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Sidney J. Fields
University of Arkansas for Medical Science

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Sidney J. Fields
University of Arkansas School of Medicine

Psychologists have away of acting amazingly like people. They can, and do, acquire stereotyped behavior of thought and speech. They can develop habits that are appropriate in one setting, then carry these habits over into changed situations where they are no longer appropriate. And they can use self-defeating techniques without awareness of what they are doing. Just like people.

A case in point is the occurrence of the word "testing" and the phrase "test battery" in psychological language and literature. "Testing" and "test battery" have become stereotyped forms of expression which are over-worked and loosely used. They became a part of working psychology at a time when successful aggression was the nation's goal, but have been carried over into what is now a period of relative peace. And they remain in popular usage even though they often serve to impair the psychologist-client relationship in the diagnostic examination.

Clinical psychology as we know it now appears to have been largely an outgrowth of World War II (3, 5, 10). For example, in 1939, just before the war, Louttit was drawn to conclude that "American psychology, generally speaking, has not been greatly interested in practical problems of human behavior" (3:361). Our involvement in World War II rapidly changed that state of psychological aloofness from life. Psychology mobilized its resources and applied them in the nation's fight for survival.

It was in this period in the development of clinical psychology that "mental testing" gave way to "personality evaluation" so far as the clinician was concerned. He became increasingly aware that "mental testing," with its restricted emphasis on the functions of the intellect, left much of personality and human behavior unexplored and unassessed. He sought ways and means to fill out the personality picture and in doing so came to recognize more clearly than ever before the importance

of motivation, both conscious and unconscious. And as his professional sophistication increased he began also to appreciate the influence of motivation in the inter-personal relationship of the diagnostic examination. Let us return to this point later.

We begin to see how easy it was, with their background in the "mental testing" movement, for clinical psychologists to retain "tests" and "testing" in their working vocabularies. And to the extent that tests, that is to say, standardized measures, are applied in the diagnostic study there is, of course, justification for such language. But does the qualified clinician restrict himself to standardized measures of known reliability and validity? Are the Rorschach and TAT "tests" in the strict sense of the word? They are not.

The word "battery" in connection with tests seems to have arisen in the same context. It is not hard to understand the special appeal of "battery" in the psychological climate of a nation geared to the conduct of total warfare. It was entirely consistent with the spirit of the day, which encouraged open aggression and welcomed successful hostility. For the nation's safety the enemy had to be attacked and vanquished. This was natural. But was it ever intended that our concept of the enemy, the object of attack, should include persons referred for psychological examination? Probably not. Yet this, in a sense, is what happened. Where psychological assessment was required, people were "tested" and subjected to "test batteries" as never before. Psychologists were intent on winning their immediate objectives over all opposition, and it seems not to have occurred to most of them to question the effect such language, and the attitudes reflected by such language, might have on their clients or patients.

"Tests," "testing," and "test battery," having made their appearance during World War II, still continue to appear in psychological publications and remain popular in the working vocabulary of many practicing psychologists (1, 6, 7, 8, 9, 10).

Let us return now to the matter of motivation and consider its influence in the diagnostic examination. It may be said that the clinician attempts to do three things when he sees a client or patient who has been referred for diagnostic study. One,

he attempts to assess intellectual functions, that is to say, the patient's intelligence, his ability to learn, his various capacities, and so on. Two, he attempts to evaluate the nonintellective factors. That is to say, the feelings, attitudes, etc. Three, he tries to integrate these in such a way as to obtain a comprehensive, meaningful picture of the patient's personality and behavior, as it is now and also as it might be under certain known conditions. The success of the clinical psychologist in achieving these aims, and therefore the success of the diagnostic interview in terms of the accuracy and consequently the usefulness of the findings, depends on several factors of which the patient's motivation is only one, but it is an important one.

