

SPA Exchange

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Some Beginning Thoughts

*Mary S. Cerney, Ph.D.
President, SPA*

The topic on the mind of most psychologists is Clinton's Health Care Plan. What will it mean for psychologists in general, but specifically those involved in assessment? During the next two years, we, as the Society for Personality Assessment, have the opportunity to become more involved in -- and to be a positive influence on -- the public scene. We have the knowledge and expertise to educate the public and particularly our elected representatives as to the importance of the role of skilled assessment. We are able to describe clients in all aspects of their personalities, including problems, weaknesses, and strengths, along with suggestions as to the kind of treatment that will be most effective. We all know and believe what I described above to be true and we have many vignettes to prove it. But not everyone is convinced. Why has this happened? We all know of shoddy, poorly trained psychologists who purport to do psychological testing at a premium price or even over-price, but whose work is not of quality, and who thus give a bad name to psychologists and to assessment.

The early beginnings of our Society were spurred on by concern regarding issues of training and credentialing. There was little or no opportunity for skilled training in Rorschach administration. Consequently, workshops were held to teach psychologists how to administer, score, and interpret the Rorschach. As more and more psychologists were trained and became professors in the various universities, this training within the Society became less of a necessity. But we still serve that need through our continuing education program. The teaching of assessment has been sidelined and downgraded in many universities. Therefore, the issue of training is again of

paramount concern. Barry Ritzler and his task force have worked tirelessly to produce a document on Training and Credentialing, a matter which is becoming even more important today in light of the health care crisis. It is critical that training and assessment be done by qualified individuals. Thus, our universities need skilled teachers of assessment to train individuals to become skilled clinicians who will go out into the field to do the actual testing of patients or clients.

We psychologists are quite accustomed to working quietly and unceremoniously in our offices. We are pleased with our work because we know how helpful and effective it is when our test reports are used as a "road map" in designing a treatment program for a particular patient. But the public has little understanding of not only what is involved and its purpose, but also the efficacy it can have on treatment planning. I asked Bryant Welch, one of our members who is in charge of health advocacy in alerting Congress to the role psychologists can play in health care reforms, to write an article letting us know what we can do to help the cause. He agreed to an interview which Virginia Brabender graciously agreed to conduct with him. The interview is published in this newsletter. (See page 6.) I encourage you to read it carefully, keeping in mind the deep sense of responsibility we all must have on this issue.

Congress must be educated, and we can do much to promote this education. Writing to our legislators, informing them of the experiences we have had in using psychological test assessment to plan treatment, and explaining the outcome of those treatments will be most effective. We need to give them vignettes and anecdotes illustrating actual cases which can be docu-

mented, with the patient's permission, regarding the effectiveness of psychological testing in treatment planning. Clients and/or patients can also be encouraged to contact their legislators to share information about their treatment experiences and how these experiences have changed their lives. I would welcome copies of these letters and/or anecdotes for the SPA files.

We all know the saying: "Put your money where your mouth is." The Society for Personality Assessment is doing just that. We and Rorschach Workshops have set up a substantial grant to underwrite a comprehensive literature review study that will gather together all the various follow-up studies involving assessment, treatment planning, and the outcome of treatment. This review is to be written in the form of a publishable article along with a one- to two-page summary of the article that can be used by our state organizations and by our legislators to inform them and the public of the contribution assessment and appropriate treatment can make in the lives of individuals.

Time is at a premium. We would like to have the material or at least a preliminary report ready for our April meeting in Chicago. If you are interested, please submit your proposals to me by January 1, 1994, at the following address:

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We would like to notify the individual or individuals conducting this study before Christmas to give them sufficient time to complete the study as soon as possible. Let us spread the word of the value of psychological assessment in treatment planning and its impact on outcome. #

SPA Exchange

Some Final Thoughts

Paul M. Lerner, Ed.D.

On September 11, 1993, I handed the president's gavel to Dr. Mary Cerney. With that simple, ceremonial gesture, my two-year tenure as president of the Society ended and I joined the growing legion of past-presidents.

For me, the moment was filled with a mixture of feelings, ranging from sadness to relief and from satisfaction to regret. Transitional experiences, such as presidential succession, invite one to gaze back and reflect upon both what was and what is. Then too, one is tempted to look forward to what might be.

As part of this looking around, I would like to comment upon one issue currently facing the Society, several directions in which I see our organization moving, and finally, what I have learned about being a president.

The issue, an internal one, involves the staffing of our central office and the relationship between the office and the board of trustees. For many years the Society did not have a central office. Instead, under the direction of the president and the board, administrative-secretarial functions were carried out by Marilyn Graves. Society records and files were maintained in Marilyn's garage.

In the mid-1980s, Marilyn resigned. Coincidentally, there was a marked increase in membership, suggesting that the previous arrangement was no longer viable. In response, the board contracted for an administrative officer, agreed to the hiring of several part-time staff, and worked with the administrative officer in setting up a free-standing office.

Despite these changes, not all difficulties have been resolved. Until the recent board retreat meeting, we had yet to determine the appropriate staffing of a central office for an organization of our limited size (about 2500 members), the office staff's scope of responsibility and limit of authority, and its relationship to the board and the mem-

bership. At the retreat meeting we struggled with this matter and made several decisions. The specific decisions will be reported elsewhere; here, I would like to merely point out the importance of this issue and the need for continuous review.

One direction the Society is taking involves our relationship with the International Society of Rorschach and Projective Techniques. Increasingly, the organizations are working more closely together and our Society is having a more influential role within the International Society. Membership within the international section of our Society has steadily increased. John Exner was recently elected president of the International Society; Mary Cerney was reelected to the International's executive board; Irv Weiner is the current editor of the International's journal -- *Rorschachiana*; and the United States was selected as the host country for the 1996 International Congress.

The current relationship stands in marked contrast to that in 1949 when the first International Rorschach Congress was held. Then the American organization, the Rorschach Institute, was invited to send a representative. Marguerite Hertz was selected as the delegate. In 1989, at our Society's 50th anniversary meeting, Dr. Hertz vividly described her pain and mortification in being shunned at that Congress for being both an American and a woman. We have all come a long way.

A second direction involves the Society's increasing role in national health care reform. At our mid-winter meeting in Washington, DC in 1992, Bryant Welch spoke to us of the impact of managed health care on assessment. More recently, Barry Ritzler has been chairing a society-wide task force on Credentialing and Accreditation/Training, and Bruce Smith has outlined several activities his external relations committee will embark upon.

