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Clinical and Health Psychology at the University of Calgary and its Contribution to Health Care in Alberta

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In this chapter we highlight important contributions by members of the Department of Psychology to the development of health care in Alberta, both health care proper and mental health. Although the department has never had an official health psychology program, many of its members have participated in health-related activities and research over the years and are now, more than ever, involved in many aspects of research and clinical work, both in the adult and child sectors of what is now called Alberta Health Services. The major impetus for the creation of health research in psychology was the expansion of the discipline itself, in competition with other professions for the new fields of psychological and social determinants of health and illness.[1] The department's main contribution, however, was the creation of a clinical psychology program (itself the result of a twenty-year process).[2] We will argue that it was also the presence of large-scale medical research and treatment facilities, like the Foothills Hospital (now the Foothills Medical Centre) and the Alberta Children's Hospital, that supported the research enterprise at least in part. Although these broader institutional and disciplinary trends could be seen in the Department of Psychology as it matured in the new university, the department also had a number of unique features that led to its involvement in multiple health-related activities, especially the so-called Blair Report.[3]

Beginnings

The Department of Psychology was founded in 1962.[4] By then the university had moved to the new campus of the University of Alberta in Calgary (UAC), but the founding member of the department, Aaron Eliezer David Schonfield (1920–95), who went by David Schonfield, had offered courses in psychology since 1960. Schonfield had a master's degree from Cambridge University and was hired in 1957 to teach in the Faculty of Education, located on the old campus at the Southern Alberta Institute of Technology.[5] With the opening of a new campus, the UAC changed its name to the University of Alberta, Calgary, which would change in 1964 to the University of Alberta at Calgary, and again in 1966 to the University of Calgary, after the provincial government granted the new campus autonomy.[6] By then Schonfield had been promoted to Professor, but he resigned as head after a disagreement with the dean of the faculty.

After a year under Charles Costello as acting head, William Robert Nelson Blair (1915–90), known as "Buck" Blair, became the new department head. Blair had been a senior military psychologist in the Canadian army and had been a sessional lecturer at both the University of Ottawa and Carleton University. Shortly after arriving in Calgary, he would be asked to head the Alberta Mental Health Study, which resulted in a report that eventually became known as the "Blair Report."[7] This was not the only contribution Buck Blair made to mental health in Alberta, however: he also initiated the annual Banff International Conference on Behaviour Modification in 1969, and chaired the newly established Provincial Mental Health Advisory Council from 1973 to 1976. In 1973, the Canadian Mental Health Association (Alberta) appointed him honourary president, and in 1974 he was presented with the Alberta Distinguished Achievement Award for "outstanding public service in the field of mental illness and mental health."[8] In 1976, Blair wrote a report for the University of Calgary on optometry and recommended that the new medical school include training in optometry, a recommendation that was not adopted.

The Blair Report

The Department of Psychology's first great contribution to the health care of Albertans would be the Blair Report. Published in April 1969, it was

entitled *Mental Health in Alberta: A Report on the Alberta Mental Health Study*.[9] The report involved a comprehensive evaluation of mental health services within the province and wide-ranging recommendations for improvement. Preceded by the White Paper on Human Resources Development that was presented to the Legislative Assembly on 17 March 1967,[10] the study was first announced on 24 November 1967 at a press conference with Premier Ernest C. Manning and Minister of Health J. Donovan Ross. Two objectives were specified: 1) to "provide an objective province-wide assessment of resources and evaluation of needs for maintaining mental health and treating mental illness"; and 2) to "make recommendations for the development of an improved comprehensive and integrated program for the diagnosis, treatment, care and rehabilitation of the mentally ill and for the prevention of mental illness in Alberta."[11] The project was to unfold in two stages—an initial phase in which preliminary reports and recommendations were obtained from five sources (the volunteer sector, the Division of Mental Health, consultants, statistical analyses of the prevalence of mental illness in Alberta, and committees empowered to study relevant facilities, economic questions, and treatment and therapy), and a final phase in which the director would utilize the preliminary reports to provide "a summary report and recommendations for an improved comprehensive province wide mental health program"[12] to the Executive Council of the Government of Alberta.

Faculty in the Department of Psychology were actively involved in producing the Blair Report. Among the eleven study groups created to explore "broad areas of concern,"[13] the research in mental health group was chaired by Park O. Davidson (1937–1980), a member of the department who would soon leave for the University of British Columbia. Department faculty also served as members of the various study groups, including Park Davidson (northern mental health problems), David Gibson (1926–2006) (relative roles of professional personnel), and Charles Costello (1929–2019) (research in mental health). In addition, four of the eight special projects that focused on specific issues were undertaken by John Edwin ("Ed") Boyd (1937–2003) and David Schonfield (1920–1995), with Boyd taking responsibility for the incidence of mental illness in Alberta, mental health in industry, and alcoholism problems in Alberta, and Schonfield overseeing mental health and the elderly. Finally, Park Davidson sat on the commissions that heard briefs at public hearings.[14]

