Ralph M. Reitan (1922–2014) passed away last August after a long illness. He has had from any psychologist’s perspective, a “good run.” I am appreciative of the opportunity to make some brief observations about his origins and impact as I see them. One could write a great deal about this, but since precision and economy of communication was a particular trait prized by Ralph; I will try to honor that here.

I offer these comments with personal perspective, affection, and appreciation for Ralph’s life. I owe him a great debt of thanks (along with Phillip M. Rennick) for my understanding of what clinical neuropsychology was in the past, is now, and can become. Reitan was and is an ascendant, important, sustained, and protean influence on people in our field, and in related fields of medicine. He entered into psychology from modest origins. Here was a young man who was a graduate (along with others like journalist Mike Royko) of the Chicago Central YMCA High School for Boys—then thereafter rising after undergraduate to entering graduate study at the University of Chicago. Heady stuff even if you can do the career thought-experiment today.

Reitan’s education and maturation as a psychologist first came to fruition in one of the most remarkable departmental environments that psychology has ever seen in terms of “a garden of talents” in Chicago in the late 1940s and 1950s. The University of Chicago at that time had some of the most forward-thinking and innovative psychologists in the country in experimental, physiological, social, developmental, ... , and even clinical, but that was still pretty spooky then.

Reitan’s principal mentors, Ward Halstead and Louis Thurstone, were clearly immersed, steeped, and versed, in the two most exciting areas of psychology (then or now): Physiological/Experimental Psychology and Mathematical/Methodological Psychology.

Halstead’s own mentor and progenitor was none other than Karl Lashley. Halstead’s dissertation concerned itself with experiments on postrotational nystagmus in pigeons. Thanks to the generosity of Halstead’s last graduate student, Helen Hughes, it sits on my bookshelf.

Heinrich Klüver, a physiological psychologist, was also part of this psychology community trying to understand psychological processes mediated by the brain, mostly in animals but also in conjunction with serious neurosurgical scientist/practitioners (masters) such as Paul Bucy and Oscar Sugar.

This intellectual impact of Chicago on Ralph was as stunning as it was clear; and he saw his way forward to operationalize and improve all that Halstead had done in his groundbreaking, unprecedented collaborations with neurosurgeons who saw what he was doing as indispensable knowledge.

It was equally true for Thurstone’s multivariate insights and advanced algorithms that Ralph learned—that mathematically were about to be much more possible and accessible with the advent of mechanical and electromechanical calculators.

Ralph was a beneficiary of all this great influence as well. Ralph as a student and thereafter participated in computational exercises that took days, employed banks of mechanical calculators (Monroe, Burroughs, and other brands) clacking away only one pull at a time with single pieces of paper being taken from one place on the work room table to another (NO SPSS/SAS/etc.).

Days of devoted labor to do a single factor analysis. A lot of thought about every step and calculation. We take a lot for granted these days without ever even comparing outputs from different packages. We no longer have the competence to look under the hood of the algorithms, Ralph would observe.
Thurstone and all the great tradition of the Chicago statistical, measurement, and psychometric mountain of talent suffused his work. It is plain as a pikestaff to all those who have worked and studied with him. Case in point. Who other than Reitan would have used linear discriminant functions as he did with Wheeler with his direction in 1963 in a complex cross-validation study (Wheeler & Reitan, 1963)?

Reitan made Halstead’s empirical approach practical in trying to discriminate between cases having well-documented brain-impaired conditions directly (and correctly) contrasted with those patients who did not have such impairment but who were fully comparable.

Out of all of this rich intellectual environment Ralph developed a unique vision of the inevitability of psychology as the backbone to guide our discoveries about the human brain as it behaves and misbehaves in our actual behavior. Not yielding, toadying or anything else at its core. I have seen him actualize in his work in that exact way over many decades (Adams, 1987).

So many of us get distracted by siren songs outside of this verity; imagining that squiggles and pixels and voxels actually equal behavior.

Ralph launched so many of the careers of leaders in our field. Those fortunate enough to have studied under his direct supervision in his practice learned valuable clinical lessons, but they also assimilated a framework for inquiry and understanding about brain–behavior relationships.

Indeed, “Brain–Behavior Relationships” was Ralph’s signature term. It was and remains “pitch perfect” for what we have intellectually researched, clinically established, and have endeavored to teach in our professoriate. It is not cognitive neuroscience. Wrong idea, wrong precedence, wrong order Ralph might say.

While Ralph was not thinking of clinical neuropsychology as a scientific specialty, he nonetheless created postdoctoral fellowships and studentships in which he taught the neuropsychological (not only neuromedical) substrate of neuropsychology. Two of my dearest colleagues, Igor Grant and Robert Heaton, were lucky beneficiaries of those opportunities. I think what happened from Ralph’s mentorship for them speaks for itself. And for many others.

Schooling a couple dozen or so seriously productive stars in our field and writing prolifically on neuropsychological topics would have been enough for most. But not for Ralph Reitan. Remarkably, he set out to do the same thing equally in teaching workaday psychologists an approach to clinical neuropsychology that our patients and field needed so badly. He also made clinical neuropsychology attainable by all—from apprentice to master levels. Virtually, none of our neuropsychology tribe took the path that Ralph did; offering reasonable workshops on introductory, intermediate, and advanced topics. Unlike many others, Reitan’s materials and methods were “open book”—and open to scrutiny, cross-validation, replication, and explication.