At the September retreat meeting the board took another step. Recognizing the imperative need to have available documentation of the role of psychological assessment in treatment planning and evaluation, the board committed the Society to co-sponsor, with Rorschach Workshops, a project in

which the existing literature in this area will be compiled, reviewed, and critically evaluated.

While political action is important, I believe the Society is in a unique position and has the resources to convincingly demonstrate the clinical, financial, and other benefits of psychological assessment.

Society involvement in health care reform is atop Dr. Cerney's list of presidential priorities. She will discuss this in several of her presidential messages.

I am pleased with the accomplishment of these past two years. Membership has continued to grow at a steady rate and attendance at our mid-winter meetings has been at an all-time high. The quantity and quality of presentations have been the most and the best ever.

The Society will be hosting the 1996 International Congress and that too promises to be the best ever.

During these past two years the newsletter has come of age and gained the status of a fixture. An award in honor of Marguerite Hertz was instituted and the Beck Award has been redefined to make it more competitive.

Other changes have involved the governance of the Society. Opening the board to new members and transfusing it with fresh blood is vital to our well-being, and this has begun to happen. Modifications in the staffing of our central office have been a necessity and this too has occurred.

I had wanted and strongly proposed to the board that the office itself be moved to the mid-section of the country. Such a move, I feel, would recognize and reflect geographical changes in the membership and the fact that several board members reside on the West Coast.

The board narrowly defeated this proposal, suggesting that perhaps now wasn't the right time. Nonetheless, because I feel relocation is in the Society's best interest, I will continue to advocate it.

continued on page 10

Journal of Personality Assessment

Bill Kinder, Ph.D.

Although my term as editor of the *Journal of Personality Assessment* began on September 1, I have been processing most new submissions since January. During this time, Irv Weiner continued to process most manuscripts dealing with the Rorschach and other projective techniques as well as manuscripts that were submitted before January 1, 1993. Irv also continued to handle the financial matters of the journal during this time.

The transition was a smooth one. Irv Weiner spent many hours, both on the phone and in person, sharing with me his knowledge and experience. I meet at least twice a week with our technical editor, Frances Weiner, and her knowledge of the day-to-day workings of the journal has been of great assistance.

Several changes in the editorial board of the journal became effective on September 1, 1993, and will be reflected on the masthead beginning with the October issue. Two of our consulting editors, Linda S. Grossman (University of Illinois at Chicago) and Charles A. Peterson (Veterans Administration Medical Center, Minneapolis) have been appointed as associate editors. Charles Peterson also will assume the additional role of book review editor, a position recently vacated by Barry A. Ritzler due to other commitments. Four new consulting editors have been appointed: Yossef S. Ben-Porath (Kent State University), Robert F. Bornstein (Gettysburg College), Margaret S. Gibbs (Fairleigh Dickinson University), and Seth C. Kalichman (Medical College of Wisconsin).

In May, Larry Erlbaum arranged for me to visit with him and his staff in New Jersey. This was a busy and productive two days and the knowledge that I gained about the production process for the journal will hopefully facilitate my duties as editor.

For some years it has been the policy of the journal to return some manuscripts to authors without sending them out for editorial review. I intend to continue this policy and to expand it somewhat. The journal requires that manuscripts submitted adhere strictly to APA format. If they do not, they have been returned to the authors without review, but with a request that they resubmit after the necessary editing. Another type of manuscript that has, on occasion, been returned without review is one which, in the judgment of the editor, is simply not appropriate for the journal. Typically, these manuscripts may deal with personality or personality processes but not directly with personality *assessment*. I intend to continue to return these two types of manuscripts without review.

Since 1991, editorial policy has required evidence for acceptable interscorer agreement for manuscripts that report on the Rorschach. If such data are not included, these manuscripts have been returned to the authors. I will continue with this policy and will add those manuscripts where similar issues of interscorer agreement are also most important such as those dealing with the TAT.

I also have begun returning a fourth kind of manuscript without review. These are manuscripts which were submitted earlier and were rejected outright with no encouragement for revision and resubmission. These manuscripts are typically so inherently flawed that no amount of revision (except maybe a totally new study) will ever produce a product that will merit publication in the journal. Submitting such manuscripts for additional reviews has produced very negative reviews in every instance, not to mention taking up valuable reviewer time on manuscripts that will never be published in the journal. These editorial policies will be published in the form of an *Editor's Note* in the journal, scheduled for the April, 1994 edition.

The journal has a distinguished editorial board and many hard-working ad hoc reviewers. However, I continue to seek competent, qualified individuals

Reflections of a Journal Editor

Irving B. Weiner, Ph.D.

I have had the privilege of serving for eight years as editor of the *Journal of Personality Assessment*. These have been wonderful years for assessment, as the often-described doldrums of the 1970s and the renaissance of the 1980s culminated in the 1990s in a rich blossoming of the field.

At the invitation of the APA Division 42 on Independent Practice, I recently prepared a summary of current developments in psychodiagnosis (Weiner, 1992). I called particular attention to: (a) improved test materials, with numerous revisions of older measures, many new measures, and much additional normative and reference data available to enhance the quality of psychodiagnosis; (b) broadening fields of application of psychodiagnostic assessment, especially in forensic, neuropsychological, and pediatric and general health care practice; (c) increased appreciation and demand for assessment, with psychological testing being widely used and widely taught -- perhaps not always as well as we might like or as well-funded, but nevertheless occurring; and (d) expanding professional investment in assessment, with a growing number of practitioners devoting time to and deriving satisfaction from providing psychodiagnostic consultation.

To convey a sense of what these developments mean for clinical psychology, I would like to repeat an observation I made previously in *JPA* (Weiner, 1989). Having been trained over 30 years ago in individual, dynamically-oriented psychotherapy, I believe that I could practice psychotherapy today pretty much as I did then, guided by the literature that was available at that time, and be providing competent treatment for appropriate patients. By contrast, what if I were to practice psychodiagnosis as I did just five years ago, let alone 30, without being informed about or guided by anything written in the last five years? As a

Reflections

continued from page 3

psychodiagnostician, I would be woefully out of date and perhaps even incompetent, by virtue of my ignorance of current standards of practice. Being subject to falling so quickly behind is what it means to be involved as we are in a vigorous and dynamic field of endeavor.

The journal has grown with this flourishing of assessment, from receiving 205 manuscripts and publishing 640 pages in 1984 to receiving approximately 350 manuscripts and publishing 1,300 pages in each of the last few years. Its growth bears eloquent testimony to the talent and enthusiasm of the authors who have filled its pages and to the wisdom and dedication of the reviewers who have shaped its content. I am very much in their debt, and I extend my special appreciation to the good friends and colleagues who have served with me on the editorial board. Their names are too many to list here, but each of them should know how grateful I am for their efforts on behalf of the literature in personality assessment.