Overall, the study generated 189 recommendations, 13 of which were prioritized. Underlying these recommendations was a set of 8 principles, which emerged during the study but, as noted in the report, supported the conclusions of an earlier report published by the Canadian Mental Health Association, *More for the Mind: A Study of Psychiatric Services in Canada*.[15] These principles reflected changing conceptions of mental health and mental health care at the time, although some seem remarkably relevant even today. For example, the importance of using resources optimally, avoiding duplication, finding efficiencies, and establishing an integrated system; the need to treat mental illness as one treats physical illness; and the emphasis on basic research and evaluation of programs are principles that apply readily to current times. However, the principles of identifying mental health issues in the early stages, treating them promptly, minimizing hospital stays, and developing rehabilitation programs outside of mental hospitals, though now taken for granted, were clearly informed by the new views of the day. The report specifically identified long-term hospitalization with additional problems for those with mental health challenges, and indicated that more needed to be done to ensure that those diagnosed with mental illness would return to the community and lead productive lives.[16] These principles can be seen in the recommendations that large mental hospitals be down-sized, more care be offered in general hospitals, and community facilities be developed further. The report appeared at the beginning of the de-institutionalization movement that would lead to the closure or downsizing of major psychiatric inpatient facilities throughout North America.[17]

Among the recommendations was a new mental-health-care system, organized into four "echelons."[18] The lowest was to be composed of community facilities that included the school system, guidance clinics, family physicians, and social services. It was to serve the function of identifying and diagnosing mental health problems as well as providing educational, psychological, and medical treatment. The next level included general hospitals and special hospitals, for example, for "emotionally disturbed children," and was to offer short-term treatment and follow-up care. At the third echelon were auxiliary hospitals and regional mental hospitals, which were to offer longer-term (but not "terminal"), specialized treatment. Finally, the fourth layer was to offer long-term care, primarily for

the aged, and entailed nursing homes and other special homes. Today's system bears a striking resemblance to the Blair Report's proposals.[19]

The report also brought forward recommendations related to the training of psychologists. As background, it noted that few psychologists worked in the mental health field, which meant that unqualified individuals (i.e., those lacking a relevant university degree and not registered with the Psychologists' Association of Alberta) were employed in psychology positions. Two obstacles were noted—the absence of training programs and inadequate remuneration.[20] It pointed out, however, that the Department of Psychology offered a relatively new program (i.e., only three years old) of practicum training for graduate students at the Alberta Hospital in Ponoka and the Alberta Guidance Clinic in Calgary, and argued for an extension of this program to the Foothills and the municipal legacy hospitals. Demonstrating a further link between the department and mental health services in the province, it identified senior psychologists at the Foothills Hospital (Stewart Meikle; 1924–2017) and the Alberta Guidance Clinic (Jean Linse Pettifor; 1922–2015) as holding academic appointments in the department. Interestingly, it also recommended that the Psychologists Act be amended, making a PhD in psychology the minimum legal requirement for psychologists in private practice, a recommendation that has yet to be implemented, despite continuous requests to bring Alberta up to date with the rest of the country.[21]

A second volume of *Mental Health in Alberta* appeared in March 1973, and it contained briefs and supporting material not included in the previous volume. Notable among these is a summary of David Gibson's contributions to the study group dealing with the roles of professional personnel. His submission pertained specifically to psychologists and it distinguished between "old" and "new" roles—that is, psychometricians who supported the work of medical and educational professionals versus "scientist-professionals" who served as consultants and took on "more demanding roles, for example, the treatment role."[22]

David Gibson argued that the master's degree qualification for certification might be a more expedient way of serving the immediate needs of the community, but it hindered the recruitment of those with better qualifications from outside the province, perpetuated "the view of professional psychology as an ancillary service," and offered little reason for universities in Alberta to train psychologists for the mental health field.

In outlining the new role for psychologists, he clarified the tasks to be assigned to "psychological technologists"—"assessment of 'cognitive functioning, psychomotor and psychosensory status, emotional viability and socialization'; and of interests and aptitudes," and participation in "behavioral modification processes, including group processes, individual counseling, play therapies, family therapies, situational manipulation and operant procedures."[23] This work would be supervised by certified psychologists whose other tasks were to include "the development and improvement of technologies (i.e., for treatment, behaviour change, and rehabilitation); monitoring and evaluating the effectiveness of assessment and remediation; in-service training of technicians and technologists and other mental health workers."[24]

David Gibson also submitted eight recommendations. Among these, he suggested that psychologists be trained within "Faculties of Arts and Sciences,"[25] and he explicitly argued against the "training of hyphenated psychologists by departments of educational psychology, medical schools and business schools."[26] This recommendation has partially come to fruition today, in that the graduate program in clinical psychology is currently housed within the Faculty of Arts. However, students may also receive training that prepares them for certification as counselling psychologists within the Faculty of Education.[27] Additionally, Gibson recommended a BA program for technologists that combined "two years common with current behavioural science programs" and "two years assigned to applied training involving applied settings."[28] This recommendation was never enacted. He also offered some interesting insights into the "orientation of psychology as a discipline," for example, noting that a "disease model" had been largely replaced by a focus on "the development of human resources."[29] By this he meant that mental health services should focus on "prevention of human distress at the individual, family and community levels" and on creating an educational system "aimed at optimum development and redirection of limiting deviations before disabling distress occurred."[30] These were radical recommendations at the time. However, given that this was a government report, it must have been understood that these recommendations were unlikely to be acted on.

Elsewhere in the second volume, the Blair Report recommended, "Alberta does not have a psychological advisor working with the Department of Health. An advisor could help delineate the duties of psychologists,

coordinate their work, establish training plans and advice regarding research."[31] Although never taken up as such, this recommendation nonetheless demonstrated the push to integrate psychological services in medical settings. Over the next four decades psychological services would gradually become a fixture in all major hospitals, both in Alberta and elsewhere in North America.

