, which resulted in 32 departments by the end of 1960s. Through rapid and impressive expansion of psychology, the departments were created as a part of general expansion of higher education and without any particular academic consideration or any definite educational policy. Nevertheless, various departments developed a distinct identity (Pandey, 1969). For example, departments were known for their research in the areas of rural and social psychology (Allahabad), test construction (Mysore), Industrial Psychology (Osmania), Measurement and Guidance (Patna) or Verbal Learning (Pune).

In the late sixties, because of the declining standards of university departments and to facilitate research programmes, UGC established Centers of Advanced Studies and Centers for Special Assistance. Two psychology department (Utkal and Allahabad) were raised to the status of Centers of Advanced Studies in Psychology. Departments at Delhi, Gorakhpur and Tirupati were also elevated to the status of Center of Special Assistance.

A number of bilateral academic exchange programmes were commissioned by UGC and the Ministry of Education, Government of India. Through the fellowships of Commonwealth,

Fullbright and Ford Foundation, a large number of Indian scholars went to Britain, Canada and United States for doctoral and post-doctoral training in the sixties and seventies as a part of student exchange programmes. Qualitative changes in teaching and research were introduced when such students returned to occupy academic positions and shared their contemporary research ideas and continued academic collaboration with their seminal professors abroad.

1.3. MENTAL HEALTH POLICIES IN INDIA

In India, mental hospitals as they exist today, were entirely British conception. It was assumed with some evidences that modern medicine and hospitals were first brought to India by the Portuguese during seventeenth century in Goa. Mental Asylums, primarily, were built to protect the community from the insane and not to treat them as normal individuals. At the time of independence, India had about 30 institutions for the mentally ill, with 10 of them having been built prior to twentieth century. The Indian Psychiatric Society (IPS), among the oldest mental health professional bodies in India, came into existence in 1947, and the first Annual Conference of the society was held in 1948. The IPS along with the Indian Association of Clinical Psychologists (IACP) which came into being 1968, and the Indian Association of Professional Psychiatric Social Workers have played important role in influencing mental health policy. Superintendents of all mental hospitals were invited to conference in 1960, in which a draft of mental health bill was discussed.

Defining "Mental Health"

As mental health is being considered one of the primary factor of health, World Health Organization (WHO) defined as,

"*A state of well-being in which every individual realized his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*"

Mental health can also be conceptualized as a spectrum with optimum mental wellbeing on one end and severe mental disorder at the other end.

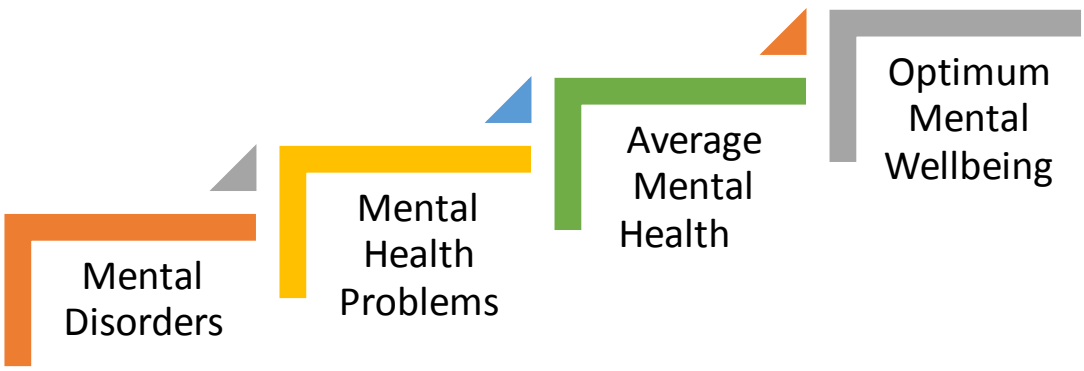


Figure 1.1 – Mental Health Conceptualization (Source: Well-Being Institute, University of Cambridge 2011)

The first Lunacy Act was introduced in India in 1858 and provided guidelines for setting up mental asylums and procedural checks for admission and treatment on the patients with a view "to segregate those who by reasons of insanity were troublesome and dangerous to their neighbors." The amendment to the Lunacy Act in 1912 brought the mental hospital under the charge of Civil Surgeons instead of the Inspector Generals of Prison as in the earlier times. For the first time, psychiatrists were appointed and the control of such asylums handed over to the central government. The 1912 Lunacy Act essentially remained in effect until the 1987 MH Act was passed by the government of India. The service providers recognized the gross inadequacy of medical and other rehabilitation personnel in mental hospitals and set to correct the situation following India's independence in 1947.

Doshi (*n.d.*) reviewed in her research on Mental Health Act in India. The Mental Health (MH) Act 1987 attempts to bring in the latest thinking in the sphere of MH services. Following legal precedents, media attention and a growing awareness, new services are emerging, especially in urban areas. Goel (2011) conducted a study to understand why mental health services in low and middle-income countries are under resourced and under-performing. It was found that major reasons were the top-down approach of planning mental health policies such as, National Mental Health Plan (NMHP) which was launched 1983 and poor governance, managerial incompetence. The NMHP plan was launched to provide basic mental health services through primary health care system. The plan was failed to achieve any of the objectives over two decades. After the independence of the country, Sir Joseph Bhore, Superintendent of

European Mental Hospital, surveyed all the mental hospitals in India and said that, '*Every mental hospital which I have visited in India is disgracefully understaffed. They have scarcely enough professional workers to give more than cursory attention to the patients, to say nothing of carrying a teaching burden… The policy of increasing bed capacity, which has incidentally led to gross overcrowding in most of the mental hospitals, rather than personnel has been stressed in the past, but the cure of mental patients and the prevention of mental diseases will not be accomplished by the use of bricks and mortar.'* After few decades, when Supreme Court asked National Human Rights Commission (NHRC) to survey all existing mental hospitals in the country and the shockingly, NHRC report, 1999 echoed in one line 'It was as if time stood still.' There was no improvement at all in the conditions and services of mental hospitals in this period of time. The data presented by Goel (2011) reflected that by 2001, there were 11 million major mental disorders and 110 million common mental disorders prevailing in the country, for which there were 2219 psychiatrists, 343 clinical psychologists, 290 psychiatric social workers, 523 psychiatric nurses were available in India.

1.3.1 - Mental Health Act 1987, India:

The Mental Health Act was drafted in 1987 but was implemented in all states and Union Territories in India only in 1993. According to Rastogi (2005), most of the act is similar to the MH Act 1959, the MH (amendment) Act 1982, both of England and MH Act 1960 of Scotland with a few changes. the Act fails to address the removal of social stigma attached to MI and educating the society. Failure to mandate medical opinion to licensing authorities of service organizations, more stress on institutionalization, lack of after discharge care and rehabilitation measures, providing for research possibilities as long as guardians agree, lack of measures to restrict unnecessary detention by families or law agencies and adopting a different view of government and private hospitals are some of the serious limitation of the Act.

Sheshadri and Sheshadri (2005) highlighted fundamental flaws in the Mental Health Act, which are drafted on the premises that persons with mental illness are violent and dangerous, that mental illness is incurable and the subject loses his/her reasoning and judgment and subsequently the fundamental rights under the Indian Constitution. According to Dutta (2007), around 20% of the population of India suffers from some kind of mental health related problems. Yet, in a

country of more than a billion people, there are only 36 state-run mental hospitals only 500 qualified psychiatrists to serve them.

The first draft of the National Mental Health Policy (NMHP-2001) was prepared in late 2001. The National Mental Health Policy is aimed at doing "the greatest good to the largest number" through five interdependent and mutually synergistic strategies, to be implemented in a phased manner over the next two decades:

(a) Extension of basic mental healthcare facilities to the primary level.

(b) Strengthening of psychiatric training in medical colleges at the undergraduate as well as postgraduate level.

(c) Modernization and rationalization of mental hospitals to develop them into tertiary care centers of excellence.

(d) Empowerment of Central and State Mental Health Authorities for effective monitoring, regulation and planning of mental healthcare delivery systems.

(e) Promoting research in frontier areas to evolve better and more cost-effective therapeutic interventions as well as to generate seminal inputs for future planning.

It has since been discussed at various levels. According to critics, there are several good reasons why we do not need such a policy. The National Health Policy-2002 (NHP-2002) covers mental health as well. A policy by itself achieves little; in the absence of politico-administrative will it remains just what it is, a piece of paper. The strategized NMHP provides the necessary conceptual framework for achieving our goals. More importantly, it is now being energetically implemented, with adequate budgetary support during the Tenth Five Year Plan.

Since last four decades, Mental health went through a wide expansion of knowledge base of the psychology, psychiatry, neurosciences and therapeutics. Though ironically, there has been parallel growth noted in interdisciplinary linkages, which supported integrated, socially and culturally appropriate approaches to mental health interventions and there are circumstances where contemporary practitioners found it difficult to comprehend the wide ranging of challenges in terms of culture, religion, caste and education. According to National Sample Survey Organization, mental disorders, specifically among elders, are a major public health issue for four main reasons which are, demographic ageing, very poor awareness about these mental disorders, traditional family and social support systems and no health services geared for the special needs of elders in India. There is a need to raise awareness about mental disorders in the

community and also among health professionals and to improve access to appropriate healthcare for the elderly with mental illness. Health education should aim to educate health workers and the community, to recognize the common symptoms of mental disorders and to stress that depression and dementia are real disorders and not just the natural consequences of ageing.

1.3.2 - The Mental Healthcare Bill, 2016

The Mental healthcare bill was passed by *Rajya Sabha*, Government of India in August, 2016. The Purpose of the bill is to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto. Unlike mental health act, 1987, which was criticized for proving to be inadequate to protect the rights of mentally ill persons, the mental healthcare bill, 2016 is vastly different and improved in letter and spirit. The most significant factor of the bill is that an individual attempting suicide shall be presumed to be suffering from severe stress and hence will be exempted from trial and punishment and the bill also seeks to impose on the government to rehabilitate that individual to ensure there is no reoccurrence of attempt to be suicide.

The act of 1987 could not identify the agency and capacity of a person suffering from mental illness, where the mental healthcare bill 2016 adopted different methodology for the empowerment of such people suffering from mental illness, to make decisions concerning his/her treatment. The bill also has adopted certain parameters for determination of mental illness, seeking to nationally and internationally accepted medical standards, especially adopted by the World Health Organization. The mental healthcare bill made efforts to address mental illness from holistic perspective and for empowerment of mentally ill people and also seeks to remove stigma attached to mental illness.