And looking ahead, with the editorship in the capable hands of Bill Kinder, I would like to see the journal continue to be enriched by the kinds of research that offer most promise for advancing knowledge of personality assessment: research that extends beyond correlations between test variables to include meaningful external criteria; research that extends beyond convenient samples to include subject groups that are broadly representative or specifically relevant to the variables and criteria being examined; and research that extends beyond empirical approaches to pursue conceptual relationships among test findings, the nature of personality functioning, and the reasons why people think, feel, and act as they do.

References

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Psychological Assessment of Multiple Personality Disorder

Judith Armstrong, Ph.D.

The idea of multiple selves tends to evoke fascination and aversion in mental health professionals as it does in the lay public. Such attitudes do not encourage cool-headedness. For this very reason, psychological assessment, with its clear, objective measurement procedures, is a welcome tool in the scientific examination of multiple personality disorder (MPD).

The diagnosis of MPD is not based on a formula, but on a process of clinical understanding.

Framing Validity: Is MPD real?

Is MPD a disorder that exists within the patient or is it iatrogenically created and magnified by the hypnotic suggestions of overzealous therapists with attention-seeking, fragmentation-prone patients?

There is sufficient research to address this question on a data-based level. Several studies have shown that certain MPD characteristics can be briefly produced through hypnosis or role playing. But, to paraphrase Kluft (1991), just because you have convinced someone to cluck during hypnosis doesn't mean that you have produced a chicken! Despite considerable experimental efforts, there has been *no* published evidence of a clinical case of MPD ever having been created through hypnosis or any other shaping technique.

The very intensity of the validity controversy has encouraged the development of a number of diagnostic measures to examine the incidence and expression of dissociative disorders in a standardized fashion. Foremost among these is a screening test, the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986). There are also two interviews, the Structured Clinical Interview for DSM-III (and IV) Dissociative Disorders (SCID-D; Steinberg, Rounseville & Cicchetti, 1990) and the Dissociative Disorders Interview

Schedule (DDIS; Ross, et al, 1989). All three measures have demonstrated good reliability and validity across a range of geographic areas and cultures and show very low false positive and negative rates in heterogeneous populations. Ironically, one outcome of the iatrogenesis controversy is that MPD is now one of the more extensively validated diagnoses.

The validity question is unlikely to disappear quickly, however, because its full resolution requires a theoretical shift. Efforts to explain MPD in terms of more familiar psychopathologies (such as histrionic or borderline personality disorder), have proven impractical. For example, Ross, et. al. (1992) found that his MPD sample met criteria for approximately *eight* SCID AXIS I disorders and more than *four* Axis II disorders. It is highly unlikely that patients could have this many concurrent disorders!

When we are obliged to re-examine our way of looking at any disorder, we are reminded that psychological diagnoses do not reside inside of a person like concrete, contained, static diseases. Diagnoses are created, studied and modified within a socio-historic-scientific context. Because an understanding of MPD involves a profound paradigm shift, the validity controversy will not be resolved by research data alone. Resolution of the issue will also require a more general re-evaluation of our theory of MPD.

The nature of MPD: Who is the patient?

Our understanding of MPD has changed in recent years. The current theory is more accessible to the clinician worried about reinforcing self-dividedness and faced with the prospect of evaluating a patient likely to have approximately 13 selves.

The MPD patient's self-entities are not as extensive, separate, or distinct as

"personalities." The more neutral term "alters" is often used to describe the elements of a patient's divided self experience. An alter is a state of consciousness, i.e., a pattern of arousal associated with state-dependent memories and a limited affective, cognitive, behavioral and interpersonal range (Putnam, 1989). In time, many alters develop a sense of identity and history along with complex attributes, such as ambivalence, empathy and insight (Marmar, 1991). Thus, alters come to embody alternative coping styles associated with distinctive ways of organizing experience and relating to the world.

MPD is now viewed as one developmental outcome of chronic childhood abuse. We know that trauma interferes with the regulation of behavioral states and affect (Putnam, 1992). MPD is characterized by the abrupt transition or "switch" from one state of consciousness to another via self-hypnosis. For the MPD child, switching becomes a defensive maneuver, a way to contain psychologically and physically painful material by dividing malignant experience into manageable, subjectively dissociated packets. Switching can also be a developmentally supportive maneuver. It allows the child to keep calm, avoid suffering and enact required noxious activities while maintaining areas of conflict free function and relationship in an environment of frequent, unpredictable danger.

Alter states are not fragments of a shattered self. MPD patients, like good gestalts, are more than the sum of their parts. Alters are organized at a higher level into a subjectively divided, but objectively working, personality system. Like any system, alters have rules of interaction and internal attachments, including cooperative and warring subgroups with a variety of ways of influencing, helping and undermining each other. Inter-alter awareness and communication are disrupted by dissociation. However, interaction continues indirectly, through such means as "made" feelings and actions (Kluft, 1987) and leakages of information across amnesic barriers (e.g. Nissen, Willingham, MacKenzie & Schacter, 1988).

Thus, in terms of treatment, MPD therapists need to be in two places at once. They must be empathetically attuned to individual alters in order to develop a working relationship and to understand and deal with symptoms. But MPD therapy is also systems oriented. The basic focus of treatment is the opening up of lines of communication between alters so that life problems can be dealt with in a united fashion and new coping mechanisms can replace dissociation and alter formation as the major forms of defense (Kluft, 1991).

Testing for MPD: Who, how and why?

I hope it is now clear that one cannot test alters singly. They won't hold still. For example, in Putnam's NIMH sample, alters had personality control for, at most, 15-20 minutes during neutral tasks. Despite their training and motivation, spontaneous switching without awareness occurred one-third of the time. When we understand switching as a defense, we are not surprised to find that switching becomes even more rapid with affectively laden material (Putnam, personal communication, March 30, 1992). Nor would we even want to test individual alters, not if we want to learn about the patient's personality structure and to generalize about behavior outside of the testing situation.

We can also make theory-based predictions about the test results of these patients. Since MPD is a complex alternative development, we should expect these patients' intelligence test results to be within normal limits. Their personality tests should show a capacity for ambivalence, attachment, self-observation and distancing of affect that can help us to distinguish them from patients with developmental arrests (Armstrong & Loewenstein, 1990; Armstrong, 1991). It is common to find testers struggling to reconcile an enigma that is the mirror image of the borderline pattern: the severity of the dissociative disordered patient's behavioral symptomatology (typically including apparent thought disorder, impulsivity and self-destructiveness) which is inconsistent with their

strengths seen on testing.

