

# Testing, testing

How intelligible are psychological tests? **NEIL MARTIN**

**S**CIENTIFIC protocol dictates that a test needs two things: reliability and validity. What it doesn't usually dictate is that it also needs clarity and intelligibility. Readers will be familiar with instruments whose questions read oddly or can't be answered given the scale provided (the notorious forced-choice procedure). Claire Blount and her team of colleagues at various English hospitals have pointed out that even some widely used tests present respondents with some difficulty. Given that these tests may be administered to people with personality or learning disorders, ensuring clarity is even more vital.

The researchers asked seven lay participants, 14 ex-residents of a mental health clinic, and 32 professionals to assess five psychological measures for length, perception of length, and clarity (whether the measure was good, confusing or upsetting). The measures tapped personality

disorder (Personality Diagnostic Q-4; the Millon Clinical Multiaxial Inventory-III; Borderline Syndrome Index), self-esteem (Rosenberg's Self-Esteem Scale) and social functioning (the Social Functioning Questionnaire).

The length of time taken to complete the tests was perceived negatively, especially the length of the personality tests. Respondents reported that after completing the first 100 items of the MCMI-III, the measure became tedious. The time taken to complete the tests, however, was unrelated to the actual physical length of the measure. There were items in all five measures that were perceived as confusing, with statements being open to considerable interpretation ('I have a flair for the dramatic' from the PDQ-4 was mentioned). All were criticised for the use of slang, Americanisms and perceived biases against minorities. The Millon test, in particular, came in for some flak. Items such as 'I flew

across the Atlantic 30 times last year' and 'I was on the front cover of several magazines' were perceived as having no face or content validity. These were so-called 'lie items', but were so obvious as to be clearly avoided. All measures apart from the BSI included an item that contained more than one question. 'I complete my tasks at work and home satisfactorily' was one item cited. Finally, the RSE and the SFQ were perceived positively – they were regarded as brief and had nicely scaled response options.

In both non-clinical and, especially, clinical contexts tests need to be clear and brief, and to measure what they claim to measure. This brief survey of a small number of measures indicates that there are still problems in administering and competing well-used tests.

Blount, C., Evand, C., Birch, S., Warren, F. & Norton, K. (2002). The properties of self-report research measures: Beyond psychometrics. *Psychology and Psychotherapy: Theory, Research and Practice*, 75, 151–164.

## Not coughing up for smokers

How people's view of the allocation of medical resources is influenced by patients' lifestyle. **NEIL MARTIN**

**T**HE NHS has benefited from a recent hike in National Insurance in the general belief that a health service should be efficient and free for all at the point of delivery. But there is some debate over whether certain treatments should always be free, especially for those who engage in

behaviour that easily leads to illness or injury. Should resources be allocated to these people, and do people believe that those with risk-taking lifestyles warrant having medical resources thrown at them?

Adrian Furnham and researchers at University College London asked 100 adults to rank 16 hypothetical patients in terms of priority for treatment for three medical conditions: heart transplantation, in vitro fertilisation (IVF) and cosmetic surgery. Participants were told that these patients would be treated by an NHS hospital. Information about patients varied according to age,

annual income and smoking behaviour and whether the patient had children.

The researchers found that young people, non-smokers and those on a low annual income were given highest priority. The existence of children only influenced decisions about IVF and heart transplant.

The results are consistent with those of other studies showing that young people are preferentially prioritised for kidney dialysis and that smokers are given lower priority for dialysis treatment. As dialysis is unrelated to smoking, those results coupled with the findings from this more recent study indicate little sympathy for those who smoke. Smoking appears to be a 'stigmatised habit' that can cloud decisions made about smokers' treatment even when their condition is unrelated.

Furnham, A., Thomson, K. & McClelland, A. (2002). The allocation of scarce medical resources across medical conditions. *Psychology and Psychotherapy: Theory, Research and Practice*, 75, 189–203.



All equal under the knife?

# What motivates a football hooligan?

**I**N the run up to the World Cup, football hooliganism was again beginning to find itself in the media spotlight. One example involved 'street battles' where hundreds of Millwall supporters fought with police following the club's defeat against Birmingham City. Almost 100 police officers and dozens of police horses were injured after bricks, paving stones, flares and fireworks were thrown at them. Some officers present described it as the worst violence that they had seen, and it has led to the police considering suing the south London club for damages.

With this in mind it is perhaps timely that two researchers based in the University of Tsukuba in Japan, John H. Kerr and Hilde de Kock, have considered what motivates the football hooligan, with a view to making suggestions on how such aggression can be managed. This is even timelier given the statements of junior Foreign Office minister, Denis MacShane, who said that troublemakers could expect 'no mercy from the Japanese police and judiciary and the UK government would not lift a finger to help them' (BBC News, 28 January 2002).

Kerr and de Kock consider the motivation behind hooliganism by drawing on the circumstances surrounding the death of a Dutch hooligan during a confrontation between 450 hooligans in 1997. They emphasise impulsive, sensation-seeking and rebellious mental states as central to the motivation behind hooligan aggression. They suggest that hooligan aggression is highly organised and more akin to 'play-

fighting' than a conscious effort to kill. Indeed, serious injury and death are rare occurrences even though weapons such as bars, chains, bats, knives and hammers are used in confrontations between rival gangs.

Kerr and de Kock argue that it is the rarity of death or serious injury that allows the hooligan to engage in aggression for the positive sensations associated with it without fear of being seriously harmed or injured, thus allowing them to experience enhanced feelings of 'excitement, thrill, and positive affect'. The researchers suggest that the news coverage given to hooliganism may act only to increase the positive emotions associated with the aggression.

The 'occasional' death or serious injury is, however, deemed to be necessary in order to maintain this increased positive affect. The reason for this is simple: there has to be some evidence that the aggression is potentially risky or the positive, exciting emotions would reduce and hooliganism would, to the perpetrator, become boring. The key is really about securing a balance between possible risk and actual risk. If too many deaths or serious injuries occurred, then many hooligans might decide not to engage.

Interestingly, Kerr and de Kock suggest that approaches to managing hooliganism – such as increasing police involvement and surveillance of suspected hooligans, adopting increasingly stringent punishments in the form of fines and longer periods of detention for convicted hooligans – may actually be counterproductive. The more control that is placed on the activities of

hooligans the more they will seek to 'outwit' the authorities, leading to increased satisfaction. The authors state that 'in terms of the ongoing struggle between police and hooligans, the use of undercover observation and telephone taps only adds to the...game by making it more interesting'.

The paper tries to explain organised violence and how hooliganism should be managed. 'Advocates of tougher measures for soccer hooligans', Kerr and de Kock argue, 'fail to recognise the true nature of the activity, and the assumption that violent and aggressive hooligan behaviour can be moderated by the threat of seriously aversive consequences does not stand up in reality.' Thus, the threat of up to five years in Japanese jails if hooligans are caught during this year's World Cup may do little to decrease the possibility of hooligan aggression taking place.

Kerr, J.H. & de Kock, H. (2002). Aggression, violence, and the death of a Dutch soccer hooligan: A reversal theory explanation. *Aggressive Behavior*, 28, 1–10.

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