Lightner Witmer

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Abstract

Lightner Witmer is known as the father of clinical and school psychology. He focused his studies on children’s academics and school functioning. He believed in the importance of individualized treatment plans. Witmer founded the world’s first psychological clinic and clinical psychology journal. Witmer was a founding member of many psychological associations. He was a confident man who was very critical of other psychologists and their views on psychology. Witmer studied under famous psychologists, Wilhelm Wundt and James McKeen Cattel who had major influences on his form of psychology. After World War II, clinical psychology began to focus on the individual adult and no longer on the individual child. Modern day clinical psychology is still focused on adults and uses Witmer’s model of requiring an educational dissertation and training in the field.

*Keywords:* Lightner Witmer, clinical psychology, school psychology

Lightner Witmer

A pioneer in American applied psychology, Lightner Witmer is best known for being the founder of clinical and school psychology. Witmer published the first clinical psychology journal and established the first psychological clinic in the world. He was a founding member of the American Psychological Association; as well as being a member of other societies and associations. The primary focus of his studies were children’s welfare and lack of academic achievement. “Charles Gilman” was the first case study that peaked Witmer’s interest, marking the beginning of clinical psychology (McReynolds, 1987). Witmer was critical of other psychologists and turned the criticisms into academic challenges (Baker, 1988). He founded several in-patient schools for developmentally delayed children to be restored to a normal environment. Witmer began the requirement of having field experience and a dissertation for a doctoral degree in clinical psychology (Routh, 2000).

**Personal History**

David Lightner Witmer Jr. was born in Philadelphia, Pennsylvania on June 28, 1867 to David and Katherine Witmer. Mr. Witmer was a pharmacist and little is known about Mrs. Witmer (McReynolds, 1987). Witmer decided to legally change his name to Lightner Witmer when he was fifty years old. He was the oldest of four, followed in order of Albert Ferree, Lilly Evelyn, and Paul DeLancey. The Witmer family found education to be vital, which influenced Lightner Witmer to be interested in academics. In fact, all four Witmer children received a doctorate degree in various fields of interest (Thomas, 2009). He and his brother, Ferree, graduated from a prestigious preparatory school named Episcopal Academy. In 1904, Witmer married an Anges Irwin School graduate named Emma Repplier whom he was married to until his death at age eighty-nine in 1956.

Witmer attended and University of Pennsylvania from 1884 to 1888 where he received a Bachelor’s of Arts degree in finance and economy (Thomas, 2009; McReynolds, 1987). After receiving his BA, Witmer went on to teach English and history at Rugby Academy for two years. While teaching, he also took graduate classes, but the course-load was extensive and he resigned from teaching to become a full-time graduate student (McReynolds, 1987). He received his master’s degree in 1891 for experimental psychology from the University of Pennsylvania under the supervision of James McKeen Cattell (Tulchin, 1957). Witmer’s dissertation under Cattell was about individual differences in reaction time. This influenced Witmer’s interest in individuals. Cattell received a teaching position at Columbia University, which was when he encouraged Witmer to go study under Wilhelm Wundt at the University of Leipzig in Germany. Witmer received his Ph.D. in 1892 under Wundt with a dissertation on called “The Aesthetics of Form”. While at Leipzig, he worked with psychologists E. B. Titchner, Frank Angell, Oswald Külpe, and Hugo Eckener (McReynolds, 1987).

After returning from Leipzig as an experimentalist, Witmer became a psychology professor at University of Pennsylvania where he taught for forty-five years (McReynolds, 1987). He taught graduate classes on child, abnormal, modern, genetic, educational, physiological, experimental, and analytical psychology; along with diagnostic teaching and academic interventions (Routh, 2000; Fagan, 1996). Witmer even provided a year-long course and three-week laboratory course on child psychology for teachers. This was a laboratory class that allowed direct observation and work with children. It has been noted that this class was the first account of an internship (Routh, 2000; McReynolds, 1996).

Witmer trained the majority of first generation clinical psychologists who founded new aspects of applied psychology (Routh, 1996; Baker, 1988). Some of his more famous graduate students included: E. B. Twitmyer, David Mitchell, Anna McKeag, Francis Maxfield, and Herman Young. Twitmyer discovered the knee-jerk reflex. Mitchell was the first to make a living off of clinical psychology. McKeag was one of the first women in America to earn a Ph. D. Maxfield became a professor of clinical psychology at Ohio State University and Young became a professor of clinical psychology at Indiana University. (McReynolds, 1987; Routh, 2000). Upon his retirement of professor emeritus in 1937, he received the doctoris of scientia honorary degree (Tulchin, 1957; McReynolds, 1987).