1.4. PROBLEMS OF PSYCHOLOGICAL PRACTICES IN INDIA

According to American Psychological Association (APA), psychological practices are defined as "an assortment of evidence-based treatments to help people improves their lives through training, teaching and counselling."

In Western countries like USA and UK, practicing psychologists have professional training and skills to help people learn to cope more effectively with the life issues and mental

health issues. After years of graduate school and supervised training, they become license by their states to provide a number of services including evaluation and psychotherapy.

There are number of ethical guidelines for practice, which practitioners have been asked to implement in to their practice such as, unbiased treatment, ethical use of the skill, confidentiality of clients' personal information, regular reporting to supervisor and so on. There are various psychological associations worldwide such as – American Psychological Association (APA), EFPA, APS, SPC etc., which have been established by the respective governments, responsible for maintaining and implementing good quality practice for society. And maybe, that is why, mental health has been given equal importance and attention as physical health in those countries.

Whereas mental health is being severe concern in India. People in India live with many stereotypes for mental health diseases and treatment. Hence, in result to that, they are suffering from many mental illnesses, besides they do not inquire appropriate information/knowledge about their problems. Therefore, people could not get required care and treatment to cope with the illness. Those who seek for mental health services cannot get appropriate suggestions or referrals by their doctors or society due to lack of authentic certification of professionals who are practicing in the field of psychology. Getting good quality services for psychological need is another concern for society in India, due to lack of awareness about how – from where – from whom, they can get good and authentic services and absence of regulatory body or psychological association which can be responsible for monitoring and validating professionals and give them permission to work in the field. There are no standardized guidelines, official document/policy to decide good quality professionals and standardized services here in India.

Some pertinent issues are:

- "Psychologist" / "Counselor" / "Psychotherapist" – these terms are not defined or standardized in India. Different people believe and follow differently as per their own convenience.
- What are rules and regulations for the ethical practices? On the basis of what, it can be decided?
- Who cannot practice or work in the field of psychology?

- What if an individual having insufficient knowledge and skills provides services to others?
- Who is responsible to monitor or keep check if services are ethical?

There are many more such issues that need the attention of people who are responsible for the better quality of life of the people in India. Those people can be experienced psychologists – who are well established giving services to people, directors/top level management of already established psychological associations, currently working practitioners, lecturers/professors who teach psychology every day to students and also importantly – the people of the society to whom, psychological services should be delivered ethically through certified and skilled and knowledgeable manpower.

1.5. EDUCATION OF PSYCHOLOGY IN INDIA

1.5.1 Higher Education in India

Being the third largest education system in the world, after United States of America (USA) and China, the Indian higher education system presents a fairly large and diversified system of higher education. With growing internationalization of higher education, the Indian higher education system has become the second fastest growing economy in the world by providing trained and skilled human power. It has also acted as a powerful mechanism for the upward social mobility of the economically and socially backward sections. With Globalization and internationalization, opportunities appear to be immense in diverse areas. The remarkable development information technology has promoted learners' method of learning in both the formal and distance modes. Distance education and virtual institutions are regarded to be an

industrialized form of education. With the fast-growing information and communication technology the availability and flow of academic resource materials is providing input to the academicians to compete with their counterparts anywhere in the world (Rashmi, 2013).

The first university of the country was established by the British government in 1857 at Calcutta (Kolkata), Bombay (Mumbai) and Madras (Chennai). The higher education system was largely elitist and the number of higher education institutions was limited. At the time of independence, there were only 20 universities and 500 affiliated colleges in India. Since then major transformation has taken place in the higher education sector of the country. (George, 2013). The University Grant Commission (UGC) was established by the Government of India in 1953 for the planned development of higher education of the country. The UGC became a statutory organization by an Act of Parliament in 1956 and was entrusted with the task of coordination, determination and maintenance of standards of higher education. the UGC also provides financial assistance under various schemes to eligible colleges and universities which are included under Section 2(f) and declared fit to receive central assistance under Section 12(B) of the UGC Act, 1956. The Government of India set up few central universities by the Acts of Parliament. All the central and state universities depend heavily on central government or the state government for funds. The period since 1990 has witnessed the emergence of private universities and colleges in large numbers.

1.5.2 - Present State of the Higher Education System.

The institutional framework of the higher education sector in India at present mainly consists of 46 central universities, 329 state universities, 205 state private universities, 128 deemed universities, 03 institutions established under state legislation and over 40,760 colleges as shown in below table 1.1

Table_1.1: No. of Educational Institutions

Types of Institutions	**Number** (As on 31.03.2015)
Central Universities	46

State Universities	329
State Private Universities	205
Institutions deemed to be universities	128
Institutions established under state legislations	03
Colleges	40,760

(Source: UGC Annual Report – 2014 -15.)

Although India has more than 500 universities including central universities, state universities, deemed universities and other private universities and institutions, there will still be need of 1500 universities in the near future. A minimum standard of quality need to be ensured in teaching, research, publications, patent, innovations, social recognitions and international reputations. Higher education system in India is facing a number of issues of concerns and challenges such as, access, quality, governance, autonomy, accountability, funding, impact of technology, privatization, internationalization, etc.

During the independence period, there were three universities teaching psychology up to the post-graduate level. As shown in the table 1.2 below, the number has gone up very rapidly over nineteen in 1960, thirty-three between 1961-70, thirty-six in 1972 and fifty-seven in 1982.

Table 1.2. Number of Universities Teaching Psychology up to the Post-Graduate Level.

No.	Period	Number of Universities
1	1920	1
2	1930	2
3	1940	4
4	1947	3
5	1950	9
6	1960	19
7	1961 – 70	33

8	1972	36
9	1982	57*

*Includes universities where there are separate departments of psychology or are taught up to post-graduate level in one of the colleges or in the departments of philosophy.

Source: *Psychology in Indian Universities,* UGC, 1968; *Status of Psychology in Indian Universities,* UGC, 1982; S.K. Mitra, *A Decade (1963-72) of Science in India: Progress of Psychology, Calcutta:* Indian Science Congress Association, 1973.

Besides, other institutions such as, the Indian Institute of Technology (IIT), the Indian Institute of Management (IIM), the All-India Institute of Hygiene and Public Health, run advanced courses in psychology and offer diploma or part of training of engineers, managers and other professionals. Though, the enrollment of students in Psychology has increased over the years, no accurate numbers are available.

Table 1.3 – Number of Universities (State wise)

No.	State	University	Colleges/ Institutes
1	Andra Pradesh	5	8
2	Bihar	5	1
3	Chhattisgarh	1	6
4	Goa	1	0
5	Gujarat	5	24
6	Haryana	4	3
7	Jharkhand		2
8	Jammu N Kashmir	2	0
9	Karnataka	6	34
10	Kerala	2	21
11	Maharashtra	8	49
12	Madhya Pradesh	4	15
13	North Eastern States	5	11
No.	**State**	**University**	**Colleges/ Institutes**

14	New Delhi	5	18
15	Odisha	5	23
16	Punjab	4	12
17	Rajasthan	5	1
18	Tamil Nadu	12	17
19	Uttar Pradesh	9	14
20	Uttarakhand	2	0
21	West Bengal	4	12
	Total	94	271

(Source: State-wise list of Psychology colleges in India, www.psykology.in)

1.6. THE UGC MODEL CURRICULUM OF PSYCHOLOGY, 2001

Curriculum development is the essential ingredient of any vibrant university academic system. According to UGC model curriculum for Psychology (2003), "There ought to be a dynamic curriculum with necessary with a prime objective to maintain updated curriculum and also providing therein inputs to take care of fast paced development in the knowledge of the subject concerned. Revision of curriculum need to be a continuous process to provide an updated education to the students at large."

The UGC Model Curriculum has been produced to take care of the lacuna, defects/shortcomings in the existing curricula in certain universities, to develop a new Model Curriculum aiming to produce the one which is compatible in tune with recent development in the subject:

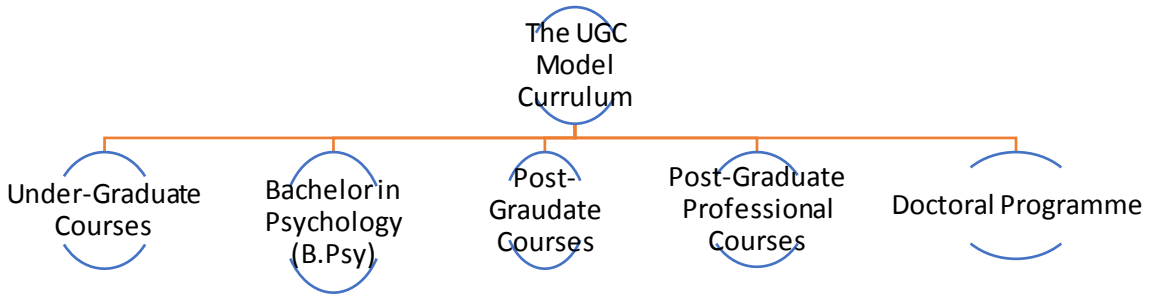
- To introduce innovative concepts
- To provide a multi-disciplinary profile and
- To allow a flexible cafeteria like approach including initiating new papers to cater to frontier development in the concerned subject.

Panels of experts from the across the country attempted to combine the practical requirements of teaching in the Indian academic context with the need to observe high standards to provide knowledge in the frontier areas of their respective disciplines. It has been also aimed to combine the goals and parameters of global knowledge with pride in the Indian heritage and Indian contribution in this context.

The University Grant Commission (UGC) constituted the Curriculum Development Committee (CDC) to meet the need and requirement of the society and in order to enhance the quality and standards of education, updating and restructuring of the curriculum. The model curriculum of Psychology has been provided to the universities only to serve as a base and to facilitate the whole exercise of updating the Curriculum soon.

With the development of new courses, the Curriculum Development Committee (CDC) envisions that the training imparted by Universities and college departments will enable students in,

- Generation of psychological knowledge through inter-disciplinary focus and
- Developing skills for rendering psychological services to the society for human and social development. The CDC in Psychology has categorized the UGC Model Curriculum in five broad sections as follows:



1.7 - CURRICULUM OF PSYCHOLOGY AT POST-GRADUATE LEVEL

The purpose of post graduate programme in Psychology is aimed at competence building among students from holistic and interdisciplinary approach. The curriculum at post-graduate level needs to inculcate both knowledge generation as well as application in different domains of the discipline. However, all psychology departments may or may not opt for specialization in various branches of the discipline. With the offering, wide variety of courses at post-graduate level, special attention was recommended to the use of Indian source material since most of them are Euro-American products. Also, it was recommended to give emphasis to laboratory work, practical training and practice in scientific writing and reporting. Development of professional skills and competence building were considered the important for pedagogy. As per the CDC recommendation, it was expected that an appropriate mix of theoretical courses and practical in doing laboratory work, field work, etc. will be decided by departments based on the

specializations, but recommendation is that the theoretical courses need to carry a weight of between 70-80% and practical courses between 20-30 %.

