

HUMANISTIC TESTING AND ASSESSMENT



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Summary

Humanistic psychology's tradition of controversy regarding the worth of psychological testing and assessment is reviewed. Assessment is defined as a process involving qualitative professional judgments integrating information from various sources and necessarily guiding all professional activities, whether performed explicitly or implicitly. Testing, as delineated from assessment, is just one potential source of assessment input that may provide formally gathered qualitative and/or quantitative information. Arguments against

testing and assessment as legitimate activities within humanistic psychological practice are countered, concluding that testing and assessment can be congruent with humanistic ideals when focused on growth, subjectivity, agency, the centrality of the role of both the assessor and client as coparticipants, and a view of the person as a whole with inherent value.

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When one of us (Friedman) first entered graduate school in the early 1970s to study clinical psychology at Georgia State University, a debate raged, in what at that time was an avowedly humanistic program, about the proper role of testing and assessment within clinical psychology. In particular, two of that program's prominent professors championed antithetical positions on this: Brown (1972) posited "that psychometric procedures violate the major tenets of humanistic psychology" (p. 103), whereas Craddick (1972) defended the use of tests in humanistic assessment. When brought into this caldron of disagreement, Friedman initially aligned with Brown's position, even to the point that he petitioned to be exempted from taking the assessment sequence required for all clinical students, arguing that testing was irrelevant to his goals in becoming a humanistic clinical psychologist. This petition was denied, however, and Friedman went on to take assessment courses with Craddick and others, gaining a great appreciation for the art, and science, of using tests in humanistic assessment. Somewhat ironically, he later completed a psychometric dissertation (see Friedman, 1983) under Brown's supervision.

Years later, Friedman joined a humanistic psychology doctoral program and became the lead faculty member in teaching its initial assessment course. In that capacity, many of Friedman's students argued, as he had similarly argued to his professors more than three decades earlier, that assessment and, more particularly, psychometric approaches are irrelevant to their goals in studying humanistic psychology. Likewise, the second author (MacDonald), who teaches testing and assessment courses at a more mainstream psychology doctoral program, often encounters students with similar reservations toward these topics. Consequently, this article is offered as a position statement on humanistic testing and assessment to both students who want to become humanistic psychologists and those already in the field

who have perhaps neglected, or rejected, this area of psychological practice. For those who are already accomplished in assessment and testing, some of the material presented here may seem rudimentary, but it is included for the benefit of those who may not be so well versed in this area's subtleties.

Using tests and conducting assessments remains controversial within humanistic psychology, as illustrated by Greening's (2002) statement, "Psychometric testing is not exactly a turn-on for many humanistic psychologists, who often view it as part of reductionistic, pathology-oriented psychology more focused on labelling and diagnosing than relating and facilitating" (p. 5), concluding "humanistic psychology will always show a preference for qualitative and human science research" (p. 6). The typical arguments for rejecting assessment and testing in humanistic psychology have been based on attributions that they are reductionistic, artificial, judgmental, overly intellectual, depersonalizing, and/or disregarding of the relationship between assessor and client (Sugarman, 1978). In more recent times, the case against assessment and testing is finding expression in paradigmatic terms through which assessment and testing are viewed as part of a natural science orientation that is considered incongruent with the qualitative, post-modernist perspective underlying human science methodologies that are often favored by humanistic psychologists (see Friedman, 2002a). This is particularly salient when assessment and testing are considered as primarily a diagnostically oriented activity because many humanistic psychologists find diagnosis particularly distasteful (e.g., Bohart, O'Hara, & Leitner, 1998; Honos-Webb & Leitner, 2001; Siebert, 2000). Regardless of their form, together these criticisms have served as a basis for marginalizing the role of assessment and testing for some humanistically oriented clinicians and researchers. This is not to imply, however, that all humanistic psychologists take a negative stance toward assessment and testing, as there is also a considerable body of work on their humanistic use (e.g., Fischer, 1985, 2003). In fact, Fischer (2002) recently edited a special double issue on humanistic psychological assessment in *The Humanistic Psychologist*, demonstrating the continuing, and perhaps even burgeoning, interest in his topic. We have also written extensively in this area from a transpersonal perspective (e.g., Friedman & MacDonald, 2002b; MacDonald & Friedman, 2002) that we consider within the humanistic tradition. Nevertheless, we conclude similarly to Greening (2002) that many humanistic psychologists simply find