Witmer was a member of many psychological associations. In 1892, Witmer became a founder of the American Psychological Association during the first meeting at Clark University. He founded the association with William James, George Ladd, G. Stanley Hall, and James McKeen Cattell (Baker, 1988). Witmer was the last living member of the American Psychological Association. Unhappy with philosophers and nonexperimentalists in the association, Witmer and E. B. Titchner formed their own group and named it the Society of Experimental Psychologists (McReynolds, 1996). A year after being established in 1925, Witmer joined the American Orthopsychiatric Association (Tulchin, 1957). Witmer also helped to found the Pennsylvania Association for Clinical Psychologists in 1933. He served as president for two terms during 1934 to 1936 (McReynolds, 1987).

Witmer has been described by his peers as assertive, unconventional, insensitive, passionate, and eluded extreme self-confidence. His students remember him for having the requirement of having the classroom to always be sixty-eight degrees Fahrenheit. Other psychologists regard him critical, honest, and a clear thinker; however, he was too theoretical for an experimental scientist (Watson, 1956; McReynolds, 1987). Witmer enjoyed intelligent disputes because he held strong opinions that he enjoyed expressing. Witmer was quick to critique his colleagues; therefore preferring the company of those who held the same beliefs (Baker, 1988; McReynolds, 2000).

**Psychological Clinic**

In 1896, Witmer founded the world’s first psychological clinic at the University of Pennsylvania, giving clinical psychology its name (Routh, 1996). In the first year of operation, Witmer had twenty-six cases that were predominately referrals by doctors, parents, teachers, and probation officers. In the second year of operation, Witmer coined the term “psychological clinic” and began assessing another fifteen cases (McReynolds, 1987). The majority of cases in the clinic were children aged three to sixteen who had troubles with academic progress. Stuttering, poor spelling, and motor defects due to physical defects or insufficiency in memory and attention were seen at the clinic (Witmer, 1996; Routh, 2000). Upon entering the clinic, children experienced a series oral, physical, mental, and environmental evaluations. The results from the evaluations lead to an effective treatment plan. The results led to one of three classifications being immediately curable, curable by medical attention, and incurable requiring institutionalization (Baker, 1988).

Witmer believed in a team approach to solving problems; which is why the clinic was staffed with social workers, physicians, psychologists, teachers, and graduate students (McReynolds, 1987). Social workers had the role of completing home evaluations and worked with the client’s parents to ensure that instruction from the clinic was continued (Baker, 1988). Professionals of various specialties were engaged with the clinic to provide the best services to the clients. Some of those professionals were oculists, neurologists, remedial teachers, and administrators (Fagan, 1996). Despite having extensive knowledge in their own field, Witmer believed that the professionals needed training in the clinical method to effectively complete treatment (Tulchin, 1957).

Witmer conducted most of his work in the psychological clinic. He loathed group tests and encouraged individual engagement among the children (Fagan, 1996). In fact, he thought that statistical testing would only bring about harm to the student because it limits the student’s own perception of their capabilities (Tallent, 1969). On average, children received six tests to reach a diagnosis; however, a diagnosis did not occur until the child was examined during the learning process. Witmer used a variety of tests to evaluate the child which included: Stanford-Binet test, tests on arithmetic and writing, color naming, and two tests that he created called Witmer Formboard test and Witmer Cylinders. After creating a treatment plan, the child was continually assessed throughout the process and once a task was mastered, a harder task was given for completion (Baker, 1988).

The most famous case of Witmer’s was a fourteen year old boy under the pseudonym of Charles Gilman. Gilman was the first case to be diagnosed at the clinic with a spelling difficulty. He seemed to be normal except his problems in school work (Witmer, 1996). After physical and medical examinations, Witmer found that Gilman also had language and reading problems. He was diagnosed with “visual verbal amnesia” which is known today as dyslexia (McReynolds, 1987). During the physical examination, Witmer found that Charles Gilman needed glasses and referred him to an optometrist. Witmer had success with treating Gilman until he died from tuberculosis (Baker, 1988).

**Publications**

Witmer was not well-received by his fellow psychologists which caused him to create his own journal to publish his works (Baker, 1988). From 1907 to 1935, Witmer published the first scholarly clinical psychology journal titled *The Psychological Clinic*. This was the only clinical psychology journal of the time. *The Psychological Clinic* published case studies, book reviews, research reports, and theoretical essays. (McReynolds, 1987). Case studies in the journal provided information about the referral, evaluation, test scores, treatment description, and follow-up period about the client’s life (Routh, 1996). The first article in the journal was titled “Clinical Psychology” which explained the clinic, the journal, and the expectations for clinical psychology (Baker, 1988). Clark Hull, L. M. Terman, and E. L. Thorndike had publications in *The Psychological Clinic* (McReynolds, 1996).