But we are not yet out of the diagnostic woods. Our standard instruments have not been developed with MPD patients in mind. Traditional scale items, labels and interpretations of response patterns ignore dissociation. Consider a series of contradictory responses on a personality test. This might suggest malingering, cognitive deficit, or a psychotic thought disorder. Imagine a woman whose projective test responses move from intellectual and unemotional, to expressive, cute and sexual. This might indicate splitting, hysteria, or a bipolar disorder. Yet both examples could signal switching from one alter presentation to another (in the latter case, from an affectively dissociated adult to a sexualized child). How can we make a differential diagnosis?

A time efficient addition to the assessment battery is the 28 item DES, a self report inventory of the frequency of dissociative symptoms. In a recent multi-center study, a cutoff score of 30 identified 74% of the MPD patients and 80% of the non-MPD patients (Carlson & Putnam, 1992).

Attention to rapport is of critical importance in dealing with someone who may have a hidden divided self-system (Armstrong, in press). Stephens' (1992) *SPA Exchange* article on testing ethnic minorities can also serve as a model for approaching people who have grown up in a culture of violence.

Any assessor who wishes to develop an expertise in MPD testing must become familiar with the literatures that speak to the etiology of MPD, including PTSD and Abuse, Self-Hypnosis, and Dissociation. This is a large but rewarding task. Simply put, one will never see testing in the same way again.

For example, the PTSD literature teaches us that traumatic flooding and avoidance can mimic any and every characteristic of an Axis II disorder. Therefore, if one sees signs of PTSD on testing, it is wise to hold in abeyance any personality disorder diagnosis

SPA Exchange

Interview with Bryant Welch

Virginia Brabender, Ph.D.

On August 11, 1993, I had the pleasure of interviewing Bryant Welch, J.D., Ph.D., senior policy advisor to APA on national health care reform. The purpose of the interview was to obtain his perceptions on ways in which the Society for Personality Assessment might act to insure that psychological assessment will be a recognized and remunerated service under national health care reform. When I commented that SPA historically has been a special interest group that has been relatively uninvolved with political issues, he noted that this new health care reform situation is one that is prompting many professional organizations to broaden their scope. He further indicated that SPA's willingness to take on political issues is critical to the success of the broader effort to ensure that professional psychology has a place in whatever new health care delivery system is fashioned and has parity with the other mental health professions. The argument of psychiatry, Welch points out, is that it alone must be at the front end of the treatment process because psychiatry alone can do diagnosis. Diagnosis requires medical knowledge which psychiatry uniquely possesses. Without appropriate diagnosis, there cannot be appropriate treatment. Hence, it is the psychiatrist who should perform the initial evaluation, determine whether or what treatment is necessary, and proceed to *refer* to other professionals, if they deem it appropriate.

Dr. Welch indicated that SPA can show that what psychology has that psychiatry lacks is the capability to make a diagnosis based upon a comprehensive study of the psychological functioning of the individual, a study that includes not only clinical interview data and history (the major tools in the psychiatrist's armamentarium) but also a battery of psychological tests. This more comprehensive analysis based upon the use of tests that have been demonstrated to possess a high level of reliability and validity enables the formulation of diagnostic statements that are more accurate than

those made exclusively on the basis of interview data and history. Hence, it is precisely because of the need for accurate diagnosis that psychologists must also be at the front end of the treatment process. For the psychologist to be excluded from the diagnostic part of the process leads to treatment that is both "unsafe and wasteful." It is unsafe in that misdiagnosis may lead to the prescription of treatment that is not only unhelpful but potentially harmful to the patient. It is wasteful in that misdiagnosis inevitably leads to the prolongation of treatment as old, inappropriate goals are discarded and new ones are established.

We also discussed the important role of psychological assessment in the evaluation of treatment. I mentioned to Dr. Welch some of the recent studies showing the usefulness of psychological assessment in reflecting changes occurring in psychological processes as a function of psychotherapy. He indicated that in addition to its value in diagnosis and treatment planning that this is another important function of psychological assessment that should be emphasized to both the public and politicians. He says that it offers the potential of putting the evaluation of treatment on a much more objective basis than it has been on in the past.

I asked Dr. Welch how SPA should proceed. He delineated two steps. The first is that we need to develop an intellectual content piece that provides an argument for the value of psychological assessment. This document should establish what testing accomplishes through argumentation, citation of research, and case examples. It should be pithy and written in lay terminology. Its purpose would be to provide material which members can use to lobby politicians, write letters to the editor of their local newspaper, and so on. The second step is to form a political action committee and develop a strategy for using this material to develop the awareness of politicians and the public of the value of assessment. In this effort, we may choose to ally with other organizations concerned about assessment such as neuropsychology groups. Dr. Welch said that the Practice Directorate would be of help to SPA in strategy development and

that we should remain in close contact with it.

Toward the end of our interview, I asked Dr. Welch to comment on the current status of psychology in the Clinton plan. He indicated that presently the situation is extremely fluid. The bill that is being drafted is a concept bill. That is, it will be at a level of abstraction demanding further clarification which will probably occur over the next five to ten years. While the current proposal is generous with respect to assessment, this doesn't guarantee anything. It is essential that psychologists remain vigilant as the legislation is modified by Congress, federal regulatory agencies, and state government. Relative to assessment, psychotherapy is in a more vulnerable position since there are a number of groups organized to fight its reimbursement. Social prejudice against psychotherapy is also a negative force.

A major theme of our conversation was that the Practice Directorate cannot be expected to do it all. The success of this venture requires a grassroots campaign in which all psychologists work vigorously toward the representation of psychology in national health care reform. I assured Dr. Welch that over the next few months, the board and the membership would contemplate ways in which the Society could make a contribution to this effort. #

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Lingering Memories From the International Congress

Paul M. Lerner, Ed.D.

The 14th International Congress on Rorschach and Projective Methods met in Lisbon, Portugal from July 19th to July 23rd, 1993. In the pre-convention announcement, Lisbon was described as an open city with charm, warmth, and hospitality. A place of culture that blends the old with the new. For the 450 participants and their families and guests who attended the Congress, Lisbon did not disappoint.

While the road to the Congress passed through many cities including Washington, D.C. and Paris, in Lisbon it hit a few snags and obstacles. Nonetheless, the pot holes were repaired so that by the end of the meeting each of us had a memorable experience.

There are memories from the Congress that will linger all summer and maybe for all ages.

