

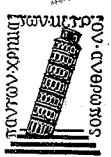
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USE AND ABUSE OF MENTAL TESTS IN CLINICAL DIAGNOSIS*

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The boom which applied psychology enjoyed during the years immediately following the World War has been unfavorable both to the development of carefully-thought-out testing methods and to the proper use of such methods as have been developed. It is accepted by the general public as almost axiomatic that a child's IQ can be determined with reasonable accuracy, and it is expected that the annual report of any institution for children shall contain full data concerning the intelligence of the children. The Stanford-Binet scale is recognized by some state legislatures as constituting a birth registry for the determination of mental ages. Children have been certified for commitment to institutions for feeble-minded solely or primarily on the strength of low rating by tests.

No one who has never witnessed the presentation of the Binet scale can fully appreciate to what extent the validity of the results depends upon the mood of the subject; nor can anyone who has not presented the test in person guess how many of the subject's failures may be due to the examiner's headache or fatigue. The physician who makes use of the test results for aid in diagnosis and recommendations is not usually familiar with these sources of error. It is rather exceptional for a physician to give much attention to the technique of psychometric examination, because he looks upon it as a piece of clerical work with which he need not concern himself. As a rule, the untrained psychometrist who hands over the numerical results without comment is at a premium as compared with the more experienced examiner who dares to challenge the validity of the findings; and the psychometrist who can complete three or four examinations in two hours is rated higher by the physician than the more careful worker who refuses to be hurried. Thus there is very little to encourage the psychometrist either to do the work as well as possible or to present an honest report of the examination.

There is an increasing demand for psychometric findings which can be used in statistical compilation; so the physician himself is under some pressure to obtain the desired information from the psychometrist. There seems also to be an increasing tendency to use the findings unconditionally

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in the disposition of a given case, as is illustrated by the following incident:

A public school officer had established a ruling that any child whose rating by Stanford-Binet indicated a three-year mental retardation should be placed in special class, whatever his age or school achievement. A subject who came under this ruling was a boy of 14 years who was doing fair work in sixth grade. His Binet rating was only 9-4, but it was reported that he responded carelessly and without interest. The teachers did not consider him a suitable case for special class, so they referred him for a more thorough examination. It was found that he did better work in written tests than in orally presented tests, which indicated both that the Binet rating was too low and also that the boy had passed the developmental level for which the special class is intended. In a series of nine tests, each of which yielded a rating of at least 10 years, he achieved a median of 12 years. This reduced his mental retardation to two years, and the results of the irregular examination were accepted to the extent of permitting the boy to remain one more year in the regular grades; but only with the understanding that he should be placed in special class the following year if he should retain his 12-year rating after reaching the age of 15.

Presumably no psychologist would wish to see test findings used so mechanically as this school officer is using them, but we cannot disclaim the responsibility. We have come forward with an offer to furnish intelligence ratings at wholesale rates. We have led the public to overestimate the degree of accuracy with which mental capacity can be determined. We have claimed too much for our tests, and have been taken at our word. The situation is essentially one of our own making.

An important step toward making the mental test a safe and useful instrument in clinical examination is to break down the undue confidence which the public places in the findings. To this end certain ideals which will not be realized in the near future are offered for the consideration of the younger students. Any progress we can make toward them under present conditions will have to be unsteady and inconsistent; and yet it seems worth while to keep them in mind as goals to be approached.

I. REPUDIATION OF THE CLAIM THAT WE CAN MEASURE INTELLIGENCE

It is desirable to discontinue the use of the term "intelligence" as applied to anything that can be measured.

Certain particular aptitudes can be measured crudely by tests in current use, and the complex which we call intelligence doubtless includes some measurable apti-