In light of today’s world of clinical neuropsychology as an esteemed and recognized scientific endeavor and well-established specialty, it is simply hard for most to imagine how few opportunities there were in the 1960s and 1970s for students and clinical psychologists to learn rudiments of neuropsychological assessment, much less to try through research to put them into practice to improve diagnosis and treatment.

Ralph opened the doors to this world for many, and he was generous in sharing what he knew and what he had developed. His implicit challenge to others to do so was met by suspicion and some sense that he was violating the behavior norm at that time in psychology, which was to hold ideas and methods close to the vest. It would become an irony later to see some of those looking the most askance at Reitan’s early public sharing of clinical methods and materials going on the workshop rialto themselves.

Others unfortunately have remained faithful to the idea that when a colleague contacts you to get the specifications of an apparatus, you tell them to shove off. Unfortunately, open data practices have only started to catch up to Reitan’s constant standards of transparency in research.

All this largesse of a new approach to neuropsychology came at a time when most of clinical psychology was not yet celebrating liberation from mandatory psychiatric supervision of psychologists providing “medical psychotherapy,” and any clinical psychological assessment of anything like “organicity” was relegated to inkblots and silly-drawing tests of goofy stimuli. (The latter of which continues to linger in the unending development of drawing tests that date from Nazi-occupied France.)

Instead, Ralph Reitan had a cogent, coherent, and (gasp) evidence-based approach to offer. Open to replication.

One of Ralph’s enduring concerns and contributions was his advocacy for precision in test/measure administration. This surely was a psychological value imparted to him at Chicago; but he put it into practice, and it was never far from the top of his quality control agenda. One of the interesting parallels between this concern and today’s methods of querying the brain is Ralph’s notion that there were measures where “maximum performance” was absolutely critical in understanding the patient/subject’s brain–behavior status. One could think of this as a behavioral activation not dissimilar to the tissue activation that neuroimaging and allied methods use today.

Not everyone prioritizes this quality control in clinical neuropsychology whether using Reitan’s methodology or not. And in failing to do so, we deserve what we get (e.g., normal control groups averaging 60–70 s on Trail-Making Part A, or having on average 69 errors on the Category Test).
But as generous and intellectually remarkable as Ralph was in daily transactions, he could also be remarkably insistent that his road was un-improvable. This is hardly a personality trait monopolized by Reitan in our field (or much monopolized in any other profession for that matter). But this rigidity remains as a vestige in the practice for some who remain convinced that any deviation from the original HRB approach invalidates the assessment.

The notion of un-improvability led over the years to rather testy appraisals by Dr. Reitan of critiques of his approach and occasionally even testier opinions of the wares of others.

Ralph was also an amateur boxer at one point, I understand. It was potentially great skill for faculty meetings in extreme cases, but was never used by him there in as much as I know. But one could see that sport suiting him.

Ralph also studiously kept his distance from the “neuropsychological establishment” for reasons that he has taken with him that we are unlikely ever to know in full. Certainly, some of this was a suspicion of any self-appointed “expert” class whose estimation of their knowledge he felt would not harmonize with his appraisal. He also probably wanted to maintain access to clinical neuropsychology to be open and not regulated. Whatever the reasons, he did not participate in the formation of the American Board of Clinical Neuropsychology, and his invited participation to the Houston Conference in 1997 was sorely missed.

We have had in clinical neuropsychology some outstanding science minds and clinical hearts that just seem allergic to the expression of our collective esteem and push people away in rough interpersonal terms using their supposedly revealed truth of their opinions as an unfortunate pretext.

In this regard, our Michigan colleague Aaron Smith comes to mind. For many years, Aaron would welcome our Ann Arbor VA Psychology Interns to his practice office and would not only be the courtliest of grandfather figures in the field, but would regale them with lived experiences he had with the Columbia-Greystone lobotomy studies and so much more. It was universally acclaimed in the “highlight film” of any given year. Yet with colleagues in transactions in organizations like INS, he could seem like a polar bear with anger management issues. I feel that for myself I failed in delivering my appreciation to him; and I have a similar sense of regret for the same for Ralph.

Much has been made in recent times of the passing of the “fixed” battery and the need to have flexible protocols. The great majority of the causation in this has nothing to do with scientific or professional increments in knowledge, but is driven by costs and dollars. Reitan would be quick to point out that your shifting of measures and assemblies of measures “on demand” would be little different than wandering into the control room of an MRI scanner and taking improvisational license to input pulse sequences of your liking. You could not claim rational cause in evidence, science, or anything else other than efficiency. And perhaps your favorite color this morning.

Structuring practice solely by money issues has now passed out of the realm of discussion and has been enshrined as a verity among managers. Arguing even for “cost-effectiveness” now is becoming to be seen as, well, “quaint” in some health systems.

Clinical neuropsychology is fighting for its life not just for reasonable reimbursement that Ralph would have seen as simply taken for granted, but to avoid being pre-empted by volunteer high school juniors with clipboards, LPN’s doing “neuro-screening,” or (my favorite) Darth Vader-like assessment helmets put on patient heads in the waiting room with tests cued up with virtual reality tasks.

What Ralph would quickly point out to you is how many of us in private pay, private practice, or forensic environments of practice carefully craft a protocol that will take as long as it takes (darnit) to get a good database for interpretation. No messing.

Ralph Reitan is yet another of those intellectually leading persons we have lost in recent years who birthed clinical neuropsychology, not intending any particular christening gift to our careers, but simply seeking to better understand “brain–behavior relationships.” And so he has.

References
