Memorandum: Re Psychological Tests used in Sirhan case
To: Harold Weisberg
From: Gary Schoener
Date: 5/11/69

Wechsler Adult Intelligence Scale (WAIS): This is the finest Intelligence measure for use with adults and is the most commonly used. There is no systematic or formal way to infer anything about personality from it. While a psychotic thinking disorder might manifest itself in answers to questions on the test, the test adds little or nothing to picking up such data, since one would easily spot it in the interview if such were the case. The test is individually administered. According to the Newsweek reporting in the Sirhan case, it was used to infer psychosis. This might sound more weighty to a jury, since it is a test, not just a professional opinion.

Bender Gestalt Test (Bender): This test is used to help detect certain types of intellectual (specifically, perceptual-motor) problems which are often signs of organic brain damage. The subject copies different geometric shapes. Brain damaged individuals make certain types of mistakes if their damage is in the area of the brain which deals with perceptual-motor functioning. At the Sirhan trial, psychosis was inferred, something for which there is no evidence that the test can be used in said manner. In fact, the brief description in Newsweek suggested the possiblility of normal responding. Ironically, there is an important study in the literature in which the people who published top research on the Bender in the past 10 years were asked to separate protocols produced by brain damaged kids vs. those produced by emotionally disturbed kids. Their hit rate, or rate of correct separation, was only 50%--chance level! With kids it is more difficult to use. But, there is zero evidence that it can be used to detect psychosis.

Rorschach Ink Blots: This test consists of 10 inblots to which the patient is asked to give his impressions or feelings. The theory is that he will project his unconscious feelings into his perceptions of the blots, since they are ambiguous stimuli. There is no systematic way to use it, and the only scoring systems have not demonstrated their validity. Experts often agree on the meaningfulness or importance of a particular response, and even when they do agree, there is no way of telling whether they are correct. The arguments recounted from the trial in Newsweek for psychosis as inferred from this test are very weak ones and could not be defended. Although the test is widely used, ideas drawn from it are typically treated as speculative.

(MMPI)

Minnesota Multiphasic Personality Inventory: I can get you statements from experts on this--i.e. my boss, Paul Meehl, who helped develppe it, invented the most important scoring technique and most important validity scale, or Starke Hathaway, one of the two originators of the test (the other is dead). I am well trained in its use, since this is the place where it was develpped and the would wide center for its use. It consists of 10 basic clinical scales, and three validity scales. It is the only personality test which is pretty good, if not excellent, at picking up people faking both good and bad, and even has a correction factor for those who tend to underrate or overrate their pathology, so that even with faking, the finall clinical scale scores are similar to those obtained while not faking (much experimental data to back this up). It was empirically derived: patients with different symptoms, for example, with the depression scale, depressed vs. non-depressed patients, were given items to answer. Th items which separated the two groups were used for a scale, which, after extensive item analysis proceedures, was then cross-validated on another group. Then, after all of the scales were devised, Meehl suggested that the test be given to people and similarities in the configuration of scale scores be looked for. When they were found, massive studies were done which found that certain scale configurations (called, profiles), had certain characteristics, and that a probability could be validly attached to the possibility that a person with a certain profile would exhibit a certain symptom as compared with the normal population or other mentally ill persons. So, an individual scale, or individual item, may mean nothing. Individual scales, but more important, profiles of scale patterns, are what counts. No one knows why a person does or does not answer a particular item, but only what to expect given a certain scale score or pattern of the scales. On retesting, the scale score is often unchanged, although different items are answered.