assessments, especially those that lead to diagnostic labels, and tests based on psychometrics incongruent with their humanistic ideals. Although we do not categorically disagree with many of the criticisms of assessment and testing from a humanistic perspective when applied to how these activities are often conducted within mainstream psychology, we find it unfortunate that some humanistic psychologists have, in essence, tended to throw the baby out with the bath water via their stance toward assessment and testing when these can be performed in humanistic ways. Before discussing how this can occur, there are many reasons why this should occur. First, assessment and testing are pragmatically important, in that they are among the most common professional activities of psychologists and a core part of the profession's identity (e.g., Woody, 1981). Second, they have been widely seen as providing valid and useful information regarding client functioning (e.g., Meyer et al., 2001). Third, assessment and testing has been demonstrably shown useful in helping clients, such as in providing therapeutic feedback (e.g., Finn & Tonsager, 1997). In addition, assessment and testing have come to serve an increasingly important role in tracking clients' therapeutic progress and in demonstrating professional accountability to clients, third-party payers (e.g., insurance companies), and other social institutions (e.g., the legal system). Last, assessment and testing information readily lends itself to research applications, enabling psychologists to engage in studies of individuals and groups in a variety of areas of functioning that benefit the profession and science of humanistic psychology.

Are assessment and testing truly antagonistic to a humanistic orientation, or is it possible to devise humanistic approaches to psychological assessment? We are of the opinion that there is much to be gained by furthering the dialogue about the nature and role of assessment and testing within humanistic psychology. We maintain that it is to the professional and scientific advantage of humanistic psychologists to find ways in which assessment and testing can be used to support and advance core theories, concepts, and interventions. In this vein, the purpose of this article is to provide a brief discussion of the nature of assessment and testing with an eye toward articulating points of promise where they may be integrated with, or subsumed under, humanistic psychology. We also think it important to note that there have been considerable advances in assessment and testing within humanistic psychology despite resistance from some in humanistic

psychology who advocate marginalizing these activities. Honos-Webb and Leitner (2002), for example, propose alternatives to mainstream diagnosing that are clearly in line with responsible humanistic approaches to assessment. And new humanistic uses of tests, such as with the Lowenfeld Mosaic Technique (Miller & Ruskowski, 2003), continue to be published in the humanistic psychological literature. Unfortunately, the field of humanistic psychology is often unfairly mischaracterized as overall rejecting of assessment and testing, which in turn has provided fodder for recent criticisms of the humanistic movement, such as levied by positive psychologists who have claimed that there has been a lack of empirical efforts stemming from the field (e.g., Seligman & Csikszentmihalyi, 2000). As counterexample to this mischaracterization, a recent meta-analysis of almost 100 treatment outcomes, relying on various assessment indicators, clearly showed significant positive changes resulting from humanistic psychotherapies (Elliott, 2002), demonstrating both the benefits that assessment and testing can provide the field and that empirical efforts of this sort are not so rare. We believe that encouraging innovative humanistic approaches to assessment and testing within both research and routine clinical practice, such as proposed by Vermeersh and Lambert (2003), can facilitate these types of benefits and that those who are resistant to the use of testing and assessment in humanistic psychology should reconsider their position.

WHAT IS ASSESSMENT?