The image of Irving Weiner delivering a paper, slowly and patiently so that nothing was lost in the translation, in which he carefully distinguished between the Rorschach as a unique means of obtaining psychological data and the theories brought forward to understand and explain that data. His insistence that the Rorschach be considered a method and not a test; that many theories, not just one, could be applied to the data; that such theories would be found complementary and not antagonistic; and that to pursue one ultimate Rorschach theory was something of a wild goose chase.

The sight of Nina Rausch de Traubenberg and John Exner sitting side by side before a packed audience, each outlining their respective findings and thoughts from having reviewed the same Rorschach protocol. Despite their very different approaches to the Rorschach, the two arrived at virtually the same conclusions. Yet, the surprising level of agreement achieved, paled and was overshadowed by the warmth, affection, and respect the two participants had for each other.

None of us will forget Danilo Silva and his comments at the closing ceremonies. The bittersweetness of the moment hung in the air and touched each of us. His beginning with a need to apologize for inconveniences and short comings, then gathering steam with a list of conference highlights, and finally, ending with a sense of pride in the success of the Congress and the meanings that held for the Portuguese Society.

Other impressions from the meeting are quick snapshots -- rather than lengthy photos -- of rush hours on the Lisbon subway, the excitement and apprehension of presenters preparing to make their first appearance before an international gathering, and of the attendee from Poland eagerly obtaining copies of papers not yet available in her country.

And then there were the students besieging several of us to sign their Congress posters; the constant renewal of old relationships and the beginnings of new ones, everywhere, in the courtyard, the cafeteria, and the halls; and the progressive breakdown of cultural and language barriers.

Most of all, I will remember two events that took place just after the scientific sessions ended.

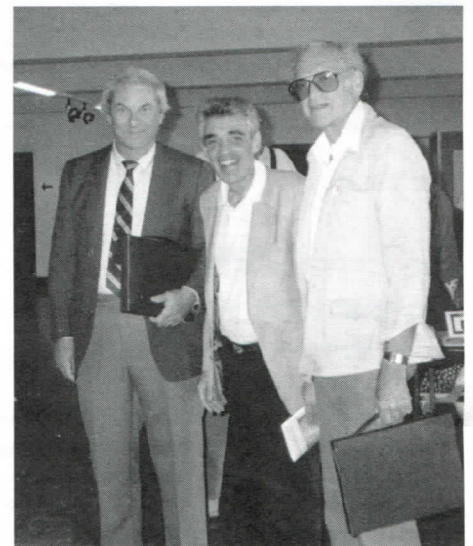
For two joy-filled hours we were moved, rocked, and dazzled by the music of Fados de Coimbra, a world renowned, Portuguese men's coral group. Their selections varied, from the Beatles to Broadway to Fado, and their songs ranged from the whimsical to the sorrowful. They were outstanding, and they reminded us once again, that the most universal language of any is the sound of music.

The other memorable event was the closing dinner. Joining Congress attendees for this final gathering were the Fados de Coimbra singers. As the evening progressed, be it the music, the

wine, or mysterious forces in the Lisbon air, we found ourselves coming together as a single group. Differences between psychologists and vocalists, French and Brazilians, Japanese and Italians, Portuguese and Americans, all seemed to fade. Feelings associated with earlier frustrations and irritating mishaps lost their importance. For several hours we ate together, sang together, and laughed together. Many needed but few wanted the evening to end.

Were a conference to be judged in terms of flawless planning, arresting arrangements, and scientific breakthroughs, this one would not be rated high. If, on the other hand, one were to assess a meeting in terms of relationships established and deepened, and acquaintance with work being carried on in distant locations, and the achievement of a sense of camaraderie, then this Congress could be considered most successful.

In three years, in 1996, the International Society will reconvene in the United States, in Boston. That meeting too will offer memories. On behalf of the American organizing committee, I invite each of you to not just read about those memories, but to be a part of them. #



Left to right: Phil Erdberg, Paul Lerner, Gene Levitt

Call for Nominations for the Beck Award

Beginning this year, the Samuel and Anne Beck Award for Early Career Excellence in Personality Assessment Research will be given for extended research productivity. In the past, the Award has been given for a single research paper with open competition. The new format bases the award on career research productivity with candidates identified through nominations from the Society membership and the Awards Committee. The new criteria are as follows:

- 1) The recipient must be a member of the Society who received a doctoral degree in psychology no earlier than May 1, 1986.
- 2) The award will be given for work published in books and refereed journals, or presented at regional, national, and international professional meetings with at least one presentation at the Society's Midwinter Meeting, or at least one publication in the *Journal of Personality Assessment*. The Society presentation or publication must be no later than January 1, 1988.

Nominations may be made for the 1994 Award by sending a brief letter of support for the nominee to Rebecca Rieger, Ph.D., Awards Chair, Society for Personality Assessment, 4522 Harling Lane, Bethesda, MD, 20814-4628. Nominations must be received no later than January 1, 1994. #

External Affairs Committee

Bruce L. Smith, Ph.D.

The External Affairs Committee was formed to coordinate the relations between SPA and other organizations such as ABEPP, and the APA Practice Directorate. With political action on everyone's mind and the future of our profession at stake, these relationships have taken on immense importance.

At present, we are intending to disseminate the Guidelines for Training

in Assessment that were developed by Barry Ritzler's task force. It is our hope that these guidelines will eventually become the standard by which minimal adequacy in assessment training will be judged. In addition, we are intending to develop and promulgate a set of guidelines for the conduct of clinical assessments that can be used by insurers, case managers, and legislative bodies who are charged with determining the appropriateness of services. In this we are following the work of the California Psychological Association's Forensic Committee, which has been developing such guidelines for the state legislature in their efforts at Workers' Compensation reform. We hope to work with the Practice Directorate and Division 12, among others, in lobbying for the inclusion of such guidelines in health care reforms.

Another important area in which we hope to work with other organizations is in the dissemination of information about the usefulness of assessment in diagnosis and treatment planning. It has long been the position of the APA Practice Directorate that the psychologist is especially suited to offer mental health services in a cost-conscious age, because of the availability of sophisticated and scientifically-valid assessment techniques. It is our task to pull together the evidence for this claim, and to articulate why it contributes to both effective and cost-efficient treatment.

Currently, the members of the committee in addition to myself are Judith Armstrong, Ph.D., Los Angeles; Robert Lovitt, Ph.D., Dallas; and David Stein, Ph.D., San Francisco. Input and ideas from the membership are welcome, as are volunteers. Now is a critical time for our profession; let's seize it.

Members are encouraged to join our Society's International Section. For \$7, you receive a copy of the journal *Rorschachiana* which otherwise retails for \$37 and a copy of the International Society's newsletter. The International Society's next Congress will be in Boston, Massachusetts, at the Westin Hotel, from July 8 to July 12, 1996. #

Editors' Notes

Marvin W. Acklin, Ph.D.