1.8. NEED OF PROFESSIONAL REGULATION FOR PSYCHOLOGY PROFESSION

Professions such as medicine, accounting, and law have been predominantly applied fields, serving patients, businesses, and clients. Medicine established the first modern ethics code, largely to give physicians status in comparison to relatively untrained "quacks" who were competing for patients' business (Backof and Martin, 1991). Professional regulatory body or ethical guidelines for psychologists are meant to stimulate and help psychologists to act appropriately with respect to clients, colleagues, and other individuals involved in their professional relations. The discipline and practices of psychology have grown at different rates internationally since their inception in the late 19th and 20th centuries. Between-country differences in the nature of psychology is attributable to historic, economic, cultural, religious, and other factors.

According to Kuhlmann (2013), the licensing or certification of psychologists has a number of objectives.

1. ***Protection of the Public***, or that part of the public that is being served, is usually placed as first in importance. For example, to wire a house and to install electrical fixtures so as to prevent fires and injury or deaths requires some special knowledge and skill. The electrician's state license is your and my protection. Similarly, for like medicine, psychologist also need to take license before they start practice. Licensing serves both as a label by which the competent worker may be identified and offers a reasonably good guarantee that satisfactory service will be given.
2. Since the license serves as a label and means of identification, a second objective is attained. This is the ***protection of the qualified*** electrician against the inefficiency and mal-practices of others. Obviously, if there were no ways of discriminating between the good and the poor practitioner, the good would suffer from the faults of the poor and the poor would benefit from the merits of the good. The man who sacrificed time and money to prepare himself for the trade would be robbed of an opportunity to get any returns from his investment. In other

words, the license in-and-by-itself improves the quality of the service by giving a motive for special training.

3. This brings out the third objective, which is ***the raising of standards to a uniform and required*** level. Giving a license requires the definition of a basis for giving it. Qualifications must be determined and standards set. This need not be done directly by the laws. If definite qualifications were specified in the legislative enactment that sets up the license requirement, further progress might be retarded rather than stimulated, through failure to keep the legislation up to date. But this is not necessary nor customary in fields where continued progress in the quality of service is possible. The definition of qualifications necessary or a license may be left to the licensing board, and usually is. A license to practice law and medicine has been a legal requirement for generations. We have better lawyers and doctors than we used to have, and the legislations involved in the licensing has been no hindrance in bringing about that improvement.
4. ***Education of the public*** is the fourth objective for licensing. The license brings into sharp relief both the fact that a special skill is required, and that there are those who possess it. If the public fails to observe these facts, the licensed person or group can be depended upon to tell the public what it needs to know. To be sure any special skill can be over-sold, but complete ignorance of its existence would certainly present a much worse state of affairs. The license tends to make the public skill-conscious. With this result achieved, skill will be evaluated, sought for and employed more approximately in accordance with its merits.

In the case of American Psychological Association (APA), the Code of Ethics of the APA was enacted in 1953, more than 60 years after the organization was founded in 1892. For comparison, when the American Medical Association was organized in 1847, a corresponding ethics code was initiated at the same time. The disparity between the timing of these two organizations' adoption of ethics codes lays primarily in their founding organizational purposes. (Joyce, 2010).

Similarly, Indian Medical Association (IMA) was started in 1928 in Calcutta in 5th all India medical conference with the primary objectives of:

a) Promotion and advancement of medical and allied sciences in all their different branches,

b) The improvement of public health and medical education in India and

c) The maintenance of honor and dignity of medical profession.

Policies for medical practice and code of conduct was also established and it is being implemented to whole country, whereas, since the inception of Psychology in 1950, Rehabilitation Council of India was a registered society in 1986. The Rehabilitation Council of India (RCI) Act was enacted by Parliament in 1992 and it became a statutory body in 1993. The Act was amended by Parliament in 2000 to make it more broad-based. The mandate given to RCI is to regulate and monitor services given to persons with disability, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability. Clinical Psychologists and Rehabilitation psychologists from RCI registered institutions are given RCI certification to practice psychology, which means major population of psychology students who finish their Postgraduation or M.Phil. from state government and central government universities which are not RCI approved are not given certification to practice.

Mishra and Rizvi (2012) reviewed the meta-analytic point of view of Clinical Psychology in India based on PsycINFO database entries, journals, books and postings on Indian Association of Clinical Psychologist's website, explaining the need to strengthen the empirical base for treatments and psychological practices within a comprehensive framework of professional ethics and code of conduct. They observed how the absence of professional regulation of psychological practice lowers quality of standards. They also recommended that there is a need to establish a national licensing board of psychology to conduct written and oral examination for credentialing the clinicians and put forward thought that there is a need of development of data-informed diagnostic system such as DSM IV-TR (American Psychological Association, 2000) and ICD – 10 (World Health Organization, 1993). It was concluded from the review that it is important to expand existing IACP's (1995) code of ethics by including areas covered in more comprehensive code of ethics.

Second gap was reviewed by Mishra and Rizvi (2012) was regarding the revised curriculum by RCI in M.Phil. (Clinical Psychology). The curriculum was found unrealistically comprehensive in comparison of M.A (Applied Psychology) syllabus in clinical psychology of Delhi university. For example, RCI included courses on psychosocial foundations of behavior and psychopathology, Biological foundations of behavior, Psychiatry, Psychotherapy and

Counseling, Behavioral medicine, Statistics ad research methodology, psychological psychotherapies and Viva and a list of 104 essential references for these courses. Whereas, M.A (Applied Psychology) syllabus in clinical psychology includes psychological assessment, clinical and health psychology, neuropsychological rehabilitation, applied cognitive psychology, research methods and list of 27 suggested readings, which was thought to be overlapping significantly with RCI's listing.

Third major concern was related to credentialing clinical psychologists. In spite of the fact that RCI was created for credentialing clinicians back in 1993, a recent review (Prabhu, and Shankar, 2004) still claims lack of any credentialing for clinicians and advises IACP to take initiative in this area: *"At the time of [this] writing, there is no statutory body in India which can provide professional registration to clinical psychologists...In the absence of a statutory body, it may be considered the responsibility of the IACP to maintain professional, standards and define what constitutes sound professional practice [emphasis added]."* (Prabhu and Shankar, 2004).

1.9. PSYCHOLOGY: A WORLDWILD SCENARIO

The roots of psychology can be traced to Greek philosophy as the term Psychology is derived from two Greek words 'psyche' (soul) and 'logos' (knowledge or study). Plato (428/427 BC – 348/347 BC) and Aristotle (384 BC – 322 BC) were first philosophers who started the study of mind. Plato believed that body and mind are two separate entities and mind could exist even after death. Aristotle theorized about learning and memory, motivation and emotion, perception and personality.

Philosophers' thinking about thinking continued until the birth of psychology, in 1879, in a small room on the third floor of a modest building at Germany's University of Leipzig. Wundt was both a philosopher and a physiologist. Charles Darwin, who proposed evolutionary psychology, was an English naturalist. Ivan Pavlov, who pioneered the study of learning, was a Russian physiologist. Sigmund Freud, renowned personality theorist, was an Austrian physician. Jean Piaget, the twentieth century's most influential observer of children, was a Swiss biologist. William James, author of an important psychology textbook (1980), was an American philosopher. This list of pioneering psychologists— "Magellan's of the mind," as Morton Hunt (1993) has called them—illustrates psychology's origins in many disciplines and countries.

From a historical perspective, the first school of psychology to be established was Structuralism. Wilhelm Wundt (1832–1920) founded the first psychological laboratory of the world. Wundt was trained in *physiology* and became interested in knowing how simple sensations associated with the sense organs combined to form what we call human consciousness. According to William James, psychology should be more interested in how the mind *functions*, or works, than how it is structured and this can also be taken as the date when the school of psychology known as Functionalism was born.

A third classical school of psychology, Psychoanalysis. Sigmund Freud (1856–1939) was a medical doctor with a specialty in neurology. His findings and conclusions are based primarily on his work with patients. Early in his career he concluded that a large number of people with neurological symptoms had no organic pathology. They were *not* biologically sick. Instead their symptoms were produced by intense emotional conflicts.

From the 1920s into the 1960s, American psychologists initially led by flamboyant and provocative John B. Watson and later by the equally provocative B. F. Skinner, dismissed introspection and redefined *psychology* as "the scientific study of observable behavior.", which was identified as Behaviorism, the fourth school of psychology.

In 21st century of globalization, psychologists are citizens of many lands. The International Union of Psychological Science has 69-member nations, from Albania to Zimbabwe. Nearly everywhere, membership in psychological societies is mushrooming—from 4183 American Psychological Association members and affiliates in 1945 to nearly 150,000 today, with similarly rapid growth in the British Psychological Society (from 1100 to 45,000). In China, the first university psychology department began in 1978; in 2008, there were 200 (Tversky, 2008). Worldwide, some 500,000 people have been trained as psychologists, and 130,000 of them belong to European psychological organizations (Tikkanen, 2001). Moreover, because of frequent collaboration of international publications, joint meetings, and the Internet, collaboration and communication cross borders now more than ever. "We are moving rapidly toward a single world of psychological science," stated by Robert Bjork in the Psychology book. Psychology is growing and it is globalizing. Across the world, psychologists are debating enduring issues, viewing behavior from the differing perspectives offered by the subfields in which they teach, work, and do research. (Myers, D. 2010)

1.9.1 - DISCIPLINES OF PSYCHOLOGY

Psychology as a science has been divided into two fields: Basic and applied. Basic psychology is the science of learning for the sake of knowledge. Basic science asks three questions: What happened? How did it happen? and why did it happen? The goal of basic psychology is to study behavior. Whereas applied psychology, according to American psychological association (APA), is motivated more by a desire to solve practical problems and to move the fruits of our scientific labor in the real world.