Witmer was also an editor for the journal, *Pediatrics* and a book on psychological experimental studies (McReynolds, 1996; Tulchin, 1957). He had published an article in 1897 titled “The Organization of Practice Work in Psychology” which first presented and coined the term “psychological clinic”. In 1902, a laboratory manual was published further describing clinical psychology and how it relates to applied psychology (McReynolds, 1996). Another book published by Witmer was about analytical psychology (Tulchin, 1957). *The Psychological Clinic* received criticism from its predecessor *Journal of Consulting and Clinical Psychology* which stated that the journal lacked an introductory, a reference list, discussion section, or progress note. The studies in the journal lacked experimental design of having a control group, graph, and methodical research that would demonstrate a study to be successful (Routh, 1996).

**Criticism of Peers**

Witmer has little known about him due to his extreme criticisms of his colleges and other areas of psychology. He wrote and published criticisms about William James, Sigmund Freud, Hugo Munsterberg, Edward Titchner, Harvard University and Cornell University (Thomas, 2009). Even while attending Leipzig, Witmer would argue with his mentor, Wundt, about experimental methods and introspection. Witmer published that James was not a psychologist, but a poet who speaks of psychology. He discredited him stating that he was ruining psychology as a science and should not be considered an academic (Baker, 1988). Witmer never took Freud seriously stating that he was too concerned with sex and quantitative testing. In fact, Witmer did not attend the Clark University meeting because of his lack of support for Freud (Routh, 1996; Baker, 1988). Witmer even criticized his friend, Munsterberg, whose friendship he lost after the criticisms were published. He criticized Munsterberg and Titchener for having opposing views about the direction psychology was taking and the importance of comparative psychology (Thomas, 2009).

The more popular Witmer became, the more argumentative and critical he became of those around him. He even went as far as attacking the prestigious universities of Harvard and Cornell. Harvard because it was not a major supporter of experimental psychology and Cornell because it relied too heavily on introspection. He believed that the way those universities were teaching psychologists were incorrect and useless for the field of applied psychology (Baker, 1988; Thomas, 2009). Even within his own institution, University of Pennsylvania, Witmer was against hiring faculty who accentuated research in comparison to education. Regarding education, he thought that society and big business involvement were precursors to poor academic achievement (Baker, 1988).

**Psychological Influences**

During graduate school, Witmer studied under James McKeen Cattell where he gained the interest of individual differences (McReynolds, 1987). It has been noted that Cattell was the most influential psychologist for Witmer because of his critical mind and approach of applied psychology (Watson, 1956; Baker, 1988). Witmer believed that experimental and applied science were similar in that interventions can be used during treatment (Witmer, 1996). Witmer was said to be less of a psychotherapist and more of an interventionist. A title he had gained by modeling his psychology from Edouard Seguin, J. M. G. Itard, and Maria Montessori (Routh, 1996).

After Cattell acquired a job at Columbia University, Witmer completed his master’s degree in Leipzig with Wilhelm Wundt and Oswald Külpe. Their hardcore experimentalism led Witmer to investigate the practicality of psychology and how to it can help humanity, (McReynolds, 1987, 1996). Functionalism, humanism, and behaviorism have obvious influences in Witmer’s form of applied psychology. During this time, the study of individual differences was becoming increasing popular due to investigations by behaviorists Charles Darwin and Herbert Spencer (Baker, 1988; McReynolds, 1996). However, in opposition to Darwin’s and Spencer’s approaches, Witmer did not view the relevance of animal experimentation compared to human psychology (Tallent, 1969). G. Stanley Hall was another major influence to clinical psychology. Hall began the social movement of using psychology for the welfare of children (McReynolds, 1996). All of these influences led him to create a new type of psychology titled clinical psychology.

**Clinical Psychology**

Lightner Witmer wanted to create a new type of psychology that had its main focus in helping people. He was interested in applying scientific principles to academic work with individual children in a one-on-one experience (Fagan, 1996). Witmer is considered the “father” of clinical psychology because he coined the term “clinical psychology” and was the first psychologist to want to blend science with helping others. He showed this was possible by opening the world’s first psychological clinic and publishing the first clinical psychology journal (McReynolds, 1987). He expanded clinical psychology by creating teaching programs to train early clinical psychologists and teachers to better the classroom experience. Despite having the name “clinical”, it is not a form of medical psychology; although, it is closely related to medicine. Witmer chose the term “clinical” because it describes the method as to which the work was conducted. Clinical psychology wants to cure the client by finding a cause and effect relationship of treatment approaches in children who are not considered normal (Witmer, 1996). He wanted clinical psychology to be a way of practice and training for students in a professional and applied approach that tied closely with the client’s environmental factors (Fagan, 1996). Training for clinical psychologists at the time occurred at eight universities as of 1946 before accreditation was required. The universities were as follows: Pennsylvania, Harvard, Columbia, Ohio State, Clark, Stanford, and Minnesota (Routh, 2000).

