

The value of the Abel test (AASI) for assessing sexual pathology

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1. The AASI is **not standardized**. That means that it has not been administered to representative samples of the total (American) population, so that after standardization, scores of determinate groups on this test, or of individual persons, could be interpreted in terms of what percentage of the overall population make the same scores. As compared with scores on body height of a determinate group, or of individual persons: such scores can only be interpreted (as being “average”, “abnormal”, etc.) if the distribution of height-scores of the total population is known.

Standardization of a device such as the Abel test is a very toilsome procedure, but as long as it has not been done, the validity of scores on this test, both for a given group and individual persons, is no more than speculative.

2. In other words, the Abel test can at the most be used by a clinician as a kind of help to start a conversation/examination of a person’s erotic fantasies, or to suggest some hypothesis on a person’s sexuality, which hypothesis has to be tested or explored afterwards; but **never** as a “measure” of his “orientation”.

At this point, I must emphasize that many psychologists and psychiatrists have too vague a notion of the fact that responses of a test such as the Abel may not be used as if they “measured” sexual interests. We must pause at this question: why is this test used at present in the individual case at all?

First, as said, because of this widespread ignorance in regard to the scientific requirements for a test to be valid (as a “measure” of the trait under examination) and reliable (i.e., that the person’s score is reasonably constant over time). That has much to do with defective methodological education and training. Many naively think a test like this one must somehow be comparable to a “thermometer” of a person’s sexual proclivities, and they would in all probability stop basing their judgments on Abel-test scores, had they been taught a better insight into the notions of “validity”, “reliability”, and “standardization”.

Second, because, let us frankly admit this, there is nothing else available, except (repeated) interviewing by an experienced professional and in the context of a trusting relationship between the professional and the person examined. In the absence of “objective” measuring “instruments”, psychologists and psychiatrists may clutch at a test such as the Abel on account of its seeming objectivity. In fact, the history of psychological testing of sexual inclinations repeats itself time and again: in the fifties of the past century, professionals believed in the value of scores on so-called “projective” tests (TAT, DAP, Rorschach inkblots, and the like) for “measuring” sexual inclinations—until it became gradually clear that evaluations based on these tests were extremely unreliable; then there was a wave of attempts to tie scores on “objective” physiological measures to sexual orientation, but even the Freund test, which measures blood volume changes in the penis during watching erotic pictures of various kinds, proved unfit (compare the use of the unreliable device

called a “lie detector”). And then there was the increasing trend to use (mostly, self-completed) “questionnaires” or “inventories” for “measuring” a plethora of personality traits, psychopathological traits, or sexual interests.

The more solid research on these questionnaires has been conducted (and the quality of research in this field is on average, alas, low to very low), the more it has emerged that interpretations of personality (and sexual) dimensions based on scores on these tests, too, are speculative and thus unjustified, above all, as it comes to testing the individual. Interpreting these test scores by themselves is hardly more “scientific” than reading a crystal ball. All freedom is given to the personal prejudices and fantasies of the interpreting professional.

3. Lastly, it may be useful to remark that all tests mentioned above can be faked, intentionally and unintentionally. Both simulation (presenting oneself as having some sexual aberration, for instance, in a specific context of selection) and dissimulation (hiding some inclination) are relatively easy.

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