Basic and applied psychology could be classified as follows,

Table 1.4 – Classification of Types of Psychology

Basic Psychology	Applied Psychology
Abnormal Psychology	Clinical Psychology
Cognitive Psychology	Community Psychology
Comparative Psychology	Consumer Psychology
Cultural Psychology	Counseling Psychology
Developmental Psychology	Industrial Psychology
Experimental Psychology	Health Psychology
Existential Psychology	School Psychology
Personality Psychology	Educational Psychology
Positive Psychology	Sports Psychology
Social Psychology	Health Psychology

Psychology is remarkably diverse with a tremendous range of specialty areas. Psychologists frequently choose to specialize in a subfield that is focused on a specific subject within psychology. Many of these specialty areas in psychology require postgraduate study in a particular area of interest. The existence of structured education system for applied psychology, licensing system and continuing education credits pronounces the significance of psychological practices in developed countries.

1.10. FUNCTIONS OF VARIOUS PSYCHOLOGICAL ASSOCIATIONS AROUND THE WORLD

With the growing number psychologists in the world, like medicine, various psychological associations are formed such as, American Psychological Association (APA), British Psychological Society (BPS), Australian Psychological Society (APS), Canada Psychological Association (CPA), European Federation for Psychologists Association (EFPA). Major focus of such associations was to enhance the communication and application of psychological knowledge to benefit society and improve people's lives by developing standards of professionalism to promote ethical behavior, attitudes and judgements on the part of psychologists. With the successful implementation of such psychological association, the essence of giving quality psychological services is channelized fruitfully with licensing and monitoring of psychological professionals. Functions of some popular psychological associations are described below,

1. American Psychological Association (APA)

APA is the world's largest and most important psychological organization operating in the United States. APA was founded in 1982, during the early stages of psychological study and originally helped regulate those working in the field. It offers memberships to students, educators, scientists or clinicians. According to the website of American Psychological Association (APA), "APA seeks to advance psychology as a science, a profession, and as a means of promoting health, education and human welfare."

Major functions of APA includes, encouraging the development and application of psychology in the broadcast manner, promotion of research in psychology and improvements of research methods and conditions and the applications of research findings, establishment of high standards of ethics, code of conduct, education, achievement for the development of qualification and usefulness of psychologists and dissemination of psychological knowledge through meetings, professional contacts, reports, papers, discussions and publication.

Ethical principles and code of conduct of psychologists is categorized in 10 sections namely, *Resolving Ethical Issues, Competence, Human Relations, Privacy and Confidentiality, Advertising and other public statements, Record Keeping and Fees, Education and Training,*

Research and Publication, Assessment and Therapy. APA also provides continuous education programs for psychologists and other mental health professionals to provide opportunity for professional development while earning continuous education (CE) credits. APA offers CE programs in three ways, *Topic wise, Type wise and Credit wise*. Topic-wise, there are more than 25 topics such as Trauma, Supervision, Psychotherapy and Addiction. Type-wise includes, *Article-Based Exam, Book-Based Exam, Convention Workshop, Newsletter-Based Exam, Online Course/Video on Demand,* and Credit-wise consists of number of courses ranging from 1 credit to 15 credits.

2. The British Psychology Society (BPS)

The British Psychological Society (BPS) is the representative body for psychology and psychologists in the UK which is responsible for the development, promotion and application of psychology for the public good. With the aim of promoting excellence and ethical practice in the science, education and practical applications of psychology, BPS enhance the efficiency and usefulness of psychologists by setting high standards of professional education and knowledge by providing directory of chartered psychologists, ensuring high standards of education, training and practice, promotion of awareness and influence of psychology among society, strengthening the quality of practices by offering professional development to member psychologists and also by providing conferences and events to update the knowledge and resources of psychology professionals (BPS, 2016).

British Psychological Society (BPS) also functions as professional development centre which is responsible to provide learning and continuous professional development (CPD) opportunities and supports psychology professionals and those working in related fields with their professional development. CPD opportunities from the professional development centre includes e-learning courses, workshops and conferences. Recently it was found from the article on BPS website that new approach has been chosen in professional development centre (PDC) in 2017, where PDC will be organize its professional developmental activities and workshops in line with key policy themes, work streams and emerging areas of psychology. Workshops such as supervision skills, expert witness and working successfully in private practice will be added throughout the year. The PDC will be creating a more strategic and focused central professional

development offering that will be relevant to the progress of psychology by working collaboratively with policies, boards and committees across the BPS.

Thomas Elton, Professional Development Centre Manager in BPS said that new approach will allow the PDC to be more flexible and responsive to key policy areas, which in turn will align the interests and needs of members.

3. The Australian Psychological Society (APS)

Australian Psychological Society (APS) is the professional organization for psychologists in Australia consist of 22,000 members. APS aims to sustain growth in APS membership, and following the direction provided by the Strategic Plan, work together with members to fulfil the APS mission to advance the discipline and profession of psychology for the benefit of members and the communities they serve. The APS brings energy and focus to wide range of activities to advance and unite psychology as a discipline profession, and spreads the messages that psychologists make a difference to people's lives.

Continuous Professional Development (CPD) provides high quality training, professional development and conference opportunities and also facilitates an access to psychological literature. CPD is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and also develop qualities required for their professional lives. In 2010, the Ministerial Council in accordance with the section 38(1)(c) of the *Health Practitioner Regulation National Law Act* was enforced in each state and territory and CPD was considered mandatory for registration in Australian Psychological Board. The strategic plan identifies key strategic objectives for action over the period of 2015-17. The objectives were 1) Unity with Diversity – to foster unity in the profession, 2) value for members – enhance the value for membership, 3) voice of psychology – further ensure that the APS is the voice of psychology in Australia

4. **The National Association of School Psychologists (NASP),** under the governance of American Psychological Association (APA) issued a Model for Competencies and Integrated School Psychological Services in which some domains of practice for school psychologists were explained with crystal clarity. The 10 domains must be taken as foundation steps to counsel and provide therapies at school level. The domains like 1. Data-based Decision Making and

Accountability 2. Consultation and collaboration were added to the practices that permeate all aspects of delivery which elucidates the fact school psychologist must be informed of all the models of related practice and must be able to imply them to their practice experience. The next two domains namely; 3. Interventions and instructional support to develop academic skills and 4. Interventions and mental health services to develop social and life skills were added to the domain group for direct and indirect services for children, families and schools at student level. At system level services 5. School wide practices to promote learning 6. Preventive and Responsive Services and 7. Family- School Collaboration Services were explained. School psychologists must be trained individuals capable of imparting ethically sound and evaluative services. Diversity in Development and learning 9. Research and program evaluation and 10. Legal, ethical and professional practice. In addition to the domains NASP also put forward six basic principles that lead to good overall growth of schools such as good ambience, availability of all the required resources for efficient practice to name some.

5. Canadian Psychological Association (CPA)

The CPA was organized in 1939 and incorporated under the Canada Corporate Act, Part II in May 1950. The objectives of CPA are,

- To improve the health and welfare of all Canadians.
- To promote excellence and innovation in psychological research, education and practice.
- To promote advancement, development, dissemination and application of psychological knowledge and
- To provide high quality services to members.

An article published by Canadian Register of Health Service Providers in Psychology (CRHSPP) explained the constant changes in the field and the way psychologists need to become professionals following a specific code of ethics. It clearly listed three basic concepts to which psychologists must adhere to in order to gain proficiency. The concepts are-

1. Assuming responsibility for oneself
2. Developing an activity portfolio
3. Social networking

It clearly states that psychology professionals must have complete knowledge of the resources, must be in good mental and physical wellbeing. Compiling an Activity portfolio may help them to manage their work efficiently and increasing social networking can really do wonders for them in order to impart their services dynamically.

The Cube Competency Supervision Model developed by Maxine and Keith (2005) aimed at reducing barriers to mobility and to avoid assessment of academic levels and establishing 'Competency' as the principal basis for admission to all regulated professions. It clearly stated that simply having knowledge and skills are insufficient but developing a sense of competency will lead to quality efficiency. It explained the stages of professional development and how psychologists gain, maintain and enhance competencies throughout their professional career. It has a high utility value as it can be used for personnel selection, train practitioners, self-assessment and supervision.

A Competency Model for Professional Psychologists in Community Mental Health developed by Emmons and Wong (2012) explained the need of defined competencies. The complex needs and challenging environments require public psychologists to be on their toes every time. On the same criterion as the Cube Competency Model it explained the need of functional and fundamental competencies for psychology professional as these competencies were meant to be of great help in increasing the representation of psychologists in public service settings. Education and training efforts are needed to implement and promulgate professional psychologists' acquisition of these functional and foundational public psychology competencies.

6. The Association of State and Provincial Psychology Boards (ASPPB)

The association of state and provincial psychology boards (ASPPB) is the alliance of state, provincial and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. ASPPB was founded in 1961 to serve psychology boards in two countries as a product of American Psychological Association (APA). One of the primary objective was to facilitate mobility for psychologists throughout the United States and Canada. The Examination of Professional Practice in Psychology (EPPP) was created as a standardized examination for those psychology professionals who aspire to become licensed as psychologists.

The first EPPP was administered in 1965 and it got recognized among the jurisdictions of US and Canada slowly though almost all jurisdictions of both US and Canada had adopted the EPPP as the entry level exam for licensing to practice independently. EPPP was believed to be more researched, validated and defensible professional exams in all the profession.

7. National Academy of Psychology (NAOP)

The National Academy of Psychology (NAOP), India is a professional organization founded in 1987 that includes scientists, practitioners, and researchers in the discipline of Psychology. The primary objective of NAOP is to promote quality of teaching and training for research in psychology and to foster training for growth of Psychology as a science as well as a profession.

Ethical principles for psychologists was adopted unanimously by the executive committee of the NAOP from Universal declaration of ethical principles for psychologists by the International Association of Applied Psychology (IAAP). It provides a moral framework and ethical principles that guide and inspire psychologists in NAOP towards highest ethical standards in their professional and scientific work. The objectives are to provide an ethical framework for NAOP, to use as a template to guide the teaching, research, training and practice, to encourage global thinking about ethics and to speak with collective voice on matters of ethical concern.

NAOP has outlined some guidelines for psychologists to help build a better world where virtues like peace, responsibility, justice, humanity etc. These guidelines advocate that psychological services must occur in order to ensure their relevance to the economy, community, customs, beliefs, and practices. The values promoted in the guidelines were: Respect for the dignity of people, Caring for the well-being of the people, Integrity, Professional and scientific responsibilities to society. Psychologists being social health workers have to understand and empathize with the emotions of people and respect their dignity. It is important that they respect and have complete tolerance towards the unique worth of people, their religion, customs and beliefs. The most important ethics is confidentiality so that a medium of trust is maintained and a flow of openness is there. Caring for the wellbeing of people holds the point that psychologists should aim at minimizing all potential harms and maximizing all possible benefits. They must aim fully at developing competence. NAOP added integrity to the list so that a relation based on

truth and selfless needs is maintained and impartiality is kept at bay. Psychologists must be very well known of the various scientific and professional basics to add quality in the service. They must be aware of the ethical issues regarding their profession.