In 1896, Witmer went before the American Psychological Association to propose his novel idea of clinical psychology. He proposed four areas that composed clinical psychology. The components of the new field included: clinical investigations of developmentally delayed clients, a psychological clinic to evaluate academic progress, opportunities for professionals to learn and engaged with developmentally delayed clients, and the training to create professionals in clinical psychology (Baker, 1988). Overall, the American Psychological Association did not seem impressed; however, some of the older members only gave a reaction of “slight elevation of the eyebrows.” The lack of appreciation from the faculty could have been due to the differences this new approach had compared the current, basic science of American psychology (Tallent, 1969). Clinical psychology did not support laboratory experimentation like what was popular of the time, but individual observation of person-in-environment (Witmer, 1996) Witmer took the client’s living arrangements, behaviors, and other life aspects into consideration while evaluating their environment (McReynolds, 1987).

Despite his lack of support, Witmer went on to create the psychological clinic and start practicing clinical psychology. Witmer would begin assessment by recording the client’s personal and familial history and investigating the problem. Social workers were employed to take a history on the environmental factors of the home. Clients were observed in the classroom setting and a series of tests were conducted to reach a diagnosis (McReynolds, 1987). Witmer would continue working with the client if he was able to successfully treat them with interventions. Those who were unsuccessful in treatment were sent to an institution; examples included those who were psychologically: disturbed, imbecile, unintelligent, and violent. Along with the clients who faced physical problems such as: epilepsy, being highly contagious, severely deformed, and crippled (Baker, 1988).

At this time, clinical psychology focused on the applied approach of treating children while viewing them as an individual in an academic setting (Baker, 1988). Witmer was treating children mostly for behavioral and academic issues. It was 1889 when his major interest regarded what he called retarded children. He defined retarded as being a hereditary functional disorder by being behind in age-appropriate development (Routh, 2000, 1996). The functional point of view of retardation allows the environment to create and destroy the effects that caused it. He specified between mental retardation which included physical or mental disabilities, moral retardation as behavioral issues, and pedagogical retardation as a child being two or more years behind in school. Witmer enjoyed studying the minds of retarded children because they were slower and assisted him in learning about the function of normal-minded children (Baker, 1988).

Later throughout his life, Witmer became interested in gifted children. He viewed them as those who exceeded the norms for their age and development. Gifted children gave him the desire to investigate the relationship between intelligence, performance, and competency. Witmer had his own idea that intelligence was measured by the number of successful performances (Baker, 1988). Intelligence was defined as the ability to solve a new problem. Performance was defined as the observation and measure of academic accomplishment (McReynolds, 1987, 1996). A way Witmer gauged performance was with the use of tests such as the Witmer Formboard and Witmer Cylinders. Witmer used performance to measure intelligence. As previously stated, Witmer did not enjoy the use of standardized, intelligence, and group testing because it did not allow him to observe the performance of the child. Witmer also described competency as the analysis of the client’s performance on diagnostic tests (Baker, 1988).

Witmer believed that when perfect performance was achieved, then the child had reached surpassionism. Surpassionism was the client’s ability to live up to their full potential. Witmer believed that when someone had reached their full potential, then the world became a better place due to the higher intelligence (McReynolds, 1987). Witmer introduced diagnostic teaching as a way to help children reach surpassionism. He described diagnostic teaching as acknowledging everybody is different and needs special training to reach top performance (Baker, 1988)

**School Psychology**

School psychology claims that Lightner Witmer is the founder; however, Witmer never acknowledged himself to be the founder. In fact, he never used or published the term “school psychology” (Fagan, 1996). Witmer’s original approach to clinical psychology is modern day school psychology and special education. After World War II, clinical psychology began to focus on adults, leaving behind the academic progress of children. From this, school psychology was born (Routh, 1996). Witmer believed that education should be the main focus of psychology; especially in larger groups and developmentally delayed children (Baker, 1988).

Witmer wanted children’s individual differences to be accepted within the classroom. He noticed the way schools handled children’s psychological problems by just sending the student to remediation instead of teaching the child proper ways to function. He found it important to enforce an “after-cure” which was not remitting the child to their previous, problematic environment (Fagan, 1996). Witmer had strong beliefs about person-in-environment and the importance the environment has on a person.