It should be noted that the Blair Report was supportive of Alberta's infamous sexual sterilization program, which ran from 1928 to 1972.[32] During that time 2,822 people were sterilized, mostly institutionalized individuals who suffered from various forms of mental illness or disabilities, and after 1937, this was often done without their consent. The chair of the Eugenics Board for most of that time was the founding member of the University of Alberta's Psychology and Philosophy Department, John MacEachran (1877–1971). In the board's final years, both Buck Blair and David Gibson were members for a short time.[33] The Blair Report notes that the Sexual Sterilization Act, the act that created the Eugenics Board and enabled the sterilizations to proceed, "is considered generally quite adequate and justly implemented by the Chairman and other members of the Board. The members exercise mature caution in doubtful cases and exert no pressure in cases where patient consent is required."[34] Subsequent historical examinations have, of course, undermined this somewhat banal assessment.[35] The case of Leilani Muir, who successfully sued the Alberta government in 1995 for wrongful sterilization, focused the attention of many academics on the eugenics program. And indeed, to this day historians are still working on this episode in Alberta history.[36]

Although the Blair Report did not lead to massive changes in the delivery of mental health care in Alberta, it was a monumental study of the state of care in the province in the late 1960s. As a historical record it is important, because it demonstrates clearly Alberta's similarity to most jurisdictions in being prepared to make the kind of changes that would signal the end of the era of institutional care. In that respect the study, conducted in a relatively short time period, contributed both to the importance of mental health care in the province and the stature of the University of Calgary Department of Psychology.

Establishing the Department

While many department members were involved in activities related to the writing of the Blair Report, the new department within the University of Calgary was nonetheless also preoccupied with the establishment of teaching and research. By November of 1966, shortly after autonomy was granted to the new university, the Department of Psychology applied for, and eventually received, permission to grant doctoral degrees. In its application, the department noted that it had "2 Full Professors, 6 Associate Professors and 7 Assistant Professors, all but one with the Ph.D. degree."[37] Furthermore, the staff had research support of more than $240,000 from 14 different agencies and had published a total of 205 articles and 3 books. This was a junior department but obviously a productive one. In an interesting comment in the report requesting doctoral studies status, the authors refer to a survey conducted by Roger Myers (1906–85) of the University of Toronto on behalf of the American Psychological Association. They quote Myers as arguing that "an absolute minimum requirement for usable research space [in a standard research-intensive psychology department] should be at least 1500 sq. ft. per full-time member of staff."[38] The report notes that the department at that time had a total of 133 square feet (including laboratory, office, and seminar room space) per full-time member of staff.[39]

Despite the traditional laboratory-based appearance of the new department, a number of faculty were already engaged in health-related research. In its application for doctoral-degree-granting status, it was noted that research space was available in the Foothills Hospital for operant conditioning and psychopathology research, in the Division of Alcoholism Studies for summer research, at the Provincial Guidance Clinic, and at the Ponoka Hospital in Ponoka, Alberta. Furthermore, construction was slated to begin in 1967 on the new Vocational Rehabilitation Research Institute (VRRI), located across 32nd Avenue NW, and several members of the Department of Psychology would be involved with the VRRI over the years, including David Gibson, Larry Mosley, and Robert Sainsbury.

David Gibson had spent approximately seven years working at the Ontario Hospital School in Smith Falls (now the Rideau Regional Centre), where he became chief psychologist. He was also a co-founder and director of the VRRI with Roy Brown.[40] The VRRI was an independent research

institute within the university and was initially funded by a combination of government and Rotary Club funds. It was responsible for conducting research into rehabilitation for mentally handicapped individuals and was involved in sheltered workshop activities. The department's Robert Sainsbury would be the chair of the VRRI's board for fifteen years—its longest-serving chair—and would oversee the transition of the VRRI to a community-based program. In later years J. Lary "Larry" Mosley (b. 1941) would also be a long-time board member along with Susan Graham (b. 1966), both members of the Department of Psychology.

Health, Mental Health, and Psychopathology

From its earliest days, the department was involved in research on what was referred to as "abnormal psychology" in most universities but was called "psychopathology" at the University of Calgary. The new PhD program, when it came on stream, included a separate program in the field of psychopathology, later referred to as the "program in experimental psychopathology." The choice was rather unique, reflecting the research interests of David Gibson in what was then still called "mental retardation," and the faculty's adherence to a concept of psychopathology that was based on a behaviourist model favoured by those who were graduates of British universities. The transition from research in experimental psychopathology to a full-fledged, accredited clinical psychology program would take more than twenty years, and would not occur without multiple disagreements and conflicts.[41] However, during this period many faculty members would at one time or another be deeply involved in health-related activities at a clinical, administrative, or research level. This is still very much the case today.[42]

Why the interest in health and clinical psychology, broadly conceived? None of this was accidental, as the Department of Psychology was very much in tune with the discipline as a whole, and influences on the discipline included the changing missions of universities, market pressures, and the massive restructuring of health care and medicine in North America in the post–Second World War era.[43] To date there is no written critical history of psychology and its unique location in health care. There are, however, plenty of celebratory histories that attempt to draw a line back to the origins of psychology and demonstrate psychology's health-care

"interests" as far back as the nineteenth century.[44] However, this is to miss the essential features of psychology's history. Beginning its life as a form of philosophical research in Germany in the late nineteenth century, the discipline did not become anything resembling the modern science of psychology until it had crossed the Atlantic and settled in the large American universities.[45] In this context, American psychologists who had studied in Germany left behind the fledgling enterprise they had learned in Leipzig under psychology's founder, Wilhelm Wundt (1832–1920), and began a promising discipline that could solve social problems, the kind of social problems encountered in the rapidly urbanizing, industrial United States of the period.[46]

