

Dr. Zahid Mahmood with nearly Sixty Years' experience in the field of clinical psychology, out of which 40 years were spent in the UK, reviewed the developments in the concept as well as the practice of clinical psychology with special reference to his own Department at UMT, Lahore.

Fellow students of psychology, I thank you for the opportunity to preside and address this symposium. It is indeed an honor and pleasure to be in the Fountain House, for a whole host of reasons. I owe a great debt to late Dr. Rashid Chaudhry who in 1962 gave me the first opportunity to observe the working of a psychiatric clinic to someone who knew very little about psychology in spite of holding a good a good Master's degree. I spent about a year with him at the then Mental Hospital Lahore. I was very much encouraged by his confidence in me only after two months by asking me to help some patients and develop some way of assessing other. I did both. Next I met Dr. Rashid in 1975, when after retirement he had set up the first rehabilitation center for the chronically ill, called the Fountain House. I was a qualified and trained clinical psychologist by then. During my brief visit to Pakistan after 10 years, I spent a lot of time in the Fountain House and took part in case conference and carrying out psychological assessments. After that we met a number of times in Lahore and in London. I am proud of my associations with him.

When I moved to Pakistan in 2005 and set up the first post graduate degree of MS in Clinical Psychology. Looking for a training set up for my students, I met Dr. Haroon Rashid, another thorough gentleman. His response to my request was overwhelmingly generous. I should say that Dr. Haroon's support was a major factor in the great success our MS programme had in a short time. Now, we have found another ally, equally gentle and supportive, and a *Psychologist*. Usman Rashid's solid presence and his commitment to the Fountain House assures us that my training programmes will enjoy the same support regardless of where they may be used.

So, my fellow students, you can see the reasons for my feelings about being here.

Coming to the title of my talk, *Changing Horizons of Clinical Psychology*. I would like to thank all the speakers before me for describing the changes in the perspective of the self. Their excellent presentations have my task much easier and I would like to complement them on the quality of their presentations. First, I would like to reiterate that Psychology is a dynamic science; constantly adapting and adjusting to the changes in the human functioning brought about by the interaction of biological, cognitive and social factors. We have already come a long way from the early acceptance of the soul as the subject matter of psychology. Then we moved from the psyche to the mind and mental processes then on to behaviour, consciousness, cognition and so on. In all this, we spent most of our scientific energy studying bits and pieces of behaviour and we forgot about *the person*, the real subject matter of psychology. Each individual is a unique configuration of biological structures (e.g. evolutionary, genetic, bio-chemical, temperamental), psychological functioning of cognitive processes marked by individual experiences (as interpersonal manifested in thinking, feeling, perceiving, learning) and the interaction of bio-psycho-social, operate in a similar mode but outcome (behaviour) may not be the same. So Psychology, by and large is still a study of individual differences, following the bio-psycho-social model. Explain and comprehend how and person is put together as a unique being. This model does not negate any of the psychological theories already in existence. These can all be incorporated in a *Meta Theory* of Psychology, that will help our understanding not only of the structure but also the *function* of the particular behaviour; normal, abnormal or pathological.

I would now like to move onto the changes in the practice of Clinical Psychology. Around the middle of 20th century Clinical Psychologist's role moved from mainly assessment and testing to therapy and treatment. The development of non-medical procedures led the way from cure to treatment, to management and containment of the psychological problems. From serious mental disorders (primarily biologically based, need mainly biological remedies) to psychological problems, (resulting from psychosocial factors like experiences, perception and thinking) more and more psychological approaches were needed to help the general masses. The issues were problems of everyday living like how to get on with others (relationship problems, how to deal with complexities of everyday life, managing stress in daily life, how to raise and maintain self-esteem, resilience, how to cope with depression and so on) Clinical psychologist moved their practice from Institution to the out-patients and then into the community and prevent these problems from becoming illnesses.

It is keeping with the same approach that I introduced a new discipline of School Psychology in Pakistan as an applied discipline in 2005. School Psychology is a combination of developmental, educational and Child Clinical Psychology. We have developed through research, assessment and intervention strategies for school children, for teachers, nurses, caretakers, rescue workers and a range of chronic physical illnesses. We also explored many different social and cultural issues and their impact on mental health of school children their academic performance and effective remedies.

Man, a greedy being was not content with that. In the west individualism has become more individualistic and narcissism more narcissistic (one day they may think contentment is another name for death). There is a race for finding the secret of happiness and self-satisfaction developed into a quest for more happiness and more satisfaction. In a small step, the mankind took a giant leap from abysmal learned helplessness to sense of well-being of utopian proportions. Psychology seems to be preoccupied with new ways of understanding, accessing, promoting and training people into getting happier and happier. Therapy is being replaced with a less intense approach called Counselling. Assessment has taken a secondary place in the practice in the practice of Clinical Psychology whereas Counselling is now more widespread.

In this very short cursive overview I tried to overview in a very limited way how things have changes in Clinical Psychology over the last sixty years. Freud does not hold the same influence anymore; Watson and Skinner do not have the same thrust of arguments. Psychotherapy has disintegrated to nearly 1000 therapies. Personality theories prove to be those shooting stars which brightened our horizons regularly. They lasted for a while before they disappear. More psychological theories come and go like fashions and fads.

Still, changes in a sign of life. Psychology has to keep itself abreast with the changes in the structure, function and interactions the human beings. It has to conceptualize, comprehend and evaluate the continually changing entity called **the person**. Who knows what the future brings for us, but one thing is certain it will be difficult.

Thank you,

God bless, friends and foes.

