

THE ROLE OF THE CLINICAL PSYCHOLOGIST

The inner strains in the testing role were brilliantly analyzed by Schafer (1954). Briefly, here are a few of his major points: the role of the clinical psychologist is not crystallized and thus not protected by traditions and standardization; practice lacks a firm foundation of theory and research findings; testing is a service often performed for a psychiatrist, a member of a profession with which psychology competes and struggles for professional status, autonomy, and power. Then, the tester's livelihood depends on the value of his reports to those for whom he provides service, not to the patient; they are often psychiatric residents, whose needs and demands necessarily reflect their professional immaturity; when only difficult cases are referred for testing, the psychologist has to carry heavy responsibility when it is hardest to do a good job, especially if he is unrealistically looked on as a final authority. Schafer describes the tester's flight into pseudo omniscience, hedging, propitiation, rebellion, or withdrawal in the face of overvaluation, and his similar reactions to being a 'second-class citizen in a psychiatric setting,' viewed as ancillary even though his training may exceed that of the residents he serves. If the psychologist longs for the superior status and privileges of the M.D., he may use testing as a back door to therapy, giving up the means when the end has been attained. In many hospitals, the tester's role is particularly frustrating in that he never finds out the fate of his report, much less that of the patient: for all he knows, the product of his labors may simply be filed unread, which effectively undermines morale. There are strains in the nature of the relationship to the patient, too, Schafer tells us: the kind of data he needs (rich, revealing, scorable responses but not too many of them) only an exceptional patient can easily provide, and as a consequence the tester may be seduced into various kinds of more or less pathological behavior. The role itself has aspects that are voyeuristic, autocratic, oracular, and saintly, which in turn usually stir up anxiety, guilt, and other personal problems as the tester is successively tempted to become Peeping Tom, authoritarian dictator, omniscient and infallible seer, or kind mother . . .

Testing does, typically, appeal to and satisfy intellectual curiosity, as research does. But the latter allows the investigator to be his own boss, or, if he is part of an interdisciplinary team, to be the intellectual center of a group enterprise. All in all, diagnostic testing is not an emotionally and motivationally satisfying activity for the full-time endeavors of the kind of person who is likely to be best at it.

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