The new practical and applied science of psychology that was fostered in the United States did not fully come to fruition until after the Second World War, for many reasons.[47] It was only then that the branches of psychology most closely allied to health care, clinical psychology and health psychology/behavioural medicine, began to take shape. The idea of a specialized health psychology that supported a new professional designation with its own research agenda, journals, organizations, conferences, and university training programs was uniquely related to at least four developments in the 1960s and '70s, in what was then referred to as the First World or sometimes just "the West."[48] First, the prevalence of chronic illnesses increased substantially as many acute illnesses were successfully treated with antibiotics, vaccines, and other preventative approaches. Chronic illnesses (e.g., cancer, heart disease) are long-term illnesses with acute phases, and hence their symptoms are sometimes amenable to psychological interventions. Second, the demise of neo-behaviourism as a core theory and central theoretical dogma of psychology furthered the possible emergence of multiple sub-disciplines only loosely centred on core principles, which gradually shifted to cognitive psychological principles. Third, the demographics of psychology changed. Like many other disciplines, psychologists found no shortage of academic work opportunities in the 1950s and '60s, as universities expanded rapidly in the immediate aftermath of the war. However, by the late 1970s the number of available professional positions declined, while the number of PhDs continued to increase—and this phenomenon was also experienced at the University of Calgary; that is, the shifting job market created the need for more practically oriented psychologists. Finally, another major influence

on the emergence of health psychology/behavioural medicine was the professionalization of other practitioners. Nursing, family medicine, psychiatry, and physiotherapy—among other health professions—all added psychological aspects of health and illness to their domains of expertise.[49] Numerous professions were competing for a similar domain in the rapidly expanding health-care fields: all were determined to put their stamp on psychological aspects of health and illness.

One might in this context add a fifth consideration—namely what is sometimes called the "feminization" of psychology.[50] The increasing participation of women in the helping professions included psychology, and sometime in the late 1970s, women pursuing doctoral degrees in psychology in both Canada and the United States outnumbered men.[51] In the province of Alberta today about 65 per cent of all psychologists are women, and that number is still growing. Approximately 75 per cent of undergraduate students in psychology are women. Of particular interest is the fact that one of the earliest members of the Department of Psychology, June Adam, was asked by the Association of Universities and Colleges of Canada to write a report.[52] In it she documented women's increased participation rates in Canadian universities in the 1969–70 academic year, which were 34.4 per cent in Canada overall, and 37.34 per cent at the University of Calgary.[53] By 1987, more than two-thirds of Alberta undergraduate psychology majors were women. In this sense, the provincial development reflected a broader global trend: until the 1960s psychologists were predominantly male, yet since the 1970s they have been predominantly female, and this has led to profound changes in the discipline itself.[54]

The Calgary Department and Health Psychology

Institutionally, the department's interests in health and illness follow closely on general trends in the discipline. In 1978, the *Journal of Behavioral Medicine* was launched, followed by at least half a dozen journals in short order, and a Division of Health Psychology was added to the American Psychological Association (APA). In that same year, the Academy of Behavioural Medicine Research and the Society for Behavioural Medicine were both founded. By this point, almost 2,500 psychologists (or 5 per cent of the APA's membership) were on the faculties of US medical schools.[55] The various organizations and societies quickly increased in number and

added to the already rich array of names associated with psychologists working in health care (e.g., psychological medicine, psychosomatic medicine, clinical health psychology, and so on). In the end, even within psychology numerous sub-fields were competing for similar academic and professional terrain.

It should be noted that psychology's foray into health did not go without criticism, namely of its wholesale adoption of a biomedical model of illness. One of those early critics was Henderikus Stam, whose first critical account was published in 1988. In July 1999, he gave the opening keynote address to the newly formed International Society of Critical Health Psychology (still very much active), which was devoted to understanding the social, political, and cultural dimensions of health and illness while remaining openly critical of much of health psychology.[56] That organization serves as a reminder that health is still a contested topic in the social sciences.[57]

Among the first professors hired in the early 1960s after the Department of Psychology was founded were a number of researchers and clinicians with broad interests in health and mental health. Charles Costello, who arrived in 1965, had worked at the Regina General Hospital as a clinical and research psychologist. Robert ("Bob") Dewar, as a master's-level psychologist, had also worked in the Saskatchewan hospital system prior to moving to McMaster University to complete a PhD and turning his interests toward human-factors research. Saskatchewan's psychiatric research and treatment was world renowned after the Co-operative Commonwealth Federation government of Tommy Douglas (1904–86) asked American medical historian Henry E. Sigerist (1891–1957) to make recommendations for improving health care in the province.[58] The Saskatchewan Psychiatric Services Branch created one of the most innovative systems of mental health care in the world, and it attracted young professionals interested in new forms of research and treatment. Included in those treatment options was research into a new compound, lysergic-acid-diethylamine-25, more commonly known as LSD, for the possible treatment of mental illness.[59] Both Bob Dewar and Charles Costello had been involved in the early LSD research, and Costello had published a paper on the use of LSD combined with behaviour therapy.[60] Thus, in its earliest years the department benefited from junior faculty who had worked in innovative professional environments.