8. Indian Association of Clinical Psychologists (IACP)

IACP is an organization formed in 1968 with the aims and objectives of advancing the concepts of mental health and the advancement of profession of clinical psychology. IACP is been working on creating awareness about the field of clinical psychology in particular, the requirement and qualifications of an individual to function as a clinical psychologist in various setups such as hospitals, clinical setups, academics, rehabilitation and all other areas. The other functions of IACP includes formulation of the standards of education in clinical psychology at the university level and at professional levels according to the changes and development in the field and active participation with other professional and scientific bodies with a purpose of mutual benefits in advancement of both clinical psychology and other related fields.

IACP has adopted a code of conduct to strengthen a sense of commitment and responsibility and also sensitizing them to the ethical issues of health profession. The code of conduct is divided in six important parameters such as, professional competence and services, referrals, method of expert opinion, consent for treatment, patients' welfare, court testimony and confidentiality. Each parameter is defined in brief as below:

1) Professional Competence and Services – For the provision of efficient and effective services to the sick and needy people, a clinical psychology need to fulfil the criteria as laid down in the IACP revised consultation and need to be competent professionally to carry out responsibilities of clinical psychologist.
2) Referrals – It is suggested in the mandate that wherever a case is referred to a clinical psychologist for the expert opinion, it is the responsibility of the expert to ascertain the basic prerequisites of assessment. Also, while providing therapeutic treatment, if he/she observe such symptom or sign which needs consultation of any physician or psychiatrist, he/she should do the needful as early as possible.
3) Method of Expert Opinion – A clinical psychologist need to exercise discretion of selection of test or administration of an assessment until the referring psychology

professional had made request for particular test or assessment. Further while making inferences about the assessment need to be based upon test findings, clinical notes and observations only. In dealing with mental health, one needs to be fully responsible for his/her opinion under all circumstances.

4) Consent for Treatment – A clinical psychologist needs to explain to the client and the available relative about the nature of illness, method of psychological treatment before starting the treatment. An involvement of a client in the psychological treatments and behavioral techniques is very crucial and hence, it is very important to take consent of the client.
5) Patients Welfare – Beside providing efficient mental health care, it is also important for clinical psychologist to maintain a high regard for patient's integrity and welfare. Professional ethics implies that a therapist should not take up a case that is not fairly within his/her competence.
6) Court Testimony – During the appearance in court for testimony, a clinical psychologist need to follow the required etiquette and maintain the image of a trustworthy and reliable expert. A clinical psychologist need to be refrain from any bias or a prejudice and his/her opinion need to be based on test findings and observations as clinical psychologist.
7) Confidentiality – the information elicited from clients and his personal life should not be disclosed to anyone other than concerned co-professional or appropriate authorities. Clinical record of each client need to be kept carefully under his/her custody.

1.11. PROFESSIONAL DEVELOPMENT FOR PSYCHOLOGISTS

What makes a professional stand apart from others in his or her field? of course, each of us have the educational qualification and the hands-on experience that makes us well-rounded and widely respected in the field. But true professionals don't stop there. In fact, they never stop – especially when it comes to learning. One of the major benefit of professional development is the opportunity to an individual is trying to become one needful professional and also acquire the basic knowledge, skills and abilities. When people use the term "professional development," they usually mean a formal process such as a conference, seminar, or workshop; collaborative learning among members of a work team; or a course at a college or university. However, professional development can also occur in informal contexts such as discussions among work

colleagues, independent reading and research, observations of a colleague's work, or other learning from a peer.

Professional development can provide the drive to learn and practice psychological practices career, keeps psychology professionals competitive and ultimately, it also can be needful in strengthening the quality of psychological services in India. Professional development is something an individual acquire every day of his/her life without even thinking about it; however, being conscious of the development an individual undertake will allow record this and develop in a systematic way. In order to maximize the potential for lifetime employability, it is essential that psychology professionals maintain high levels of professional competence by continually improving an individual knowledge and skills.

By taking ownership of the career and focusing on professional development one can,

- Be better able to recognize opportunity;
- Be more aware of the trends and directions in technology and society;
- Become increasingly effective in the workplace;
- Be able to help the society with good quality services.
- Be confident of future employability;
- Have a fulfilling and rewarding career.

Taking a structured approach to his/her professional development will enable a professional to demonstrate continuing commitment to his/her profession. What's more, the good practice of regularly reviewing the needs, and selecting appropriate learning activities to help fulfil them, will give an individual's career focus and meaning.

It is vital that you focus on maintaining and building upon his/her current competences whether an individual is seeking promotion and greater responsibility or wider professional recognition through membership of an institution or a professional qualification.

It is imperative that an individual work at ensuring an individual continue to benefit from the standing and recognition an individual have already achieved as our employability is affected by many factors, including:

- Increasing demands for accountability;
- Rising tides of regulations and legislation;

- New technologies;
- A need for diversification.

Whatever his/her aim, it is sensible to think about where his/her career is going and draw up a career plan. This will help an individual to identify various pathways that may be open to an individual now, pick out markers along the way, and help an individual to recognize options open to an individual as they emerge. An individual will have some transferable knowledge and skills in addition to any new ones an individual will require, and these should be recorded.

Maintaining records of his/her development will help an individual to focus on his/her career plan. As an individual progress with the process of planning, and recording, an individual will find it easier to review and amend as new options become available. The professional development cycle demonstrates how structured professional development becomes cyclical and self-fulfilling.

Elman, N., Robiner, W. and Kaye, J. (2005) explore the definition of professional development from three different perspectives: *a) identification, b) training and c) assessment and future directions* and made an effort to derive the concrete definition of professional development for psychologists. It was derived from development perspective, professional development can be related with various tasks associated with starting graduation and Postgraduation in psychology, pursuing internships, doing research work, knowing Government and Non-government psychological associations, completing doctoral degrees, preparing for licensure, beginning a career, functioning during the midcareer years (Ronnestad and Skovholdt, 2010).

From training perspective, professional development can be concentrated to the development of required competencies, knowledge, skills and proficiencies. From practice perspective, professional development focus on skill development and updating of knowledge. Professional development also can be needful for practitioners to reflect efforts to expand, deepen, generalize, or redirect competencies and knowledge in to expertise in areas beyond those acquired knowledge in formal education and training in universities and colleges. Professional development is also seen as the crystallization of professional identity, which is evolved by securing one's identity as a psychologist (Friedman & Kaslow, 1986), internalizing the standards

of the field such as ethics and standards of practice, undergoing introjection of and socialization into a professional role and refining interpersonal and self-reflective skills (Schon, 1983). According to VanZandt (1990), "Professionalism is an intrinsic motivation…the way in which a person relies on a personal high standard of competence in providing professional services. He also stated that person's willingness to pursue professional development opportunities that will improve skills within the profession. Elman, N., Robiner and Kaye (2005) created Professional Development Work Group (PDWG) to explore the definition of professional development in the area of psychology. After conceptualizing the meaning of professional development from various worldviews and review of efforts made in other areas such as medicine and education, working definition of professional development was proposed as "professional development is the development process of acquiring, expanding, refining and sustaining knowledge, proficiency, skill and qualifications for competent professional functioning that results in professionalism." It consists of both, a) internal task of clarifying professional objectives, crystallizing professional identity, increasing self-awareness and confidence and sharpening reasoning, thinking and reflecting and judgment, b) the social/contextual dimension of enhancing interpersonal aspects of professional functioning and broadening professional autonomy.

In India, the absence of mental health awareness in society and professional regulatory body is affecting the standardization of psychological services from teaching, training, assessment to practice and also the professional development of psychology professionals for the betterment of quality of psychological services.

Kluck, Pennuto and Hartmann (2011) examined psychology intern's experiences of professional development training obtained while on internship. In this study, professional development is defined as a set of experiences provided to interns that focus upon assisting them and with their transition to future professional positions and preparing them for real world experience. 1,275 psychology interns participated in the study and responded to web-based survey of experiences of and satisfaction with professional development training obtained in internship. In this mixed methods research, using descriptive and correlational analysis, results indicated that 90% of interns reported of receiving professional development training and 60% of them were satisfied with their professional development training experiences. Professional

development in this study covered the learning areas such as license, finding doctoral fellowships or jobs in desired fields, development of private practice, ethics, advocacy, board certification.

Kuhlman (1943) has emphasized the importance of licensing or certification of psychologists. The objectives of the study are to understand requirement of special knowledge and skill, maintaining of quality services and monitoring of practices, continuous upgradation of standards to uniform level and education of society. He also explored among the various reasons why licensing is required in the field of psychology and kinds and methods of licensing for psychologists. Licensing can be provided either by government or by some renowned psychological organization. Kuhlmann suggested there could be two kinds of licensing in Psychology: one that would limit practice to psychotherapies and the other including the license to interpret and apply findings of others. Joyce and Rankin (2010) explore the historical context of APA's decision to draft an ethics code, reviewed its' development and discuss its' role in psychologists today. Joyce (2010) started with the professionalization of psychology in the early 20th century.

Neimeyer, Taylor and Wear (2011) studied to determine the extent to which psychologists with mandates to complete Continuous Education (CE) programs in ethics are more likely to complete such training than those who are not required to do so and to explore whether ethics mandates for psychologists enhance, or erode, the perceived value of training in this area. Five thousand one hundred ninety-eight American psychologists (registered or licensed) responded to the online survey across North America. To measure the impact of ethics mandates on CE participation and perception, two sets of analyses were conducted which derived that there is a significance difference between mandated and non-mandated psychologists and the other perceived outcomes of this ethics training suggest that ethics mandates do not seem to affect the perceived value of ethics training in one direction or the other.

Voskuijl and Evers (2006) investigated about similarity of codes of ethics of psychologists in European countries in general and on specific ethical dilemma in the area of work and organizations. In this procedure, first of all, an overview was given on the development of ethical guidelines in Europe and the USA, then results were presented of a survey among the members of EFPA to identify the differences and similarities between ethical guidelines. The objective of the study was to examine a possible tension between normative behavior and attitudes about normal behavior. It was concluded that ethical guidelines of European countries

need comparable sub-principles and there were indications that individual psychologists agree with the written principles.