Before we can begin to explore the possible place of assessment within humanistic theory and practice, there is a need to first define what is meant by assessment. Even though it is one of the foremost tasks associated with applied psychology in the mainstream, it may come as a surprise that assessment is not an activity that is uniformly understood. For instance, Woody (1981) defined assessment in a very broad way, stating that it is

inherent to all professional functions, be it the reaction in the initial contact with a prospective patient, the decision to accept or reject a patient, the services to be offered and the techniques to be used, the decision to terminate treatment, or the impression of the treatment's efficiency and relevance to treating other patients. (p. xxxi)

Shea (1985), on the other hand, defined assessment as a more limited process "which consists of evaluating a referral question, selecting appropriate procedures and tests, administering and scoring tests, interpreting and synthesizing findings, and communicating these effectively to the appropriate persons" (p. 2). In addition, there are numerous disagreements as to the very purpose of assessment, such as whether it should provide an overall description of a person or just remain focused on a referral question (e.g., Sweeney, Clarkin, & Fitzgibbon, 1987).

Notwithstanding the points of divergence and controversy, in previous articles (Friedman & MacDonald, 1997, 2002b, 2004) we developed a definition that we contend is sufficiently complex and inclusive to serve as a functional delineation of assessment. In general, psychological assessment may be seen as an activity based on the systematic gathering of information within a professional relationship that is aimed at providing the least biased description and/or explanation of client functioning within the constraints of allowable resources.

Embedded within this definition are several core features of assessment. First, assessment is fundamentally tied to the clinical judgment of the practitioner. Whether or not an assessment is done, the kinds of information that might be obtained, and how that information might be utilized, are all ultimately directed by the practitioner's clinical judgment.

Second, assessment involves the deliberate gathering of information for use in deriving a formulation of a client's functioning. That is, the practitioner is intentionally trying to learn about a client through available information-gathering methodologies for the purposes of articulating how and why a client functions in a certain manner.

Third, there is at least some recognition that biases in clinical judgment can distort assessment findings. To minimize such bias, several modalities through which information can be obtained are typically employed. These include interviews, behavioral observations, psychological testing, and physiological measures.

Assessment is not synonymous with any specific information gathering modality, however. That is, although the various means of acquiring information about a client contribute to the assessment process, they do not unto themselves constitute the practice of assessment. It may also be asserted that assessment is inherently a qualitative endeavor that is affected not only by the kinds of information obtained but also by biases potentially present in a clinician's thought processes.

Fourth, assessment does not occur in a vacuum nor is imposed on a passive client. Rather, assessment involves a relationship between professional and client that is often formed because of mutually identified goals and needs. The client is a participant in the process and, through involvement in it, contributes to determining its quality, meaning, and usefulness. Nevertheless, the professional is the individual with the legal and ethical duty to ensure that the nature, purpose, and implementation of services are in the client's best interests. However, under some circumstances, an assessment may be meant to serve other aims than that of the client, such as protecting society from dangerous individuals.

Fifth, assessment is a resource-constrained professional activity. Time and material resource limitations confine the parameters of an assessment and what it is able to tell about a person.

Finally, assessment is not merely a means to an end and is not separate from the therapeutic process (e.g., it is not only about diagnosing and deriving treatment recommendations). Assessment is continuous throughout any intervention process and shapes its course. And as acknowledged by others (e.g., Finn & Tonsager, 1997; Meyer et al., 2001), assessment may serve as a meaningful therapeutic intervention unto itself (e.g., feedback of assessment findings can prove illuminative for clients and aid them in modifying their behavior and sense of self). Interestingly, in the spirit of Woody's perspective cited previously, it may be argued that all clinical judgments in working with a client are forms of assessment, though such implicit approaches may not conform to all of the features that stem from our definition.

HUMANISTIC CRITICISMS OF ASSESSMENT REVISITED

Obviously, assessment is not a simple, one-dimensional endeavor. However, when we take the criticisms of assessment described in the beginning of this article into consideration, it becomes apparent that some humanistic psychologists tend to view assessment in a somewhat distorted and limited fashion. Keeping this possibility (and our definition of assessment) in mind, we would like to comment on some of the more pervasive arguments cited earlier.