Those researchers in the department who focused on psychopathology created a group under which they planned to offer a PhD program. Park Davidson (d. 1980), David Gibson (1926–2006), and Ihsan Al-Issa, along with Charles Costello (1929–2019), had considerable expertise and formed the core of a group that would continue under the name of psychopathology for approximately twenty years. Davidson, a Queen's University PhD, had been a senior psychologist at the Provincial Guidance Clinic in Edmonton from 1962 to 1964. Unfortunately, he quickly moved into administration as the associate and acting dean of the Faculty of Graduate Studies, and he left the University of Calgary to become the director of the new graduate program in clinical/community psychology at the University of British Columbia.[61] Ihsan Al-Issa received his PhD in 1962 while working in the experimental psychology laboratory of German émigré psychologist Hans Eysenck (1916–97) at University College London. He had also spent a year as a clinical psychologist in the famed Netherne Hospital in Surrey, England.

This group promoted themselves as "experimental psychopathologists," a rarity in Canada given how little that designation was used within the discipline throughout North America, but unsurprising given the British educational backgrounds of several of its members, as noted above. The premise of this program was that the procedures and concepts of experimental psychology could be applied to the problems of psychopathology, the influence of Hans Eysenck being obvious here.[62] The stated goal of the group was to train graduates to conduct research in applied settings such as clinics and hospitals, places where clinicians had little time to devote to research. This "in-between" position, however, would soon clash with the vision of more clinically oriented colleagues hired by the department in subsequent years. To understand the nature of this clash, we need to understand the nature of clinical psychology at the time.

The Origins of Clinical Psychology

The term "clinical psychology" goes back to the 1890s, if not earlier, and is often depicted as a specialty that grew up within psychology itself.[63] The origin myth of the discipline is that a psychologist at the University of Pennsylvania by the name of Lightner Witmer (1867–1956) had opened a psychological clinic in the 1890s. As close as this seems to a clinical psychological practice, it was a school clinic devoted to troublesome children.

The notion of psychotherapy would take years to develop, and it would be psychoanalysis that would disseminate popular conceptions of the "talking cure."[64]

However, in the United States psychoanalysis assumed a monopoly on psychiatry, leaving psychologists shut out of the psychotherapy field and confined to the labour of testing and assessment.[65] The project of test development was heightened by psychologists' involvement in the US Army during the First World War, when Robert Yerkes (1876–1956) from Yale University and his colleagues developed group intelligence tests. Yet attempts to add clinical dimensions to the education of psychologists were resisted by both professional organizations such as the APA and educational institutions.[66]

It would take another world war before the creation of what we know today as "clinical psychology." Capshew shows that it was not until the 1940s that psychologists could obtain a degree in clinical psychology in the United States.[67] Together, the Veterans Administration (VA) and the United States Public Health Service (USPHS) called on psychologists to provide service to veterans in 1942. The APA supported this endeavour by lobbying doctoral programs to train clinical psychologists. The VA then provided practicums and internship programs, while the USPHS provided the funds for training.[68] Hence, as a professional designation, clinical psychology was largely the brainchild of American federal government agencies.[69] It was quickly followed by a rapid rise in training programs and changes to the psychology curriculum.

But it was one thing to create a new psychological professional specialty, quite another to determine just what that psychological practice would look like. If psychiatry had pharmaceuticals, psychology would rely on science for its practical foundations. This was formalized at a conference in Boulder, Colorado in 1949, when a report by psychologist David Shakow (1901–81), of the University of Illinois at Chicago, was accepted for a scientist-practitioner model of training that is often referred to as the Boulder model.[70] The late 1950s, however, was marked by conflicts between those who took what was called a "humanistic" orientation to practice, and who followed psychologists such as the University of Wisconsin's Carl Rogers (1902–87), versus those who were intent on making behavioural principles the foundation of clinical practice.[71]

One of the reasons that the Calgary department took so long to develop a clinical program was that internal dissension about the nature of psychology and the appropriate place of science in the curriculum was manifest, as it was in the discipline at large, at least as far as North America was concerned.[72] The dual task of training clinicians and scientists was always more honoured in the breach than in the observance. Most clinical training programs emphasized clinical work over research, and therefore psychology departments were resistant to new clinical programs in the 1950s and '60s, which they saw as watering down their scientific aspirations. Even if the faculty supported a strong research program, students frequently leaned towards practice, as they saw this as their eventual occupation.[73] However, as the economic tide turned and the limits to the seemingly endless growth of psychology departments became obvious in the late 1960s, many departments also realized that clinical psychology programs provided them with a continuing source of excellent graduate students who would not have to struggle for academic jobs.

Calgary's Clinical Psychology Program

The first intimations of the desire for a clinical psychology program were already present in the early 1970s. Given that a program in "experimental psychopathology" was not a natural fit in a North American context, a proposal for a clinical program was circulated as early as May 1972. Nelson Cauthen, Eric Mash, and Stewart Meikle developed the proposal and brought it to a department meeting on 1 June. Cauthen would leave the department soon after to work as a clinical psychologist in the United States. Mash, a renowned expert in child and family disorders, remained a long-time member of the department. Meikle worked half-time as the head of the Division of Psychology in the Foothills Hospital and would have a permanent position in the Department of Psychology until his retirement in 1985. Like Ihsan Al-Issa, Charles Costello, and David Schonfield, he, too, had been educated in England at University College London.[74] The department, however, rejected this 1972 proposal and sent the committee back to the drawing board with additional members David Gibson and Jean Pettifor. The latter was not a member of the department but had been active as a founding member of the Psychologists' Association of Alberta and worked as a psychologist for Alberta Mental Health