I was informed by my bookkeeper last month that an oddity had occurred in the payment I was receiving for psychological testing charges from the local Blue Cross insurance company with whom I am a "participating provider." Upon inquiry we discover that the "eligible" charge for psychological testing (the amount the insurance company pays) had been reduced 32%(!) effective January 1, 1993. To add insult to injury, we were never formally notified. After I called the insurance company in a rage, I was informed that diagnostic tests for *all* medical specialties had been similarly reduced. We were told that Medicare had established the baseline.

I expect that all clinical psychologists who involve themselves in psychological testing have encountered similar situations: reductions of eligibles, denials, increasing stringency in the criteria for "medical necessity," etc.

I am writing to solicit letters from SPA members who have encountered similar circumstances. So far there has been precious little in the *APA Monitor* on psychological assessment, so information will be valuable. We may try to do some sort of survey later in the year.

Please write and briefly describe your situation to:

Marvin W. Acklin, Ph.D.
850 W. Hind Drive, Suite 209
Honolulu, Hawaii 96821

I look forward to hearing from you. Thank you. #

Robert Lovitt, Ph.D.

I was saddened to accept the resignation of Marvin Acklin as associate editor of the *SPA Exchange* in September of this year. Marvin's energetic approach to activities and his original thinking have been important in the early development of the newsletter.

I am pleased to announce that Judith Armstrong has agreed to serve as an associate editor until 1996. #

SPA Personal Column

Joan Weltzien, Ed.D.

Robert F. Bornstein, Ph.D., recently published a book entitled *The Dependent Personality* (1993 Guilford Press), a comprehensive review of the empirical literature on dependency. The book includes chapters on etiology of dependent personality traits, procedures for assessing level of dependency in children, adolescents and adults, and the relationship of dependency to psychopathology, physical illness, and various patient-related behaviors.

Barry Bricklin, Ph.D., was among the founding members of the **Professional Academy of Custody Evaluators** (PACE), which will publish the *Academy Register of Custody Evaluators*, a listing of health/mental health providers with appropriate education, training and experience in the custody field. SPA members are invited to check it out. The National Board of Advisors of PACE was honored to secure the participation of custody expert Dr. Ben Schutz, as well as psychological experts Dr. Bruce Bennett and Dr. Bruce Sales.

Rebecca Davis Merritt, Ph.D., was awarded tenure and promotion to Associate Professor in Clinical Psychology at Purdue University.

Frank Farley, Ph.D., SPA Fellow, is the current President of the American Psychological Association.

Andrew W. Kane, Ph.D., has co-authored the second edition of *Psychological Experts in Divorce, Personal Injury, and Other Civil Actions*, published by Wiley Law Publications. It is designed to offer psychologists an overview of information they need if they are to be expert witnesses in civil cases, and to indicate to attorneys the areas of knowledge these psychologists should have if they are to be considered experts. Kane was also selected as one of the 50 initial Fellows of the Wisconsin Psychological Association. He also holds appointments as a clinical professor at the Wisconsin School of Professional Psychology and in the Department of Psychology at the University of Wisconsin-Milwaukee, and

as an associate clinical professor in the Department of Psychiatry and Mental Health Sciences at the Medical College of Wisconsin.

Paul M. Lerner, Ed.D., was appointed to the editorial board of the journal *Psychoanalytic Study of Society*. He will also write a regular column on life management for Amtrak Express, the on-train magazine for Amtrak. Dr. Lerner's wife, Carol, an occupational therapist by profession, is a deputy in the Sheriff's Department of Buncombe County, North Carolina.

Robert M. Lipgar, Ph.D., was elected President of Chicago Center for the Study of Groups and Organizations (CCSGO), a regional center of the A.K. Rice Institute. He was elected a Fellow of the A.K. Rice Institute (AKRI) May 8, 1993.

Edwin I. Megargee, Ph.D., is stepping down as Director of Clinical Training at Florida State University to devote more time to research and writing. Since completing *Personality Assessment in America: A Retrospective on the Occasion of the Fiftieth Anniversary of the Society for Personality Assessment* with Charles D. Spielberger, Megargee has focused on adapting his multi-based system for classifying criminal offenders to MMPI-2 and validating the system among female offenders.

Richard J. Meschino, Psy.D., completed a Pediatric Health Psychology Fellowship at Children's Hospital of Orange County, California, August 1993. He will be teaching assessment at the California School of Professional Psychology, Los Angeles as a core staff member of the Multicultural Clinical Community Proficiency Program beginning August 1993.

Robert S. McCully, Ph.D., Life Fellow and consulting editor of the *Journal of Personality Assessment* for some 20 years, was honored by a reception designating him as Professor Emeritus at the Medical University of South Carolina, Charleston. He remains active on the staff in both teaching and patient care. His books on Rorschach theory, integrating aspects of Jungian thought and a theory of Rorschach perception, have been translated into Japanese,

Portuguese, and Italian.

Ed Nottingham, Ph.D., was awarded the Diplomate in Clinical Psychology (December, 1992) and Behavioral Psychology (April, 1993) by the American Board of Professional Psychology (ABPP). He also recently published a self-help book based on Rational Emotive Therapy called *It's Not as Bad as It Seems: A Thinking Straight Approach to Happiness* (Castle Books, Inc., Memphis, TN).

John C. Parmer, Psy.D., is opening a private practice at 5820 Hamilton Rd., Suite 306, Columbus, GA 31904, (706) 322-6997. Since receiving the Beck Award in 1990, he and his wife have a son, a home in the country, and he has been teaching/supervising pre-doctoral interns and graduate students at The Bradley Center and Columbus College. He hopes to update his Rorschach data from bulimics.

Barry Ritzler, Ph.D., will present a one-day symposium on Multicultural Perspectives on Projective Assessment as part of the week-long Fordham University of Psychology Department Symposia on Multicultural Assessment.

Addison W. Sommerville, Ph.D., Life Fellow, was one of six professors at California State University, Sacramento to have been named a recipient of the 1992-93 Outstanding Teacher Awards. The recognition program, in its inaugural year, was designed to affirm the primacy of teaching in the university's mission.

Michael Sperling, Ph.D., was recently appointed Chairperson of the Psychology Department at Fairleigh Dickinson University, Teaneck, NJ.