Assessment is reductionistic. This criticism stems mainly from two bases. First, assessment is often used to identify specific areas of

problematic functioning (i.e., the perception that assessment typically results in a diagnosis that reduces the complexity of the client to a mere label). Second, assessment tends to place significant weight on a client's performance on standardized tests (i.e., the perception that assessment often reduces the complexity of the client to numerical scores). Certainly, insofar as most clinical work is, at least initially, problem focused, we can appreciate the thrust of this first basis for criticism. Congruent with our definition, however, assessment does not have to be problem focused—it can also be growth oriented. It also does not have to be diagnostically oriented and can lead, instead, to a description of a client with or without a diagnosis. In addition, language that is reductionistic (e.g., using fixed diagnostic labels such as “the client is a schizophrenic”) can be avoided and more humanistic concepts, such as agency and subjectivity, can be holistically included in an assessment formulation. Furthermore, we can also understand the second basis of this criticism because the prevailing dogmatic application and interpretation of tests in mainstream psychology can leave a rather sour taste—as the client ceases to be viewed as a living whole person and becomes a dehumanized aggregate statistic. This type of reification of test scores (i.e., treating test scores as though they are measuring something objectively real rather than a concept that is just a construction of science) reflects an inappropriate use and interpretation of tests. It is unfortunate that this is endemic in the work of many practicing psychologists, reflecting a poor understanding of the nature and limits of testing—but it is not because of any inherent fault in either assessment or the potential usefulness of tests.

Assessment is depersonalizing. Bugental (1964) rejected assessment as depersonalizing based on the argument that it fosters a client's reliance on the external opinion of an expert, leading to a false certainty (in subservience to the expert's judgment) that robs the client of the opportunity and responsibility to benefit from personal experience. In a related vein, it is difficult to deny the fact that it is the opinion of the professional that is given the greatest weight in assessment work and that diagnostic labeling can be potentially dehumanizing (e.g., Honos-Webb & Leitner, 2001). In fact, existing legal and ethical directives place the responsibility for assessment squarely on the professional and not the client, and a diagnosis may be required in various circumstances. Nevertheless, psychological assessment is not a one-way street.

The client's understanding of and investment in the assessment process are influential factors in determining the meaning and validity of the assessment itself. The opinion of a professional holds little meaning in most clinical contexts if the client is not engaged in the assessment process and/or is deliberately trying to undermine or distort the process. Consequently, assessment can be conducted in a way that avoids these depersonalizing problems by fully recognizing the client's coparticipation in the process and the limitations inherent in any label. Of course, there may be adversarial circumstances in which the previous argument does not hold—and many humanistic assessors prudently prefer to avoid these situations.

Assessment is artificial. Assessments are typically completed in clinical settings (e.g., office) that are generally not part of a client's daily life. By implication, clients are evaluated based on their behavior in settings incongruent with the context of their usual functioning. We concur that this is a limitation of how most assessment work is completed. It is important to note, however, that this reflects a pragmatic limitation and not a philosophical one. Assessments do not have to be done in a clinical setting. Instead, assessments can be, and often are, completed in settings where the client functions on a regular basis (e.g., school, home). In addition, even when a component of an assessment is completed in a standard clinical situation, assessment formulations are not based only on information obtained in such situations. Rather, assessments often involve observations of the client in more natural settings and/or obtaining information about the client from others (e.g., parents, teachers, spouses) who interact with the client in these contexts. No matter how they are conceptualized, however, assessments are limited in terms of resources and time availability (i.e., an assessment cannot be an indefinite process that involves a total sampling of behavior in all situations). As such, assessing clinicians are forced to rely on a restricted sampling of client behavior and experience to arrive at a formulation of the client. This should not be seen as a weakness only of assessment, however, as psychotherapy, whether humanistic or otherwise, also tends to occur in a setting separate from the rest of the client's life.