Services. According to minutes from departmental meetings at the time, Pettifor was added for her connections in the community, which would be important for practicum and internship placements.[75]

One of the issues that the committee faced was implementing a program in a "no-growth" period.[76] The days of continuous and steady funding increases came to a sudden end with the defeat of the Social Credit government in August 1971.[77] Although the new Progressive Conservative government was initially not hostile to post-secondary education, a drop in enrollments in the early 1970s created problems for the new university.[78] The 1970s were replete with talk of budget cutbacks, drops in enrollment, and frozen wages. Hence the department also asked the committee to consider the option of running a clinical program that was essentially an experimental psychopathology program with summer practicums and a post-MSc or post-PhD internship added on. Eric Mash resigned from the committee at this point and Buck Blair took his place. As department minutes of the time indicate, the brakes were applied and the new committee was to recommend interim steps for the development of a program of practicum training in experimental psychopathology. Hence, once again, a full-fledged clinical program was off the table.[79]

Another proposal for a new graduate program was floated in the early 1970s, and this was a proposal for a much broader graduate program in community psychology. It was presented by a committee headed by Timothy B. ("Tim") Rogers, who had arrived in 1970, and included Eugene ("Rusty") Edgington (1924–2013), Bruce Dunn, and Steve Milstein. This program was intended to include clinical psychology in a wide-ranging program of graduate studies that would include all applied areas of psychology. This program, too, did not make it out of the gates. As Tim Rogers noted many years later, "it gained very little traction as inter-sub-disciplinary traditions interfered."[80] Department members Park O. Davidson (1965–2008) and Ken Craig (both of whom would shortly leave for the University of British Columbia) were traditional clinical psychologists whose interests lay in creating a clinical program.[81]

It would be some years before the department tried again to launch a clinical program. This time, however, it was to be a joint program with the Department of Educational Psychology, which, in the meantime, had added clinical psychology to its training profile of counselling and school psychology. That meant that there was already a clinical psychology program

on campus, even if it was part of a mixed program.[82] Nevertheless, as clinical psychology played only a small role in educational psychology's overall roster of activities, members of the Department of Psychology felt that they could augment that program and create a separate joint program. By 1978 a new program, labelled the Clinical/Community Program, was discussed in the department, but did not go forward, particularly since there was some confusion about just what was involved in "community" psychology.[83] An attempt to create an undergraduate community program also failed according to department minutes of the time.[84]

Sometime in late 1978 or early 1979 another proposal was created and forwarded to the provincial government when it was learned that the University of Alberta was also working on a clinical program proposal. A psychiatrist was appointed by the government to examine clinical training in the province and to see if there was room for one or two programs.[85] At the same time, work continued on an integrated clinical internship program that would support a new clinical psychology program. By October 1979 Stewart Meikle reported some success in establishing possible internships at the Alberta Children's Hospital, the Foothills Hospital, the General Hospital, and the Holy Cross Hospital. Now, however, a new roadblock appeared, since internships were not required for an academic program and they would have to be conducted outside the scope of an academic degree. Given that, at the time, all that was required to register as a psychologist in the province of Alberta was a master's degree, providing internships outside the context of an academic program for which students would not be paid appeared to doom the idea among those faculty who would have been involved in the training. The department, at least as reported in retrospect, was not favourable to such a proposal.[86]

By May 1980 the department agreed to enter negotiations with the educational psychology program. Roy Brown and Barry P. Frost, the senior members of the program, along with Stewart Meikle, had agreed to meet department head Ronald E. ("Ron") Schaub, noting that "the time is right."[87] By 1983, however, the negotiations had failed and the Department of Psychology began to prepare a proposal to go on alone. The Faculty of Graduate Studies appointed a committee to investigate the issue, and it suggested a joint program housed in an Institute of Clinical Psychology. At that point Donald ("Don") Bakal and Larry Mosley proposed another alternative, a joint program between the two departments that would not

require the establishment of a separate institute, since the department did not favour the latter.[88]

This proposal was ready by April 1984, at which point it was submitted to the dean of graduate studies and the appropriate channels. It was an expensive proposal requiring eight new faculty members along with support staff and research assistants. By the fall it had been reviewed and passed through for consideration at higher levels of the university. It appeared that a clinical training program might yet become a reality. By late 1984 the proposal had been vetted by the deans, and in 1985 it was submitted to the Universities Coordinating Council for approval before being sent to the provincial government. The council gave its unanimous approval and submitted it to Alberta's Department of Advanced Education.[89]

However, times had changed and the era of reduced budgets was in full swing. At some point in the next year, the proposal came back to the university with a request for revisions. The revised program then stalled—according to a report by the head of the Department of Psychology, by September 1988 the proposal was still at the university and was purportedly sitting on the vice-president academic's desk.[90] The University of Alberta—so went a rumour—had also submitted a proposal for clinical training.[91] Despite all the pressures from the department's faculty concerning the lack of progress and complaints from faculty, the university held tight and did not support the clinical psychology proposal by forwarding it to the government for consideration.[92] It was rumoured that this was likely due to the administration's preference for proposals from other units in the university in this time of scarcity, but there was never any direct evidence of this.