Witmer had noticed that women had a strong interest in school psychology. Many of the women studying school psychology were also teachers and tutors. He accepted that teachers held an essential role in helping students with academic problems. Teachers were a main source of referrals to the psychological clinic. They were the ones who initially saw the students in the learning process and acknowledged that something was abnormal (Baker, 1988). Classrooms were seen as large scale laboratories. Witmer expressed his efforts directly to children facing problems in the academic environment. He hoped his psychological approaches could be used in large classrooms throughout public schools (Fagan, 1996).

**Establishments**

Other than the first psychological clinic, he opened two more located at Lehigh University and Bryn Mawr University (Watson, 1956). Other branches of clinics were created by some of Witmer’s graduate students. Twitmyer created a speech defect clinic, Viteles specialized in professional and engineering guidance, and lastly, Brotemarkle developed a clinic for college students specializing in clinical problems (Baker, 1988). All of the clinics worked together to give client the best treatment possible. Witmer also created a small school in Wallingford, Pennsylvania in 1908 to produce positive behavioral change. This school was a precursor a large school Witmer founded with similar ethic (McReynolds, 1987, 1996).

In 1921, Witmer established an orthogenic school in Devon, Pennsylvania that he named Witmer School (McReynolds, 1987). As aforementioned, Witmer believed the person-in-environment had a strong role on the individual and behaviors which is why he established an orthogenic school which provided a normal and controlled environment. This school cared and treated troubled and retarded children at an in-patient setting. In this setting, extensive observations were made while providing education and medical care for the children. Along with education and medical care, children also received baths, food, physical activity, and a regimented sleep schedule (Baker, 1988).

**Future Implications**

Witmer’s approach to clinical approach is what is known as modern day school psychology due to the focus on children’s academics. Modern clinical psychology formed after World War II when it became focused on the individual adult. While working with adults, the approaches of the field began to use psychotherapy. This new type of clinical psychology focused on the social interactions and emotions experienced by adults. After the Boulder Conference in 1946, clinical psychology would be for the treatment of adults and that school psychology was for the treatment of children. The Boulder Model was designed for doctoral students to require a dissertation that contributes to knowledge by the use of empirical research. The United States government began funding clinical psychology through the Department of Veteran Affairs and the National Institute of Mental Health (Routh, 2000, 1996).

Witmer introduced two novel ideas to the field that have become imperative in modern clinical psychology. Witmer encouraged collaboration with other professionals such as psychologists, teachers, doctors, and social workers to give the client the best treatment (Tulchin, 1957). Another major contribution was the requirement of an internship; or what he called, practical work training. He used the clinic as a laboratory for graduate students to become experts in the clinical method. The internship and focus on the individual progressed the field of American applied psychology (Baker, 1988). At the time, Witmer was one of the few professors to allow female graduate students. Many of his female graduate students were teachers who had an interest in the clinical method (Fagan 1996). During the December 1924 American Psychological Association conference, it was declared that all future clinical psychologists must obtain a Ph. D. from an approved graduate school after writing a doctoral dissertation (Routh, 2000)

Witmer’s clinic was inspiration to many other clinics across the country through various public school system and universities (Watson, 1956). After *The Psychological Clinic* ceased publication, the *Journal of Consulting Psychology* was published as a successor (McReynolds, 1996). Clinical psychology still embodies Witmer’s original applied methods of collaborating with other professionals, focusing on the individual, combining qualitative and quantitative data, and using diagnoses to influence treatment plans (Watson, 1956). The School Psychology division of the American Psychological Association honors a young, outstanding school psychologist by giving them an annual Lightner Witmer Award (Baker, 1988).

**Conclusion**

Philadelphia native, Lightner Witmer had a successful career in creating clinical and school psychology. Witmer graduated from University of Pennsylvania and University of Leipzig. After receiving his Ph.D., Witmer went on to be a faculty member for forty-five years at University of Pennsylvania (McReynolds, 1987). Witmer taught the first generation of clinical psychologists by using an applied clinical method. Several of his students continued his work and became famous psychologists. Not only was Witmer one of the founders of the American Psychological Association, but he also founded the world’s first psychological clinic and journal for clinical psychology. Witmer had many influences to creating his form of psychology which include functionalism, behaviorism, and the importance of individual child welfare (Baker, 1988). Witmer established in-patient schools for children with severe mental deficiencies. These schools focused on restoring a positive environment for the child (McReynolds, 1996). Modern clinical psychology came about after World War II by having the main focus on adults, while school psychology was being formed to cater to the academic needs of children.

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