Assessment is judgmental. Assessment is sometimes perceived as a process of judging a client in an evaluative sense (i.e., the client

is considered in terms of goodness/badness or rightness/wrongness or health/sickness). However, there is a difference between describing a client's difficulties and being judgmentally critical. Clinicians need to exercise their judgment in terms of why and how they proceed with an assessment or any professional act. However, judgment in this sense means discernment and understanding—not evaluative criticism. Stated differently, judgment (whether in assessment or therapy) involves identifying important information and determining (with the participation of the client) how the information should be used to further the client's best interests. In this context, we maintain that assessment occurs regardless of whether the clinician wants it to or not. Those who attempt to sidestep formal assessment are inevitably making clinical judgments and consequent diagnoses (and prognoses) as part of their practices, albeit perhaps implicitly and without conscious intent. Therefore, those who might reject assessment should consider that assessment is, in fact, unavoidable in professional practice. If a clinician abstains from explicit assessment of clients, implicit assessment through the judgmental process still inevitably occurs. It is our position that humanistic psychological assessment should be embraced explicitly so that it can be critically evaluated rather than performed implicitly without the benefit of such examination.

Assessment is overly intellectual. In part because of the application of formulations based on complex underlying theoretical frameworks, assessment can be seen as overly intellectual—resulting in a perceived loss of appreciation for the client's lived experience. However, we consider it untenable to posit rationality as in opposition to experience and think that appropriate intellectual understandings can coexist with an appreciation for the client's own subjective understandings. Furthermore, Stiles (2002) stated that disregarding "psychological assessment can be a form of anti-intellectualism, of which humanistic therapists are sometimes accused. One must use categories to think at all. Whether the categories come from diagnostic manuals, textbooks, supervisors, parents, folklore, or television" (p. 609).

Assessment is destructive to the relationship between professional and client. Because of the previously mentioned factors, assessment can be viewed as interfering with, and even inhibiting, the development of a relationship between practitioner and client. This criticism appears to run counter to the conventional

understanding of what constitutes a good assessment. In particular, an assessment is usually seen as requiring the development of rapport and a good working relationship between practitioner and client for the work to result in a meaningful depiction of the client. In addition, it is important to note that the assessor, as a person, serves as an interpersonal measure of how clients may socially interact. To do this well, a functional relationship between professional and client is needed. Sometimes, however, there may be a clear conflict of interest between the roles of assessor and therapist that does require the separation of these roles.

Assessment is rooted in a paradigm that is diametrically at odds with the worldview of humanistic psychology. As already stated above, assessment is something in which all professionals engage, whether in a formalized or implicit fashion. As such, assessment may be better understood as a general process that is integrated with all professional activities, regardless of specific orientation, and not as a set and rigid practice that is faithful only to one worldview. Given this, it is possible for assessment to be medically oriented, legally oriented, managerially oriented, psychoanalytically oriented, behaviorally oriented, humanistically oriented, and even transpersonally oriented, and oriented toward many other perspectives. Stated differently, assessment is a fluid procedural tool and is not based on any fixed set of a priori assumptions grounded in any specific paradigm.

Assessment is unnecessary because all information relevant to intervention processes can be obtained through the ordinary course of these processes. Although much relevant information can become available during psychotherapy and other intervention processes, the timing of certain information's availability may be beneficially advanced through a formal assessment (e.g., to avoid important information becoming available at inopportune times, such as during a crisis), and, in addition, some important information may simply not become available unless directly sought through formal assessment (e.g., a nonverbal cognitive impairment).

TOWARD A DEFINITION OF HUMANISTIC ASSESSMENT

With our response to common arguments against assessment being seen as humanistic completed, it is hoped that the reader

will be able to appreciate the limitations of these criticisms and begin to comprehend assessment as a broader and more pervasive activity than what it is generally believed to be. Nevertheless, although our comments may highlight certain errors in perception, they do not yet establish just how assessment can fit within humanistic theory and practice. Thus, it is now necessary to turn our attention toward identifying how assessment may fit within the humanistic worldview. Before doing this, however, there is a need to delineate the main components of such a worldview.