By 1990, the Department of Psychology attempted once again to create a program on its own, this time under the leadership of Keith Dobson, who had come to the department in 1989 after having been a faculty member in an established clinical psychology program at the University of British Columbia. The dean of graduate studies brought the two departments together in an attempt to forge a joint program. Sandra Pyke from York University was brought in as an external consultant, and she also recommended that it be a joint program between the Departments of Psychology and Educational Psychology. Directorship of the program was to alternate between the two departments. This time, with little additional resources, the program became a reality—now fully twenty years after the

first attempts to create one. Keith Dobson (psychology) served as the first director for three years, followed by David Romney (educational psychology). Doctoral-level training within the formally approved graduate program in clinical psychology using a scientist-practitioner model was first offered in 1993.[93] Lynn Hesson was the first graduate of the joint program in 1994. CPA accreditation was obtained in 1995 for an initial three-year term. In addition to Romney, Kathleen Cairns and Anita Li from the Department of Educational Psychology joined Don Bakal, Charles Costello, Bonnie Kaplan, Keith Dobson, Eric Mash, Ihsan Al-Issa, and Henderikus J. ("Hank") Stam from the Department of Psychology.

When David Romney stepped down early, Kathleen Cairns (educational psychology) took over. She prepared a proposal to move the program as a single unit into another faculty; however, this did not materialize, which led to some pressure for a more permanent solution to the administrative housing of the clinical program. When Cairns stepped down in 1997, David Bercuson, the dean of the Faculty of Graduate Studies, suggested that the program's administrative home be the Faculty of Social Sciences, and that it become a faculty program.[94] Keith Dobson became the director of the program once again, ensuring its stable development from then on. This move was formalized in 1998, at which point most of the program faculty from the Department of Educational Psychology resigned and David Romney joined the Department of Psychology.[95] In 2000, the dean of the Faculty of Social Sciences, historian Stephen Randall, moved the program into the Department of Psychology. That same year, the Department of Psychology hired Susan Graham, with interests in child psychology, David Hodgins, with interests in addictions (who had been a full-time psychologist at the Foothills Hospital), and Kristin von Ranson, with interests in eating disorders, to further enhance the program. As a sign of the program's stability, it has consistently received CPA accreditation since 1995.[96]

The clinical program is deeply connected with the local Calgary community. Every fall the program conducts a workshop and lecture for students and community members, and community members participate broadly on student examining committees. The students conduct practicum placements throughout the length of their program in clinical and mental health settings in the community, most often in the city's hospitals. Furthermore, the local hospitals have been one of the largest

employers of the graduates of the program:[97] up to one-third of our graduates work in the Calgary health-care system. Our graduates have also taken positions in universities throughout Canada and as far away as Australia and New Zealand.[98]

More recently, new appointments to the clinical program have further cemented our relationship with the local health community. Vina Goghari, who joined the department in 2009 but is now at the University of Toronto, conducts functional and structural neuroimaging studies of mental disorders.[99] Lianne Tomfohr-Madsen holds a clinical psychology professorship and conducts research on a number of psychosocial variables and health outcomes.[100] Keith Yeates is a member of the clinical program and holds the Ward Chair of Pediatric Brain Injury; currently, he is also the interim head of department. His research is focused on the outcomes of childhood brain injury.[101] Sheri Madigan is a Tier II Canada Research Chair and a member of the Alberta Children's Hospital Research Institute (ACHRI). Her research is focused on determinants of children's early social, emotional, and cognitive development.[102] Also a member of the ACHRI and a new member of the program is Melanie Noel, who conducts research in pediatric pain and the effect of children's anxiety and fear on pain memories.[103] Finally, as of July 2017 Brandy Callahan joined the department as a Tier II Canada Research Chair in Adult Clinical Neuropsychology.

Contemporary Health Research in the Department of Psychology

The Department of Psychology continues a long tradition of engagement in health-related topics. After Stewart Meikle's retirement from the Division of Psychology at the Foothills Hospital, Don Bakal held that position and established the first course in behavioural medicine in the department, the name of which was later changed to the Department of Health Psychology. He also published one of the very early textbooks in behavioural medicine,[104] and was widely known for his work on headaches.[105] Henderikus Stam was a half-time psychologist in the Department of Psychosocial Resources at the Tom Baker Cancer Centre from 1983 to 1987, and also conducted research on psychosocial oncology for the better part of a decade. Gerald Devins, who was in the Department of Psychology in the

1980s, conducted research on psychological aspects of renal disease. Tavis Campbell has been especially active as a health researcher since joining the Department of Psychology and the clinical program. Conducting studies on topics ranging from hypertension to sleep deprivation in cancer, his general orientation is to understand the bio-behavioural mechanisms involved in the development and progression of chronic illnesses.[106]

The department always had an ongoing research presence in the area of aging and psychogerontology. David Schonfield, as the founding member of the department, had a life-long interest in aging and cognition. He was also a founding member of the Canadian Association on Gerontology and a member of the executive of the Alberta Council on Aging. In 1967, he gave what was then a rarity—a course in the psychology of aging.[107] When Don Kline was hired in 1986 he brought to the department further expertise in aging, particularly in the form of research on aging and vision. Among his many research accomplishments are a number of studies that aimed to ameliorate the impact of age-related visual loss on the performance of real-world tasks.[108] He also collaborated with others in the department, including Charles ("Chip") Scialfa, on problems associated with aging and vision.[109] In 1989 Candace Konnert joined the department and established a research program on vulnerable populations, including those in long-term care and the elderly in nursing homes.[110] Long-time department member Elzbieta B. Slawinski (1938–2009) also contributed to sensory research in the elderly, but this time in audition.[111] This included work on hearing problems in daily life.[112]