Chris E. Stout, Psy.D., has the following recent publications: *From the Other side of the Couch* (Greenwood Press); *Current Advances in Inpatient Psychiatric Care* with Morris B. Squire and Douglas Ruben (Greenwood Press); *Transitions: Effectively Dealing with Managed Care* with Len Kozoil and Doug Ruben (Praeger); *ADHD and Child Impulse Disorders* with Len Kozoil and Doug Ruben (Thomas). He is also Chief of Psychology at Forest Hospital, Des Plaines, IL.

continued on next page

SPA Exchange

SPA Personal Column

continued from page 9

Norman D. Sundberg, Professor Emeritus, retired from the University of Oregon in June, 1993, after 41 years of service. As Professor Emeritus, he will continue projects in revising his books and various research activities. He would welcome receiving papers about life history assessment, including clinical intake forms and information about computerized life interview procedures.

Robert I. Yufit, Ph.D., of Northwestern University Medical School, recently co-edited a book *Assessment and Prediction of Suicide* published by Guilford Press. He continues to work on the development of a Suicide Assessment Battery to help evaluate suicide potential as well as to help identify the latent suicidal person. Normative data is being collected to help develop assessment techniques which will be a part of this battery.

Obituary

We were saddened to learn of the death of one of our colleagues, Howard Friedman, Ph.D., who passed away on August 26, 1992. Our condolences to his widow:

Lila M. Friedman
1710 N. Lake Rd., #4
Cazenovia, NY 13035

Some Final Thoughts

continued from page 2

As president, I often found myself in a position of questioning, confronting, and challenging. As a past-president, I will continue this role.

Beyond accomplishments, a president, so I learned, wittingly and unwittingly imposes his or her own values upon an organization. Two values that were always uppermost for me were tradition and integrity. I felt it particularly important that the Society should have and maintain its set of traditions and that it should be governed with total integrity.

In transferring the president's gavel, I was very pleased that the recipient was Dr. Mary Cerney. Mary is a respected colleague, a dear friend, a person of unquestionable integrity, and an individual who has given unselfishly of herself to the Society. As I have, Mary too will need your full support. She fully deserves it. #

JPA

continued from page 3

to add to our pool of ad hoc reviewers. Expertise in any area is welcomed, but we have a particular need for more ad hoc reviewers with strong methodological skills in such areas as multivariate statistics, factor analysis and structural equation modeling, and psychometrics/test construction. If you are interested in becoming an ad hoc reviewer, please send me a copy of your curriculum vitae along with a statement outlining your specific areas of expertise, the instruments you feel qualified to review, etc. I am committed to increasing the representation of women and minorities among our ad hoc reviewers and applications are encouraged from these individuals.

It is an honor to have been appointed editor of the *Journal of Personality Assessment* by the board of trustees, and it will be a challenge to follow in the footsteps of our distinguished former editors. I appreciate the expressions of support and encouragement that I have received from so many of my friends and colleagues, and I look forward to serving the journal as well as the Society over the next few years. #

MPD

continued from page 5

until such symptoms settle down. Patients with PTSD also commonly experience flashbacks during testing, triggered by traumatic associations to both structured and unstructured stimuli. If such reactions are not recognized, they may be mislabelled as psychotic decompensations.

The Abuse literature suggests that patients' morbid, brutal and sadistically sexual projective test associations may not be evidence of psychological regression but rather reflect their understanding of an external world that has behaved in an aggressive, "primitive" fashion toward them. Using this paradigm, we can then attend not only to negative expectations about others, but also to the complex interpersonal skills these people have developed to survive and maintain relationships in a murderous environment.

The Hypnosis literature indicates that when test responses show a momentary loss of reality orientation, narrowing of perceptual field and affective arousal, we should also look for signs of trance state (e.g., immobility, staring, closed eyes, eye roll).

Finally, the MPD literature alerts us to such things as forgetting of instructions, lapses in attention, denied responses and abrupt changes in language, response style and activity level as potential markers of dissociation.

Dissociation theory also opens up a new avenue of interpretation. The information that is dissociated from awareness may not be "primary process." It may contain the logical, sensible explanation for seemingly bizarre symptoms. This is why a testing approach that invites MPD patients' full, multi-altered personality system into the evaluation often documents the strength and structure that underlies their apparent behavioral disorganization.

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Editor's Note

The *SPA Exchange* is not able to cite all of the references mentioned in this article. For more information contact,

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2240 Bowmont Drive
Beverly Hills, CA 90210

Some Impressions of the Phenomenology of the Rorschach Student: A Teacher's Perspective

Jed Yalof, Ph.D.

The Rorschach classroom is one of the more highly charged learning environments for the psychology student. The promise of skill-building notwithstanding, most students approach the class anxiously. The fear and excitement that accompany new learning opportunities, along with the mystique of the Rorschach itself, all factor into the classroom atmosphere. Yet, the Rorschach literature has not really dealt with the phenomenology of the Rorschach student. What is it like to learn the Rorschach? With what do Rorschach students struggle?

In teaching students during their first Rorschach course, I have been able to generate impressions which have helped me to better understand and address the phenomenology of the Rorschach student. I have categorized these impressions under three headings: 1) Rorschach Teacher as Wisdom Figure, 2) The Issue of Rorschach "Believability" and 3) "Protective Identification" with the Rorschach Client. I would like to share these impressions in the hope of stimulating further interest in the area of understanding the experience of the Rorschach student.

Rorschach Teacher as Wisdom Figure

By virtue of its ambiguous stimuli, challenging scoring systems and complex interpretive schemas, the Rorschach is unlike other tests to which students are exposed through the didactic curriculum. Learning to score and interpret the Rorschach test can leave even the most sure-footed student rule-bound beyond the norm. Although the learning of any new material is likely to create some reliance on rules, most bright students soon learn to apply their new conceptual knowledge beyond the original learning context. The Rorschach student, however, may stay reliant on class notes for a protracted period of time, creating an unexpected sense of diffidence. This prolonged dependency on external supports (e.g., checking back with old test reports handed-out in class) may

be but one of the defensive maneuvers that allows students to cope with the confusion associated with assimilating Rorschach data into their existing identity of being a competent student.

Because of the highly specific nature of the skills needed to teach the Rorschach, the teacher is likely to be imbued by students with a degree of wisdom that may exaggerate his or her actual wisdom as a clinician. Unlike other courses where students may silently envision themselves as capable of soon being on a par with their teacher, the Rorschach student may grapple instead with the question, "Will I ever learn this stuff?" This tendency to inflate the teacher's actual clinical competence reflects the group diffidence that permeates the Rorschach classroom, particularly at the beginning of the course. Who in class, for example, can see themselves on a par with a teacher who can discuss fine distinctions among shading determinants with such apparent facility?