Most clinical psychologists fully recognize the importance of motivation. Hence they devote time and attention in a deliberate effort to establish an effective relationship with the patient at the time of initial contact with him. Essentially this means putting the patient at ease, allaying his fears, reducing his anxiety. For unless a patient can be brought to the point of active and willing, even enthusiastic, participation the usefulness of the interview is apt to be limited indeed. It is common practice for the psychologist to spend the first few minutes of a diagnostic study in a conscious effort to engage the person's interest and to encourage in him the attitude of wanting to do the best he can. The fruitfulness of the entire diagnostic period is largely determined by what happens during these first few minutes of the examination.

The dynamics of the inter-personal relations during the first few minutes and, indeed, of the entire period of the examination has been discussed by several authors (1, 2, 4, 8, 9). But none of these seem to recognize that the dynamics of the inter-personal relationship in the examining situation are also greatly influenced by factors operating before the patient arrives. The manner of referral, the preparation of the patient for what is to come, cogent and pertinent though it is, has been almost entirely neglected in their writings.

Let us acknowledge that what transpires before the patient reaches the psychologist has something

to do with what happens after he gets there, and that the manner of referral therefore is not to be overlooked. By manner of referral is meant both the attitude and the language used by the persons involved in making the appointment. The language of the referral and the feelings and attitudes which language conveys can facilitate or impede the psychodiagnostic process, depending on how it affects the patient.

The physician who refers a patient for psychological "tests" or "testing" may do so because it provides him with a certain sense of security. He is, after all, accustomed to ordering laboratory tests when indicated and has come to rely on these tests to yield definitive results. To this kind of physician in search of technical assistance tests are tests -- and it is apt to make little difference whether they are physiological or psychological.

There was a time roughly prior to World War II when diagnosis did depend almost exclusively on the use of intelligence tests, and these were commonly expected to reveal a great deal more about the individual personality than they were originally designed to do. But our knowledge and understanding has advanced and diagnostic practice has altered accordingly. In the present-day approach where the importance of nonintellective factors such as feelings and attitudes are more fully recognized, the clinician uses not only intelligence tests but other instruments as well. These other instruments are known collectively as the projective techniques and are utilized as extensively as intelligence tests proper. So it is not only inaccurate to suggest to a patient that he is being sent "to take some tests" or even "a battery of tests"; it is also actually misleading.

Psychologists are themselves partly to blame for the continued use of these terms. You will probably have noticed that the word "test" appears in the names of certain projective devices, the Thematic Apperception Test for example. "Rorschach testing" is a commonplace in professional writing. This is quite loose usage. Yet if psychologists adopt these verbalisms, is it at all surprising that others take the cue and use them also?

Another and more powerful objection to such ter-

minology is that it tends to establish a negative attitude in advance. This may be attributed to the connotation which each word bears. For example, to be "tested" conveys the notion that in some way the person is to be taxed, or exhausted, or strained to the limit. And "test battery" even more carries the notion of threat for the patient, adult or child. Since all human beings seek to avoid threat either by fight or by flight, it is clear that neither of these reactions establish in the patient the proper frame of mind with which to approach the diagnostic examination.

It cannot be argued that in communicating with other professional people who make referrals to the psychologist we are compelled to employ such negatively colored speech, however much it may impair the psychologist-patient relationship, because there is lacking a more appropriate terminology. Referrals can be phrased so as to engender positive, or at least neutral, attitudes. More appropriate language is available and can be used in place of the other. For example, "test" can be replaced by any of the following: psychological examination, diagnostic interview, psychological assessment, evaluation, study, or work-up. Instead of "test battery" there is assessment seriesor even the longer psychodiagnostic series. These do not exhaust the possibilities by any means; they are offered only to show that it can be done.

The effort to watch our language should be repaid twofold: first, in the time saved in reaching a working relationship with our patients in individual psychological examinations, thus permitting the wider use of the clinical psychologist's services; and second, in the greater validity of the findings resulting from them.

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