A simple inspection of the available literature reveals that there are a variety of opinions regarding the defining characteristics of the humanistic perspective but little overall consensual understanding (e.g., see Anonymous, 2001; Cain, 2000; Davidson, 2000; Garrison, 2001). Nevertheless, there are enough points of commonality that we can advance five general features as representing the essential core of humanistic psychological thought. These can be summarized as involving the recognition of the importance of a growth orientation, personal agency, subjective experience, the centrality of relationship as a medium for the expression and development of personhood, and the perception of the person as a meaningful whole with inherent value.

Can psychological assessment accommodate these core elements of humanistic thought? In short, yes. It requires, however, a recognition of the inherent complexity introduced by the notion of holism. Psychological assessment can include a focus on positive growth through emphasizing client strengths and how they can be maximized. This does not mean, however, that deficits are ignored, because to do that would be to reduce the wholeness of persons to just their positive side. Psychological assessment can also include subjective experience through relating clients' perceptions of their situation. Likewise, however, to ignore behaviors or other aspects of persons that may be outside of their consciousness (e.g., as obtained through physiological measures such as heart rate variability or through projective tests such as the Rorschach) would be to ignore parts of the whole person. Language used in psychological assessment can be carefully chosen to recognize the active agency of clients. But it can also be used to recognize limitations to a sense of agency by acknowledging that in some ways people might feel, and be, constricted in their freedom. Finally, the relationship components of the assessment can be also addressed, including mention of the active role of the assessor and client as coparticipants in the assessment process.

Concretely, the following elements can be included in assessment to augment its humanistic value: (a) introduce and conduct the assessment as an interactive and participatory process between assessor and client, (b) invite the client to give direction to the focus and breadth of the assessment and to what information is most important to obtain, and (c) actively include the client in the development of assessment formulations—including incorporating client reactions to the purpose and nature of the assessment.

TESTING AND HUMANISTIC PSYCHOLOGICAL ASSESSMENT

Among humanistic psychologists who acknowledge the relevance of assessment, there are still many who either consider tests not to be a legitimate source of information within the assessment process or just simply choose not to use them. For example, in a recent work edited by Corsini (2001) that presented the methods used by a number of innovative therapies (many of which were broadly humanistic), occasionally the importance of assessment was mentioned. No reference to testing was found, however. This is congruent with our belief that those humanistic psychologists who do engage in assessments tend to rely on clinical interviews, or other data-gathering methods, instead of using tests. Therefore, common criticisms of the use of tests in humanistic psychological assessment deserve careful answer.

One major criticism is that testing is an inadequate way of knowing a client because it provides a structure presented from the psychologist's point of view rather than from the client's. This criticism can be analyzed into a number of parts. First, in regard to tests structuring responses in a way that might prohibit understanding a client's perspective, we would consider this a partially valid objection if tests alone were used to gather information for assessment. That the use of tests may provide information outside of a client's viewpoint does not remove the expectation that the client's perspective can (and should) also be included. As part of a multimethod, information-gathering strategy, however, tests can tap into important aspects of persons about which they may not be either aware or able to articulate, leading to a more holistic assessment.

Second, tests are not necessarily antithetical to obtaining subjective information. We consider self-report measures used in

many psychological tests to merely be a way of gathering subjective responses (albeit in a systematic fashion). And we consider the term *objective* in describing any psychological test using self-report as an unfortunate misnomer. Furthermore, we believe, as do some others, that ultimately the distinctions between subjectivity and objectivity are based on a false dichotomy (e.g., Beveridge, 2002; Friedman, 2002b).

Third, it also should be mentioned that tests vary in the degree of structure imposed. Some tests are more open ended (e.g., asking a client to tell a story about a blank card), whereas others are more structured (e.g., an intelligence test with items that have correct answers presented in levels of sequential difficulty).