Idealization of the teacher's wisdom has its assets and liabilities. Clearly, it provides the teacher with some leverage in getting across key points. However, in reality, no teacher wants a spell-bound group of students. Thus, the teacher must search for indications that students are coming to internalize Rorschach knowledge. Some such signs might include thought provoking questions that challenge the teacher's rationale on some issue related to scoring and/or interpretation, student insights which reflect an improved ability to square seemingly disparate test findings and the teacher's own awareness of being able to take for granted that which initially required careful explanation. Ultimately, bridging the gap between real and ideal images of the teacher can be accomplished through patience with students as they meander through a new knowledge base and develop formative and summative measures that give students the chance to synthesize class-

room learning in a way that promotes a sense of genuine accomplishment. This would seem to be a sensible way of engaging students and of stimulating their desire to achieve or surpass the level of their teacher.

The Issue of Rorschach "Believability"

What is Rorschach "believability?" It involves the gray gap between test response and test inference that often leaves students feeling confused about their skill and skeptical about the test. The gap itself is represented by the multiple levels of abstraction that separate concrete test response from test interpretation. Moreover, it can be inferred behaviorally by the quizzical reaction engendered in students when they first attempt to track the teacher's reasoning process, but end up asking themselves, "How did he/she get from this to that?" What comes easily to the teacher, at least from the student's perspective, comes only with painstaking difficulty to most students. For example, the response of "a black bat on the verge of attacking something" does not naturally lead the Rorschach novice to think of the interpretation, "hostile ideational content may manifest through projections that might even arouse within the other a sense of being attacked." Similarly, a student's pre-Rorschach life does not necessarily equate a sensitivity to color with ideas about affect regulation!

With this gap to close, how can the teacher do so in a way that engages students and promotes their appreciation and internalization of the inference-making process? I would like to offer two ways of addressing this matter. First, by promoting group discussion whenever such skepticism arises, the teacher encourages the class to process what are very real concerns in the areas of scoring and interpretation. For example, explaining the psychological rationale behind the concept of form-dimensionality makes it easier for students to see how a form-dimensionality response translates into inferences about the client's ability to take a step back and think about their experiences. Second, by linking Rorschach psychology to the subjective and inferential processes that underlie most forms of therapy, the teacher meets students on

continued on back cover

SPA Exchange

Rorschach

continued from page 11

familiar ground. In so doing, it becomes easier to discuss the Rorschach test in light of other clinical strategies. For example, much like the therapy supervisor might share his or her rationale for a particular formulation with the supervisee, so too might the Rorschach teacher take students through the inference-making process. For instance, in clarifying his or her thinking behind the interpretation of the "black bat" response, the teacher might describe how "black" is related to dysphoric affect, how "movement" involves seeing something in the blot that is not really part of the blot -- and is akin to the projection of ideational content -- and how "the verge of attacking" speaks to the precipice of rage. Thus, the response condenses critical psychological features which conspire to reveal the form and content of the projected material. These two approaches would appear to make it easier to teach the Rorschach and make it easier for students to embrace the Rorschach as another format for organizing a body of clinical data.

"Protective Identification" with the Rorschach Client

By "protective identification," I mean the student's unconscious identification with the Rorschach client and the struggle with this identification. Why would the student identify with the Rorschach client and struggle with this identification? I propose three possible explanations for this phenomenon. First, both client and student experience an element of transparency in response to the Rorschach test. For clients, it takes the shape of feeling that the tester can look beneath the manifest response content and into deeper, more secretive aspects of the psyche. For students, the element of transparency involves the anxiety that the teacher, with his or her Rorschach wisdom, is making penetrating insights about their psychological functioning and bypassing typical defenses in the process. In this context, the teacher may be perceived not only as teaching the students, but also conducting a silent analysis of each student. In reality, both students and teachers engage in private assessments of each other throughout the course. However, because of the nature of the Rorschach course, the teacher's clinical acumen may be elevated in the fantasy operations of students, making it feel -- at least for some students -- as if the teacher is "picking up" on the fine

nuance of their personality functioning. Second, there is anxiety associated with the loss of control in the relative absence of traditional supports. For clients, the test process itself offers few clues as to what they should see and few reality checks as to whether their perceptions are presenting them in a sane light. For students, it is not the test itself, but instead the novelty of the learning experience and the difficulty in generalizing old learning to the Rorschach class that can lead to a sense of dyscontrol over the didactic material (and the grade!). Third, there is a sense of passivity and even victimization that binds client and student. Whereas the client is taking the test at the request of the therapist, the student is taking the class at the request of the psychology department. Neither client nor student get involved with the therapist or the psychology department, respectively, because of their commitment to the Rorschach. At moments of frustration or anxiety, a sense of feeling victimized might reign because of the transparency and dyscontrol that are experienced by virtue of their involvement with the Rorschach.

What are some manifest indicators that students are struggling with these identifications? I have identified a few such markers that might serve to signal this struggle. First, it is not unusual to go through a course without at least once hearing a statement such as, "Can't you get as much from an interview?" This type of statement may reflect more than the failure to appreciate how the Rorschach differs from a structured clinical interview; it may reflect an underlying anxiety about making formulations

around the less conscious personality features accessed by the Rorschach because of one's own fear of having one's own unconscious studied and reported on in the context of a clinical evaluation. It may also reflect the more general anxiety of being evaluated by the teacher, particularly the Rorschach teacher, because of the challenging nature of the didactic material and the fear that some students might have about not making the grade. Similarly, efforts to discount either the nature of the test through excessive quibbling about its psychometric properties or the more serious lapses in the client's perceptual accuracy by failing to score form-minus responses accurately may both reflect student discomfort over identification with the Rorschach client. That is, the anxieties related to temporary states of transparency, loss of control and victimization that are aroused in students by the Rorschach may lead them to identify with similar states in the Rorschach client and to attempt to unconsciously protect the client and themselves, from these experiences.

Conclusion

The experience of teaching and learning the Rorschach test has been excluded from the Rorschach literature despite the fact that almost all clinicians receive their initial exposure to the test through the classroom setting. The meanings that both teacher and student attribute to the classroom experience are important to recognize, organize and address within the context of the classroom experience in order to optimize a learning environment that is both stimulating and safe. #



**Fall Retreat SPA Board of Trustees
Asheville, NC, September 11, 1993**

Back row: Bill Kinder, John Exner
Middle row: Doris Exner, Paul & Carol Lerner, Peggy Cook, Barry Ritzler, Gene Levitt, Bruce Smith
Front row: Virginia Brabender, Bob Lovitt, Rebecca Rieger, Mary Cerney, Larry Erlbaum