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"I feel 4 out of 5 depressed"? Why meaningful measurement of mental health requires validity-in-action

Abstract

Measurement is considered a cornerstone of mental health research and practice. Validated self-report measures require respondents to translate lived experiences into standardized numerical scores assumed to be reliable, valid, and comparable. But what do people mean when they score, and can clinicians and researchers interpret standardized scores as straightforwardly as assumed?

In the "I feel 4 out of 5 depressed" study, meaning-making processes in scoring were analyzed using reflexive qualitative methods. Respondents show strong variation in interpreting items and response options, navigating ambiguities, and adapting scores to anticipated interpretations. Consequently, identical scores can reflect markedly different meanings.

These findings challenge key assumptions of psychometric validity, showing that respondents do not systematically score as intended and that standardized formats do not ensure consistency. Rather, meaning is continuously shaped in a hermeneutic circle between respondent, questionnaire, and administrator, unfolding within clinical interactions and applications.

From a hermeneutic perspective, I argue that measurement should be understood as a situated, interpretive practice requiring ongoing, context-sensitive validation. Against the assumption that validity resides in instruments, I argue that meaningful measurement requires "validity-in-action": a hermeneutic approach that establishes ongoing alignment of clinicians' interpretations with respondents' meanings as a core epistemic responsibility.