

FOREWORD

My colleague Jim Butcher, in a recent “get-acquainted” session of faculty and new clinical students, alluded to this excellent volume as giving them advance notice of what psychological assessment will look like in the year 2000. To say that confidently, like editing this book, takes not only foresight and cognitive flexibility but considerable courage. (Being an unreconstructed believer in traits, I conjecture this relates to Jim’s being a flier and a therapist interested in crisis intervention.) One may anticipate resistance to some of the book’s ideas, partly ideological and partly Luddite; but no clinical psychologist or psychiatrist, whether mainly a teacher or practitioner, can afford to remain ignorant of the matters here explained. It would be strange, and embarrassing, if clinical psychologists, supposedly sophisticated methodologically and quantitatively trained, were to lag behind internal medicine, investment analysis, and factory operations control in accepting the computer revolution.

The authors invited to contribute are of the highest competence in their areas of expertise, which range widely over such diverse domains as adaptive testing of abilities, Rorschach interpretation, lifestyle assessment using micro-computers, and the automated problem-rating interview. (It is rash to dogmatize about “what computers can’t do,” and no clinician who reads this volume open-mindedly will be caught making that mistake.) The expositions are scrupulously fair-minded, the disadvantages honestly faced, problems awaiting solutions are mentioned, and costs and benefits are weighed. As would be expected (traits again!) from psychologists knowledgeable in this domain, the writing is concise, rationally sequenced, and beautifully *clear*. These are not tendentious, wool-gathering, or muddle-headed scholars. A useful appendix lists commercially available computerized psychological services, with addresses and telephone numbers.

Inviting me to write this foreword, Dr. Butcher said, “After all, it seems appropriate that the fellow who started all this should do the honors.” He did not mean, of course, that Paul Meehl “started” computerization of psychological tests, ratings, or life history data—a technology in which I claim no expertise. Setting aside the use of computers in administering, storing, retrieving, norming, and communicating psychometric or historical data, the point of his remark was my modest contribution, for better or worse, to the *psychological interpretation* of multivariate data to diagnosis and prediction in psychopathology. The first validity study of MMPI profile patterns, as contrasted with research presenting

significance tests of single scales against the named diagnostic rubrics, was my article in Paterson's *Journal of Applied Psychology* (1946). Rough, semi-objective ("clerical") pattern criteria were employed, and subsequently improved by my doctoral candidate Donald R. Peterson. My Midwestern Psychological Association Presidential address, "Wanted—a good cookbook" (1956), showing the superiority of actuarially-derived Q-sort personality descriptions to the conventional "clinical eyeballing" of profiles, inspired Marks and Seeman, Gilberstadt and Duker, Caldwell, and others to work along these lines. This computerization (adumbrated theoretically in my book *Clinical vs. statistical prediction* [1954]) remains today the subject of intense controversy, going beyond statistical-empirical questions to deep issues of inductive logic, epistemology, welfare economics, and ethics. The clinical psychologist's professional self-image is also involved in several ways (e.g., Am I merely an inaccurate computer? Was my theoretical education irrelevant? How about technological unemployment?).

The only disappointing thing about this book reflects the present state of the art rather than deficiencies in editor or authors. We need to know more than we do about the concurrent, predictive, and construct validity of actuarial interpretations; the relative merits of the available competitors; validity generalization over describable clinical populations (demographic, diagnostic, criterial); feasible procedures for integrating (including amending?) "the best actuarial interpretation of Test T" with other data; the comparative efficacy of linear and configural systems; and—a question I discuss in Dr. Butcher's *Objective personality assessment* (1972)—how to identify individual current cases where the "statistically best" description is almost certainly wrong (e.g., a Marks-Seeman curve type whose trait characterization simply does not "fit" the individual before us). One hopes that this volume will stimulate investigators to give these difficult matters the high priority they deserve, both for their theoretical interest and their importance in patient care.

—PAUL E. MEEHL
Minneapolis, September 29, 1986

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