Fourth, with respect to tests imposing the external opinion of the psychologist as an expert, there are many ways to use tests that minimize this problem. For example, test results can be presented clearly in terms of their limitations (and not as giving the truth), and clients can be allowed to comment in their own words regarding the fit, or lack of fit, of any test results. It should also be noted that there is veracity to the concern that tests use an external perspective to know a client; however, all attempts to know another can be seen as external. Finally, humanistic psychologists do serve as experts when providing psychological services, including assessment, and face certain responsibilities to know clients in a professional way. No matter how egalitarian and coparticipatory humanistic psychologists may aspire to be, if they are in the marketplace, they have to accept this responsibility and liability—while at the same time not disregarding the value of the client's perspective.

Another major criticism of testing is the belief that quantitative approaches are inherently contradictory to humanistic perspectives, to which we offer two responses. First, many tests are not quantified. Second, we consider quantitative and qualitative approaches to be complementary, as do Sheldon and Kasser (2001), and not contradictory. We dispute both the claims that qualitative approaches are the only appropriate humanistic methods and claims that quantification is inherently reductionistic and contraindicated for humanistic purposes. In this regard, we note that quantification is just another mode of expression, as is natural language that is typically used in qualitative descriptions. There is nothing essentially reductionistic in quantification—in fact, it allows for modes of expression that can enhance, and not just reduce, our comprehension. In addition, a qualitative assessor

selects the phenomena to observe, how it will be observed, and how it will qualitatively be described. These judgments are no less subject to bias or constraint than are those used in a quantitative approach. Finally, we note that Gordon (2000) criticized quantitative approaches on the usual grounds, but he also added that they are not user friendly—presumably confusing complexity with numerical models that can, in fact, be quite simple and easy for a client to comprehend.

As an aside, it is unfortunately clear that, in mainstream psychology, quantitative methods are often lauded as inherently superior to qualitative methods. To insist on using quantitative approaches when they are inadequate (e.g., when they imply greater precision than is warranted) or when qualitative approaches could provide better information represents a scientific bias that we reject. Likewise, we reject claims that qualitative approaches somehow provide an inherently better medium of expression about a client than can quantitative approaches. We thus maintain that neither qualitative nor quantitative approaches should be privileged and that both have their place in assessment based on methodological pluralism. It should be noted, however, that regardless of whether information is obtained qualitatively or quantitatively, the clinical judgement in assessment is ultimately a human qualitative judgement involving subjective appraisal of all the evidence.

To understand the important role that testing can play in humanistic psychological assessment, a clear delineation between psychological assessment and testing is needed because these terms are often confused. Testing involves administering and scoring a standardized instrument, the results of which are made meaningful either based on normative or ipsative interpretations. In the former, comparisons are made to criteria established through empirical research (e.g., obtaining a mental age through comparison to norms established for different aged individuals). It is important to note that, even when norms are used as a reference point, the purpose of this comparison in clinical assessment is to gain an idiographic understanding of the individual. In the latter, comparisons are made in a self-referential way to other information obtained on the same individual (e.g., rating a client's improvement based on comparisons of current to previous test scores for that client). Testing results can also be either compared quantitatively, as is frequently used in so-called objective test scores, or qualitatively, as is frequently used in so-called

projective tests. Of course both types of tests can be approached either quantitatively or qualitatively as might be useful. The comparisons, in the case of a numerical score, can be made with data describing previous scores (e.g., the scores found previously for similarly diagnosed individuals) or with external criteria to which that score might relate (e.g., relations previously found between scores and some outcomes measure). Qualitative comparisons, on the other hand, can be related to nonquantified, previously established clinical categories (e.g., derived from content categories found in prior administrations of the technique) in the same way.