Keith Dobson's research has also touched on numerous health-related problems over the years, but perhaps particularly through his role as principal investigator on the Mental Health Commission of Canada's Opening Minds program. This program addresses the issue of stigma related to mental disorders, and Dobson's emphasis is on stigma in the workplace. His work has led to innovative programs being used across the country and internationally. As a recognized authority on cognitive behavioural therapies, he has recently been influential in founding the World Confederation of Behavioral and Cognitive Therapies. At home, he is a member of the Canadian Depression Research and Intervention Network. With complementary research interests in anti-stigma programs, Andrew Szeto is associate professor in the department; he was appointed director of the Campus Mental Health Strategy for the University of Calgary in 2016.[113]

In 1986, Jos Eggermont arrived from Radboud University in the Netherlands as an Alberta Heritage Foundation for Medical Research Scholar.[114] He was encouraged by then department head Don Jamieson, whose research on speech perception was well known.[115] Already well established as an audiology researcher with an international reputation, Jos Eggermont ran a productive laboratory in the Department of Psychology, which he maintained until his retirement in 2013. In 1997, he was appointed to the Campbell McLaurin Chair for Hearing Deficiencies in the Faculty of Medicine (Department of Physiology and Biophysics), although he remained a full member of the Department of Psychology. Among his many accomplishments, he pioneered the recording of activity from the cochlea and auditory nerve in humans. He was instrumental in optimizing the diagnostics of tumours of the auditory nerve using the auditory brainstem response, and was the first to study the effects of total deafness in children on the maturation delay of auditory cortical processing once they were fitted with a cochlear implant.[116] In 2004 Jos Eggermont and colleagues were the first to combine 64- and 128-channel EEG recording with simultaneous functional MRI in auditory research.[117]

David Hodgins, former director of the clinical program and department head, is the coordinator of the Alberta Gaming Research Institute, University of Calgary Node. He has broad interests in the field of addictions, including alcohol and gambling, and the process of recovery through brief motivational interventions. Building on this health focus, Dan McGrath holds an Alberta Gambling Research Institute Chair and pursues research on the behavioural pharmacology of addiction and disordered gambling.[118]

Susan Graham, former director of the clinical program, is now director of the Owerko Centre at the Alberta Children's Hospital Research Institute. The centre supports University of Calgary researchers from a variety of disciplines in the study of neurodevelopmental disorders and child mental health. Graham's primary research interests are in language and cognitive development in the early years of life.

In addition, there have been, and are, many members of the department whose basic research is directly relevant to health and medicine but does not involve any actual contact with patients. This includes, for example, the work of Richard Dyck, who conducts studies on the molecules and mechanisms responsible for mediating experience-dependent plasticity in

the cerebral cortex in animals.[119] Or the work of Campbell ("Cam") Teskey, who studies animal models of epilepsy and seizure disorders and was a member of the department from 1992 until 2008, when he moved to the Department of Cell Biology and Anatomy. As well, Michael ("Mike") Antle studies the mammalian circadian system.[120] A number of other faculty also work on projects directly or indirectly related to medicine and health, as is the case in many research-intensive psychology departments. Many faculty members also rely on medical and health-related research funds, and publish widely in health-related fields. Furthermore, besides those department members already mentioned, who hold leadership positions in the various health-related research institutes and research centres, many faculty are affiliated with the Alberta Children's Hospital Research Institute, as well as the Hotchkiss Brain Institute and the Mathison Centre for Mental Health Research and Education, both of which are located in the Cumming School of Medicine.[121] Unfortunately, we cannot mention all of them. Needless to say, these connections reflect the growing multi-disciplinarity of health research.

The department's transformation, from the three-person unit that formed the first Department of Psychology in 1962 to its current form, could not be more pronounced. Having maintained a stable workforce for about twenty years, despite many periods of retrenchment in the university, the department is now more productive, younger, and more dynamic than ever. This is due certainly to the foundation that the first generation of faculty provided the department, with its steadfast focus on research, teaching, and professional training. But it is also due to the presence of a medical school. The University of Calgary is typical of postwar institutions, save for this one fact. Of the almost two dozen new universities founded in Canada after the Second World War, only two actually had medical schools shortly after their founding, the University of Calgary and Memorial University in Newfoundland.[122] And the University of Calgary's medical school and its associated research institutes and centres have become a major part of the university's operations. They have drawn many academics over the years, including psychologists and other social scientists. The building of the Alberta Children's Hospital, the largest public hospital for sick children in Canada, has also had a major impact on developmental and pediatric research possibilities for psychologists affiliated with the hospital or its institutes. The Department of Psychology's

contributions to Albertans' health was made possible in part by the presences of the hospitals and their associated research facilities. And while such advances are a sign that the department is solidly established within collaborative and interdisciplinary research, it has also led to the view that psychology's autonomy is under threat by critics of the entrepreneurial advances of psychology into health and medicine. Yet that is a tension that psychologists have long lived with.

NOTES

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121 See for example Connor Sweazey, "The History of the Hotchkiss Brain Institute—Its First Ten Years as a Centre for Neurological and Mental Health at the University of Calgary," in *Proceedings of the 25th History of Medicine Days Conference (2016) at the University of Calgary, AB*, ed. Lesley Bolton, Fedir Razumenko, and Frank W. Stahnisch (Newcastle upon Tyne, UK: Cambridge Scholars Publishing, forthcoming).

122 Sheila L. Duff and David G. Fish, "Medical Education: Medical Students in Canadian Universities: Report of Statistics, 1966–67," *Canadian Medical Education Journal* 96, no. 13 (1967): 921–6.