Knapp and Varellie (1997) conducted a survey from one hundred and sixty-two licensed psychologists in Pennsylvania about their attitude towards the educational levels and licensing as a psychologist. The survey questionnaire was constructed in 5-point likert scale, consisting statements regarding perspectives of level of education for independent licensure, the option of a psychological associate license, the option of a limited license for psychologists who hold a school psychology certificate and opinions concerning licensure for non-psychology mental health practitioners. All the psychologists were divided in two groups – group with master's degree and other group with doctoral degree. The findings showed that doctoral standard for psychology is strongly supported by doctoral level psychologists and weak support was found from psychologists licensed at the masters' level. It was decided that optimal level of educational level need to be decided on the basis of patient's welfare. Multiple interpretations were derived from the data where it was found that educational level was considered to decide minimal standards for licensing.

Neimeyer and Taylor (2011) conducted a study to measure whether continuing education (CE) increases participation in ethics programs by psychologists. Five thousand one hundred ninety-eight North American psychologists were selected, representing 54 of the 58 licensing jurisdictions responded the survey questionnaire through email. The results suggested that legal mandates were nonetheless associated with higher levels of participation in ethics training. Significant differences were found between mandated and non-mandated psychologists in relation to their participation in ethics programs but not in the perceived outcomes associated with those trainings.

Knapp and Sturm (2010) conducted a study to measure different ways to improve the quality of ethics in continuing education (CE) by diversifying the content and teaching methods. Of the 43 states that have CE training programs for licensure of psychology professionals, 14 consider mandatory CE in ethics for licensure renewal (APA, Education Directorate, 1999). Results suggested the diversification of the content and process of ethics education as per the specialization of the individual with the integration of ethics CE in to professional practice.

1.12 MODELS OF PROFESSIONAL DEVELOPMENT

In last two decades, many renowned psychological associations have integrated professional development in their ethical guidelines and also developed a professional development model for psychology professionals. Some models are presented below.

1. NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP)

The NASP model of Comprehensive and Integrated School Psychological Services (NASP Practice Model) represents official policy regarding the delivery of school psychological services. It also outlines what services can be expected from school psychologists across 10 domains of practice. Table 1.5 represents the 10 domains of NASP practice model.

Table 1.5 – NASP Practice Model

Practices That Permeate All Aspects of Service Delivery	
Domain 1	**Data-Based Decision Making and Accountability**
School psychologists have knowledge of varied models and methods of assessment and data collection for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes.	
Domain 2	**Consultation and Collaboration**
School psychologists have knowledge of varied models and strategies of consultation, collaboration, and communication applicable to individual.	
Direct and Indirect Services for Children, Families, and Schools	
Domain 3	**Interventions and Instructional Support to Develop Academic Skills**
School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curricula and instructional strategies.	
Domain 4	**Interventions and Mental Health Services to Develop Social and Life Skills**

School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social–emotional functioning and mental health.	
Domain 5	**School-Wide Practices to Promote Learning**
School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; technology resources; and evidence-based school practices that promote learning and mental health.	
Domain 6	**Preventive and Responsive Services**
School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multitier prevention, and evidence-based strategies for effective crisis response.	
Domain 7	**Family–School Collaboration Services**
School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence-based strategies to support family influences on children's learning and mental health; and strategies to develop collaboration between families and schools.	
Foundations of School Psychological Service Delivery	
Domain 8	**Diversity in Development and Learning**
student characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role difference; and evidence-based strategies to enhance services and address potential influences related to diversity.	
Domain 9	**Research and Program Evaluation**

School psychologists have knowledge of research design, statistics, measurement, varied data collection and analysis techniques, and program evaluation sufficient for understanding research and interpreting data in applied settings.	
Domain 10	**Legal, Ethical, and Professional Practice**
School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists.	

(Source: NASP Practice Model, NASP Standards Online Portal. (2010))

2. The Competence Model of Cognitive Behavior Therapy (CBT).

Roth and Pilling (2007) developed the CBT competence model under the Improving Access to Psychological Therapies (IAPT) programme. They also discussed general mental health problems and also issues identified in delivering psychological therapies for adults particularly depression and anxiety.

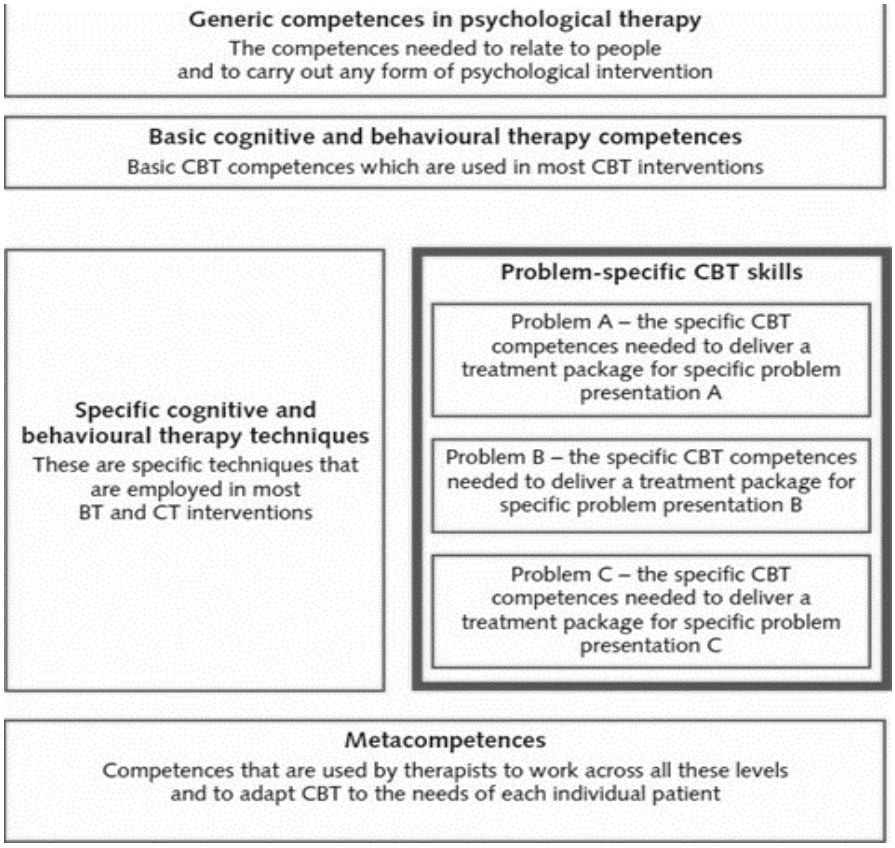


Figure 1.2 shows the way in which competences have been organized into five domains.

Source - The competences required to deliver effective cognitive and behavioral therapy for people with depression and with anxiety disorders. Improving Access to Psychological Therapies (IAPT) Programme, 2007.

3. COMPETENCE ARCHITECHTURE MODEL

Roe (2002) focused on two approaches to the definition of professional competence for the development of European standards for psychological profession.

1. The roles and functions psychology professionals should be able to perform (output model)
2. The educational curriculum that should be followed in order to become a psychologist. (input model).

Roe (2002) defined competence as a learned ability to adequately perform a task, duty or role. Two distinguished features of competence were given: a) it relates type of work to be performed in a specific work setting and it assimilate several types of knowledge, skills and attitudes. Roe (2002) also explained the difference of competence and knowledge, skills and attitude by explaining that knowledge, skills and attitudes can be acquired and assessed separately. Knowledge, skills and attitude were believed to be acquired during one's academic career or any learning situation. Competence is also distinguished from abilities, personality traits and other more stable characteristics of an individual. The relationships of knowledge, skills and attitudes with competencies and sub-competencies is described by competence architecture model in the image of Greek temple as shown in figure 1.3.

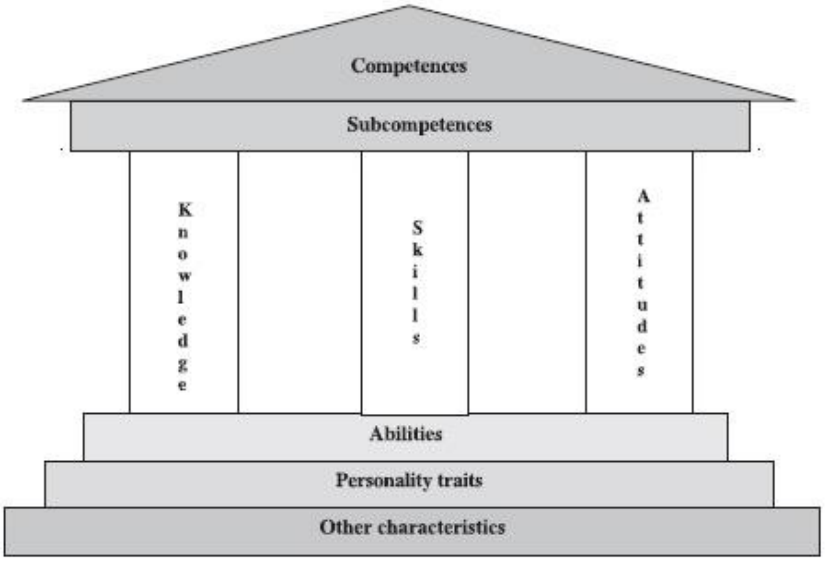


Figure 1.3 – Competence Architecture Model.

(Source – Roe (2002))

The competence architecture model presented above may serve as a tool to build up a comprehensive "competence profile" of the psychologist. A competence profile is defined as "a list of competences, subcompetences, knowledge, skills, attitudes, abilities, personality traits and other characteristics that are essential for carrying out a job or an occupation. The model is can implemented for any occupation by focusing on the ingredients from which competences are built which are knowledge, skills and attitudes. In case of psychology, Roe (2002) defined knowledge refers to which pertains various theories and empirical data produced within different fields of psychology. The skills apply oral and written communication, observing and listening, problem analysis, applying statistical methods, etc. the attitudes relates to accuracy, integrity, self-criticism, commitment, responsibility, respect and tolerance for others. Sub-competencies are broader and integrate knowledge, skills and attitudes. For example, occupational functions such as administering test, conducting interviews, applying group techniques and browsing literature on internet.