The use of tests is therefore not the equivalent of assessment. Testing is just one source of gaining potential information that can be useful in an assessment process. In this regard, administering, scoring, and even interpreting tests does not require the same level of clinical judgment as psychological assessment in which "the role of the clinician or expert is crucial and integral to the process" (Maloney & Ward, 1976, p. 38). Previously, we have stated that assessment is "a judgmental process that requires a high level of skills but is ultimately subjective" (Friedman & MacDonald, 2002a, p. iii). It relies on a qualitative appraisal based on the information available to the assessor for confronting the specific question that the assessor is addressing, for the larger task of describing a person as a whole, or for research purposes. An assessor using test data therefore must be able to not only interpret tests individually but also to integrate test findings with results from both other tests and other sources of data to understand a person. We thus emphasize the central importance of clinical judgment throughout, and after, the assessment process, including in selecting the underlying rationale for the assessment and the resultant method chosen to gather data and in determining how the results will be formulated and the information used. We believe strongly that all of this can be accomplished in a way congruent with the humanistic perspective.

If it is granted that the variety of reasons for rejecting tests as a part of humanistic psychological assessment do not survive scrutiny, then more positive reasons for including tests can be examined. For example, both Rogers (1961) and Maslow (1966), widely viewed as influential founders of humanistic psychology, did not reject psychological tests and concluded they could be congruent with humanistic aims. Furthermore, there are a number of extant tests designed to measure explicitly humanistic concepts,

some of which have been used quite extensively. These include the Personal Orientation Inventory (Shostrom, 1966), a measure of self-actualization; the Purpose-in-Life Test (Crumbaugh & Maholick, 1969), a measure of the existential construct of meaning; the Feelings, Reactions, Beliefs Survey (Cartwright & Mori, 1988), a measure of Rogerian personality theory; the Life Attitude Profile (Reker & Peacock, 1981), a measure of Frankl's constructs of existential meaning and purpose; the Nystul Turning Point Survey (Nystul, 1993), a measure of life events from an Adlerian perspective; the Phenomenology of Consciousness Inventory (Pekala, Steinberg, & Kumar, 1986), a measure of phenomenological experience; and the Peak Experiences Scale (Mathes, Zevon, Roter, & Joerger, 1982), a measure of Maslowian peak experiences, among many others. Consequently, we agree with Stiles (2002), who stated that humanistic "therapists and researchers serve clients best by gathering a rich repertoire of categories, learning about the full range of human experience from whatever sources are available" (p. 609) and thus not excluding tests as one source of such information.

Furthermore, the advantage of using psychometric tests as an avenue toward strengthening any assessment is that it provides a uniform approach to information gathering through relying on standardized procedures. In that sense, it is like a laboratory experiment that minimizes the error variance of the complexity of the world. However, because the testing situation is an artificial arena for gathering information, it also may be prone to difficulties regarding external validity. This is an area in which the onus should be on those using any test, particularly when serious decisions are being made based on results, to have demonstrated validity related to its applied use. In addition, another major reason for use of tests is pragmatic, namely in how easy they are to use (i.e., in that they require comparatively little time to administer and interpret). They also can measure a wide variety of clinical constructs that would be hard to cover as part of an informal screening process and provide information applicable for research and evaluation efforts. Barlow, Hayes, and Nelson (1984) address some additional benefits for the inclusion of tests in clinical assessment, such as that they can improve psychotherapy outcomes (by assessing both client functioning pre- and posttreatment and by also assessing the efficacy of intervention processes), they can demonstrate accountability to clients and other parties, and they can facilitate the growth of clinical knowledge.

CONCLUSION

We thus conclude that psychological assessment can be humanistic. We further conclude that testing has a legitimate role to play in humanistic psychological assessment as one potentially important source of information when used appropriately. In this regard, we specifically advocate for the usefulness of psychometric approaches within humanistic psychological assessment—but only as one approach among a plurality of useful information gathering strategies. Consequently, we urge humanistic psychologists to use formal assessments in their applied work and to incorporate testing in these endeavors as might be appropriate. Finally, we note the changing climate surrounding the delivery of professional psychological services. For those who want to continue practice in a humanistic mode, there will be increasing pressure to provide evidence of the effectiveness and nonharmfulness of these services. Thoroughly articulated assessment formulations that are supported by test results can be extremely useful in such times.

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