Don't Overlook Clinical Issues

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Don't Overlook Clinical Issues

I strongly support Bob Levenson's views about the need for more basic psychology researchers to consider mental health issues earlier, more often, and more seriously in their work [*Observer*, October 2004]. I was trained as a cognitive psychologist and work as an evolutionary/social psychologist interested in individual differences. I've taught a couple of graduate seminars on psychopathology at the University of New Mexico Ph.D. training program, which is about half clinical and half experimental students.

Here's my take on the current situation: APS-type research psychologists typically overlook clinical issues because they often overlook individual differences in general, and haven't been trained to see the basic-psychology payoffs to considering normal and extreme variations in intelligence, personality, etc. This oversight is reinforced by the tendency of clinicians to promote categorical rather than dimensional views of mental illness, which make basic researchers think of exotic "schizophrenics" rather than ordinary "schizotypy," "the brain-damaged" rather than "the g factor," or "psychopaths" rather than "aggressiveness."

Mental illness and normal human variation is especially invisible to psychology researchers in highly selective universities, which screen out almost everyone except high-intelligence, emotionally-stable, benignly-compulsive students. Lastly, researchers have the partly mistaken view that the pharmaceutical industry is making enormous progress in medicating mental illness out of existence, and that we have nothing to contribute to the juggernaut of molecular neuropsychiatry.

To address these problems, I offer some suggestions for ways that APS could improve the salience of mental illness in basic research. APS could form stronger political alliances with evidence-based clinical psychology movements, such as the Academy of Psychological Clinical Science, which is having a hard time making much impact in APA. If APS "owned" evidence-based clinical research and practice a little more openly, we'd be in a better position to promote successful relations between basic psychology and clinical science in Washington and at the National Institutes of Health.

APS could also promote National Science Foundation and NIH funding opportunities that use clinical research methods and populations to inform basic research, rather than just promising that basic research will someday help cure mental illnesses. Many basic psychology researchers don't have much interest in mental illness, but they might pay attention to it if it were easier to get funding to study psychopathologies as windows onto normal cognition, emotion, or motivation, among others. These funding opportunities could include graduate fellowships, post-docs, mid-career training grants, or conference grants.

On a smaller scale, APS could invite some bright clinicians to write pieces for the *Observer* about “basic research questions that clinical folks want APS to answer,” or about their own personal experiences of seeing mental illness among their family, friends, and colleagues, and searching their souls about how their research is or isn't relevant.

One last suggestion is to take a poll of APS Members about their own mental illness symptoms and syndromes, and publish the results in the *Observer*, to remind ourselves just how common many of these problems are even among our apparently “normal” colleagues.