Roe (2001) also developed a comprehensive competence profile for the psychological profession and discussed potential applications of the competence model in building up a system. Psychologist can be defined as, "an academically educated professional who helps clients to understand and solve problems by applying the theories and methods of psychology". It was

observed in above definition that the path to profession of psychology, i.e., the academic education, is a key element in the definition of the psychologist. The concern of defining psychology professional is that unlike medical and engineering, every different country has different fundamental profile for psychologists. Differences are in terms of psychology curriculum, in training, non-psychological content, the degree of specialization, the treatment of theory and practice (Newstead & Makkinen, 1997; Green, Wolf & Leney, 1999). Differences also were found in occupational settings from where psychologists operate, such as the prevalence of employment over independent practice, the scope of legal and other regulations, the protection of the title of the psychologist, the relative position in competition with other profession, the power of profession at bodies and unions (Pulverich, 1997; Lunt et al., 2001b).

1.13. CURRENT SCENARIO OF PSYCHOLOGY IN INDIA

India has at present a fairly large and diversified system of higher education. The quantitative growth of the higher education sector since independence has been impressive. Now, India's higher education system has become the third largest in the world, after the USA and China. George (2013) observed that "The Indian higher education system over the years has contributed significantly in enabling the country to become today the second fastest economy in the world by providing trained and skilled human power."

Challenges and Development in Indian Higher Education

Academic reforms from time to time are inevitable for quality assurance and enhancement in higher education. They mainly include revamping the course curricula, teaching learning process and evaluation methods. Broadly speaking, the curricula and courses in Indian higher education system are found to be deficient in the quality and relevance. Rigidity in the Indian Higher education system has prevented most of the higher educational institution to offer new generation courses and programmes in true with the changing times and the changing demand pattern (Agrawal, 2006). The conventional courses need to be restructured and made up-to-date. Evaluation reforms are yet another challenging issue which require urgent attention.

The other important challenge faced by the Indian higher institutions in India is the lack of professionally committed teachers. Most of the Indian studies reveal that teachers in higher education lack professionalism. According to various studies about 20 to 60 per cent faculty position are lying vacant in Indian higher educational institutions (George, 2013). These vacancies are being filled by teachers on temporary basis, who are given only consolidated honorarium for their services. This leads to drain of morale among teachers. Bright and talented people dare not to pursue teaching as their profession. The working environment in the colleges and universities ceases to be any different from that in government (Denekar, 2013). Critical comments are not welcomed even in academic seminars and meetings. No wonder the critical faculty is not encouraged even among students; few teachers will take critical questions from students without frowning. Denekar (2013) further states about the nature of permanent teachers of higher education that, *"Continuous competition created by the job security which is not conductive to honest effort, hence, a system can be designed where there is no competition and all security. The competition is only at the entry point of the job. Once in position, a teacher is assured not only of his /her salary every month, but annual increments every year, and pension on retirement. One need only live and, to help in that, there is the free medical service. And now there is demand for automatic promotion so that an assistant professor may become an associate professor and then a full professor by sheer passage of time. With so many securities from cradle to grave beyond, what incentive, what need is there for any effort and diligence on the part of teachers?"* It appears that higher education system is a great monopoly operating in the interest not for students but of the teachers. Despite of many vacant positions, state universities and affiliated colleges are not recruiting faculties because of several reasons (NPE, 2016). First, because of the reluctance on the part of some states to fill the post on regular basis with the aim of saving the outgo on salaries of full-time faculties. Second, the recruitment process through the public service commission is often time consuming. NPE (2016) admits that the quality of education and research is affected adversely due to the recruitment of ad-hoc and part time faculty. It also notes that wherever the states have invested in the recruitment of permanent, qualified faculty, the outcomes are far superior. Indian universities are found preforming poorly in the field of research in comparison with their counterparts in the developed world and some Asian countries like China, South Korea and Singapore.

Education of Psychology in Higher Education

After Independence, the teaching of psychology in this country has expanded its scope. It has also created scopes in sectors such as management and human resource development, rural development, forestry, mining, industries, banking, entrepreneurship, health, child development and executive development. Many young psychology professionals came in contact with contemporary psychologists in other parts of the world. Fullbright and Commonwealth fellowships played an important role in promoting training and research in many subfields of psychology. The exchange programmes with different countries have helped exposing psychologists to the academic interests and activities being undertaken in different parts of the world.

As per the categorization of psychological thought into three different periods by Mishra and Paranjape (2012), the history of psychology is divided into: First, a multi-millennial span from antiquity to the founding of the British empire in the mid-nineteenth century; second, about a century of British colonial times up to independence attained in 1947; and third, over a half century of the independence era. In 1847, the policy which was adopted by the British East India Company for the European style education was implemented to produce an English thinking Indians in the country. Education in colleges and universities was modeled after Oxford and Cambridge and was introduced at Calcutta University with the starting of distinct department of psychology in 1916. University Grant Commission (UGC) was constituted in 1956 and the number of psychology department increased to 32 by the end of 1960s. Psychology in India was dominated by the scholars trained abroad and they acquired expertise in Western theories and methods of psychology and also expressed their interest to implement their knowledge to understand and solve social problems.

Over the years, Psychology has expanded in various professional courses such as engineering, agriculture, management and medical sciences. All five Indian Institutes of Technology have departments of Humanities and Social Sciences of which psychology is a constituent subject with Ph.D. programmes. All four Indian Institutes of Management have departments of Organizational Behavior. Psychology is taught in undergraduate classes, particularly in-Home Science and Extension Education departments in 26 agricultural universities and 28 agriculture institutes. Psychology has been a part of course on Preventive and

Social Medicine in medical colleges, but due importance is not given to subject. In most of the branches such as agriculture and medical, psychology is not taught by experts and experienced academicians, but by junior staff and research assistants (Atal, 1976).

Contemporary psychology professionals are gradually becoming aware of the wide gap between their academic pursuits and real-life problems of people. Replicative nature of research accomplishments, outdated and obsolete teaching programmes and lack of applied orientation have devoid the discipline of any professional momentum. Mishra and Paranjape (2012) observed rapid growth of higher education and expansion of professional institutions in India to reach up to the demand of trained professionals in various sectors such as health, administration, banking, police, military and management. Culture complexity in the country due to diversity in ecology, language, religion, family structure and technology.

Admissions in Postgraduation in Psychology

In most Indian universities, selection of students is done on the basis of merit for Postgraduation in psychology. Some universities conduct interviews along with merit. Specializations in Postgraduation such as Clinical Psychology, Cognitive Psychology, Counseling Psychology, Developmental Psychology, Educational Psychology and Industrial Psychology is offered on the basis of merit and interview. Whereas in most other competitive academic streams such as engineering and management, aptitude test is conducted, sadly there is no such test for admission to post graduation in psychology. As psychologists are supposed to interact profoundly with clients in their profession, they must also have aptitude to deal with the mental health issues of people.

Outdated and Obsolete Teaching Programmes.

Indian universities and colleges have adopted curriculum from the Western academic institutes. Fundamental subjects such as, *Experimental Psychology, Clinical Psychology, Personality Theories, Educational Psychology, Cognitive Psychology, Counseling Psychology, Industrial Psychology, Organizational Behavior, Developmental Psychology, Psychological Assessment and Testing and Clinical Counseling and Psychotherapy* have been in curriculum for more than two decades.

1.14 COMPARISION OF PSYCHOLOGICAL PRACTICES IN INDIA AND OTHER DEVELOPED COUNTRIES.

As presented in earlier section, Psychological associations of individual countries have developed code of conduct for the standardization and supervision of psychological services and have been implementing ethical guidelines for psychological practices, which practitioners need to follow in their practice such as, unbiased treatment, ethical use of the skills, confidentiality of clients' personal information, regular reporting to supervisor and so on. Various psychological associations such as – American Psychological Association (APA), European Federation of Psychologist's Association (EFPA), Australian Psychological Society (APS), Canadian Psychological Association (CPA), etc., which are established by their government, are responsible for maintaining and implementing good quality practice for society. And perhaps, that is why, mental health has been given equal importance and attention as physical health in those countries.

Joyce and Rankin (2010) conducted a study to explore the historical context around the American Psychological Association (APA)'s decision to draft an ethics code, reviews its development and discusses its role for psychologists today. The examination for professional practice in psychology (EPPP) has ethical, legal and professional issues as one of its eight content areas of foundational knowledge in the field. The APA was founded by G. Stanley Hall in 1892, including 31 charter members – psychiatrists and philosophers as well as those trained in experimental psychology in Germany. During the development of psychology as an applied field, the need for the development of an ethics code for the accountability of members were recognized. In 1933, the Association of Consulting Psychologists (ACP) produced the first known ethics code for applied psychology. A need for a concrete code of ethics to shape the domain of psychology was grown after the evolution of psychological science with new challenges for the new professional psychologists became evident. However, Nicholas Hobbs, the chairman of the eventual APA committee noted that being an academic discipline, an ethics code was not needed (Hobbs, 1948) and also it was mentioned that the work of academic psychologists could be subsumed under existing codes of educational institutions and research.

Issac (2009) presented an overview of ethical issues in clinical psychology. Ethical principles on mental illness based on philosophical perspectives of Greek philosophy and Christianity were focused including the role of APA in development and implementation of general principles, psychological assessment, education and training and psychology interventions in the development of ethics code. According to Oxford dictionary ethics can be defined as 'the moral principles' that govern a person's behavior or how an activity is conducted'. Similar concept is redefined in the context of clinical psychology for understanding moral principles and underlying psychological thought and activity. Therefore, this study also discusses the understanding of social, philosophical and religious aspects which influenced clinical psychology as a profession.

In India, the scenario of mental health is very different than Western countries. People in India live with many stereotypes for mental health problems and treatments. As a result, they are suffering from many mental illnesses. Besides, due to lack of the need of mental health awareness, people do not put serious efforts for the treatment to cope with the illness. Those who seek for mental health services cannot get appropriate suggestions or referrals by their doctors or society due to lack of authentic certification of professionals who are practicing in the field of psychology. Goel (2011) reviewed why mental health services in low and middle – income countries are under-resourced and underperforming. It was derived from his visit to mental hospitals that top-down approach of government in planning schemes of mental health, divorced from the ground realities. Other reasons such as the poor governance, managerial incompetence and unrealistic expectations from low paid / poorly trained primary healthcare personnel were responsible for underperformance and lack of resources of mental health services. Goel (2011) also suggested his perspective on revised agenda of *National Mental Health Policy: Vision 2020*, which will be focusing on following aspects:

1. Accessibility – of basic facilities of psychological services facility within the community to as larger section of population as possible.
2. Affordability – of services with regard to initial capital cost as well as recurring expenses.
3. Adaptability – of widely varying geographical, socio-cultural and economic mosaic of vast country.

