

fornia at Los Angeles, where they admitted 11 percent false-positives. Since sexual deviates encompass such a small percent of the population, 1 or 2 percent, and if the false-positives are 11 percent, you are going to mislabel 11 times as many people as you find, if the test were accurate. According to their own claims, it would be dangerous.

Mr. GALLAGHER. Then there could be a great number of young people in the United States being discriminated in this 11-percent factor who may desire to serve the Peace Corps.

Mr. GROSS. Exactly. I would like to point out a book by Dr. Eli Ginzberg of Columbia, actually a series of three books, called "The Ineffective Soldier—Lessons for Management and the Nation." One volume is called "The Lost Divisions." The study was financed by funds, foundations, corporations, and conducted at Columbia over a period of years.

Dr. Ginzberg is a very intelligent man, and he did a very interesting thing. They surveyed the men who were given psychological draft waivers based upon the presumed psychological health of these men as estimated, by the psychological screener at the draft board, or wherever he saw the young men.

Toward the end of World War II, certain groups of draft-exempt people were called up for military emergencies. Dr. Ginzberg's group checked these men who had been psychologically rejected and followed their performance during the war. They found an equal number of heroes, an equal number of psychological breakdowns, and exactly the same performance as the men who had been admitted as psychologically sound. This indicated once and again, for the one-thousandth time, that there is no way, scientific way, that we have to distinguish the mental health of people functioning day to day.

Now, this does not mean that MMPI may not have some use within a mental hospital. I don't know. I didn't occupy myself with that concern. I do not know if the Rorschach ink blot test would not have some use within a mental hospital for the diagnosis of people who have already been declared mentally ill.

It may be worth something, but it is definitely not of value in the selection and screening of normal functioning people to predict their possible psychological breakdown or failure. And by definition, and good psychology students learn this, it is technically impossible to use a group instrument, such as the Minnesota multiphasic, for psychological evaluation of an individual. To use it violates the simple lesson that they probably learned in first or second year psychology.

I can only point out that the question and answer tests have that problem. The projective tests are scaled for the individual. They do not have group statistics, although they have group keys. That is, if you see something in the ink blot it means something specific. In that sense it is group scored. But it is given to individuals, who make an individual response which is evaluated individually by the psychologist.

The thematic apperception test, which contains 19 photographs and drawings, is the same kind of test. You tell the tester what you see in the drawing. A psychologist, in checking the test-retest reliability—that is he waited 9 weeks and gave the test over again to the same people—found a test-retest reliability of less than 0.3, I think 0.26. This means that by psychological definition the test is incapable of making a decision. Total reliability is 1.00, so if test