4. Acceptability of mental health care by target population in the context of low level of literacy, ignorance, superstition, economic backwardness and lack of empowerment of woman, adolescents and children.
5. Assessment of performance of mental health care professionals through continuous monitoring, periodic review and professional development.

Getting good quality services for psychological help is another concern for people in India due to lack of awareness regarding the access of resources of psychological services. One major reason behind lack of awareness among people is the absence of regulatory body or professional psychological association which can be responsible for monitoring and validating professionals and give them permission to work in the field. There are no standardized guidelines, official document/policies to decide good quality professionals and standardized services in India.

There are many other such issues that need the attention of people who are responsible for the better quality of life of the people in India. Those people can be experienced psychologists – who are well established in giving services to people, directors/top level management of already established psychological associations, currently practicing psychology professionals, lecturers/professors who teach psychology in colleges and universities and also most importantly – the people of the society to whom psychological services is to be delivered ethically through certified and skilled and knowledgeable psychology professionals.

Agrawal (*n.d*) reviewed on current scenario of Rehabilitation Council of India (RCI) in India. RCI was set up as a registered society in 1986 to provide licensing to clinical psychologists and rehabilitation psychologists only. The RCI Act was enacted by Parliament in 1992 and it became a Statutory Body in 1993. The Act was amended by Parliament in 2000 to make it broader based and the mandate given to RCI is to regulate and monitor services given to persons with disability, to standardize syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. (RCI Act, 2000) The objective was to provide licensing to psychologists who are working with disabled and needing rehabilitation and registered with RCI. For this an MPhil in Clinical Psychology is the only option and Postgraduation from any other central or state university were not applicable to have license of RCI. Hence, since the advent of the RCI the confusion has

increased even more. The psychologists working in other fields than rehabilitation don't know if they need to get registered with RCI or not. RCI has not supported to resolve this confusion by providing ambiguous information to the psychologists asking for clarifications. There have been voices of protest everywhere but to no avail (DNA, 2015). Many psychologists in fear of these false rumors of punitive actions (if RCI certificate is not availed) began the search of some RCI certificate by taking some meaningless certificate course, totally unconnected to their actual practice. Finally, in response to an RTI application RCI stated that it has no authority to register anyone who is not claiming to be a clinical psychologist or working in the field of rehabilitation (IP, 2015). Since, there is lack of professional regulation and even lack of ethical guidelines for psychological practicing, the employers are not sure whom they need to recruit. And due to competition for getting jobs, individuals without degree or skills accept the job with less salary and psychology professional need to suffer. Also, with lack of code of conduct or licensing for psychology professional, chances of malpractices are quite high.

The Indian Association of Clinical Psychologists (IACP) has also adopted a code of conduct, which is based on the APA code of conduct and, though shorter, covers similar areas, which includes:

a. **Professional Competence and Services:** The interest of the client is paramount and clinical psychologists should keep abreast of recent developments in the field.
b. **Referrals:** If proper assessment is not possible this should be communicated to the referral source. If referral to a physician, psychiatrist or other health professional is necessary, this referral should be made.
c. **Opinion:** Clinical psychologists should take full responsibility for their opinions under all circumstances.
d. **Consent:** It includes all information about the nature of illness, method of treatment, factors associated with efficacy and risk factors.
e. **Client welfare:** This is paramount. Therefore, clinical psychologists should not take up any case which is not within their competence.
f. **Court testimony:** This should be based purely on findings and observations and should not include bias and prejudice.

g. **Confidentiality:** Information should not be disclosed except to a concerned co-professional or an appropriate authority. Test material should not be taken out of the clinic or laboratory except for teaching purposes.

Issac (2009) rightly points out that people with varying qualifications and experiences are actively offering psychological services in India. Unlike other developed countries, one does not need a license or supervision of experts in their profession to validate their psychological services. The concern is that the actual role of MA level psychologists, counsellors and special educators are poorly defined and so it is being very difficult to identify a level of competence or a minimum qualification that is applicable to all.

Mukherjee, Kumar and Mandal (2009) reviewed the present status of military psychology and traced its growth over the years in India. Military psychology is an application of psychological principles and theories to the military context, where knowledge gained from various branches such as experimental, social, clinical, organizational and personality converges. Psychology found a place in the military efforts in the form of application of scientific principles to the selection of military personnel. Few concerns which need to be focused in military psychology are regarding mental health and psychological well-being of the soldiers: psychological aspects of sexual deprivation and isolation in the military, the problems faced by disabled soldiers and issues pertaining to maintaining their morale and concerns regarding the scientific selection of officers. Defense Institute of Psychological Research (DIPR) is the only institute in the country that provides technical assistance to the armed forces in ensuring person-job-fit.

Dalal and Mishra (2002) examined the evolution and emerging trends of social psychology in India and progress of Western social psychology and its implications for understanding social issues and problems in India. They also discussed the evolution of social psychology in India as a Euro-American enterprise and other major historical developments which shaped discipline in West. It was observed that with the adaptation of Western concepts and theories, social psychology in India developed but the importance of culture in society have been given less importance. Attempts are being made to examine the boundaries of Western concepts in Indian cultural contexts. Social psychologists in India believe that social psychology indeed can find the solutions of Indian problems from Indian perspective by implicating untapped cultural resources, symbolic and behavioral both.

In India, teaching and training of psychology, psychological practices and professional regulation are the determinants that need the attention of the Government associated mental health institutes, Rehabilitation Council of India (RCI), other non-government psychological associations such as NAOP, IAAP, IACP, PCI, etc. Social Work, Family Studies, Human Development, Management are interrelated disciplines where psychology is being taught in terms of human development, social development, personal development and organizational development. Hence, in this case, students who have completed Postgraduation on these disciplines, tend to attract to work in areas such as school counselor, psychologist in NGOs, hospitals and organizations where core abilities of psychology professional are needed. Due to job insecurity and competitions, such students accept the work with low salary as compared to qualified psychology professional.

1.15 RATIONALE OF THE STUDY

In this time of rapid change, competition, rising expectations and available options, there is a surge of conflicts, stress, frustrations and anxieties in daily life. At times, people experience the need of professional help to cope with everyday life challenges.

Psychology, since the inception in 1905, has been evolved as a streamline profession in India. Psychology professionals are working in sectors such as education, healthcare, industries and also in military. In this phase, it is important to monitor and evaluate the way psychology practices have been given to society and also regular update of the knowledge and abilities of psychology professionals. Despite hundred years of existence of psychology in India, there is still no government or private agency which is responsible for licensing and standardization of psychology practices.

As Allan (2010) mentioned in his study, a hallmark of any profession which provides services to society, is its ability to be self-regulating. People who belong to profession of psychology in academics, research and practice, accede on standards of psychological practice that can be expected of them all and stick to those standards in their everyday professional activities such as teaching, practicing and training. As a result, the students, society and the government and other members can be assured of the quality of service provided by individual members of that profession. These standards of a particular profession like medical, law,

engineering and psychology are usually encapsulated in documents, which are called, codes of ethics.

It was revealed from the discussion and opinion of experienced practitioners and academicians that there is a need to develop psychological union to streamline teaching and practicing of psychology in India. Over the time, concern has been expressed for the lack of professional orientation in imparting psychology education in the universities both at graduate and post-graduate level. In India, each university has a different curriculum for graduate and post-graduate programs, because of which, it is not feasible to measure whether all students are equipped with required knowledge, skills and abilities which is necessary to work in psychology profession. There is a list of subjects recommended by UGC model curriculum to educate students graduate and post-graduate studies, but it is not updated and followed regularly. The UGC model curriculum itself is not revised since 2003. The nature of healthy psychological services is dependent on the kinds of knowledge and training imparted by the higher education in universities. Hence, education of psychology needs to be revisited and scrutinized thoroughly by academicians and government higher educational associations.

It has also been observed through various discussions among groups such as, Mental Health Policy Group, wherein they have initiated a forum to discuss the need of universal guidelines for mental health practitioners in India and the need to develop a system where continuous monitoring and evaluation of practitioners takes place for maintaining high standard of quality in Psychology). Rao (2003) draws attention to a wide variation in the settings in which psychological services have been carried out as well as in the type and level of professional training of psychologists. In the absence of regulatory body monitoring professional training, the onus is on individual psychologist, to ensure that he/she is qualified to deal with client's issues. The paucity of trained practitioners in India and the lack of regulatory body for its monitoring are matters of grave concern and needs urgent attention.

It is therefore crucial to reflect upon the existing scenario of quality of education of psychology at post-graduate level in universities of India, psychological practices and functions and role of professional development of psychology professionals. Misra and Kumar (2005) have examined and brought out various standards that characterized theory, research and applications of psychology in India. They have also drawn attention to the criteria where the goal is to see

psychology, becoming a more vibrant field of study and constructively contributing in solving the problems faced by rapidly changing Indian society.

This study will be first documented research to understand the issues regarding quality of education of psychology at post-graduate level, professional development of psychology professionals that need attention of all stakeholders, the educators, practitioners and concerned government bodies. Its relevance to existing academic and professional curriculum and professional development in terms of required knowledge, skills and abilities have never been documented from practitioners' perspectives.

The researcher aims to capture aspects of the review process of ethical guidelines and professional development as well as describe challenges, practitioners experience due to lack of professional regulation in their educational training and practice in dealing with clients, establishing themselves as effective practitioners in society. This study will also provide explanations for current status of education of psychology and required model for professional development of psychology professionals in India.

1.16 RESEARCH QUESTIONS

- What is the status of psychological practices in India?
- What Knowledge, Skills and Abilities are essential for effective psychological practices?
- To what extent the curriculum of post-graduate psychology programmes are leading to effective psychological practices?
- What are the challenges faced by practitioners?
- How far the professional regulation in psychology will influence the psychological practices in India?

1.17 OBJECTIVES OF THE STUDY

- To study the present status of curriculum of Psychology at Postgraduation level in all the universities of India.
- To understand practitioners' perspectives on challenges faced by psychology professionals in psychological practice.

- To study the practitioners' perspectives of knowledge, skills and abilities needed for their professional development.
- To understand practitioners' perspectives on the need of professional regulation of psychology profession in India.

1.18 OPERATIONAL DEFINITION

Practitioner / Psychology Professional

An individual who has achieved minimum post-graduate degree in Psychology and has been working by teaching (Universities, Colleges and Schools) or practicing (Healthcare, Education, Industries and Independently) or doing research work in the psychology related areas for more than two years.