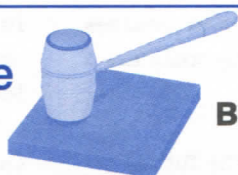


# SPA Exchange

Volume 7, Number 2

Fall/Winter 1997

## President's Message



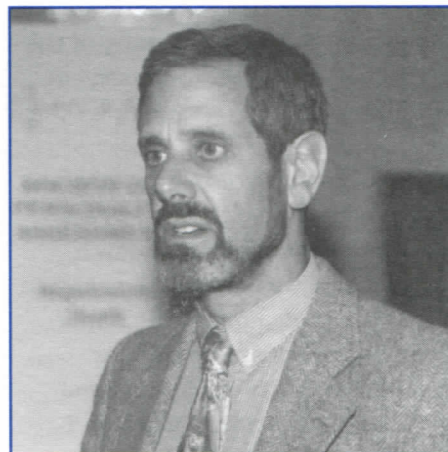
**Bruce Smith, Ph.D.**

This is my first message to you as President of SPA, and I fear it shall be my longest. There is much to report to you about the exciting developments in our organization. As you already know, it has been necessary to increase membership dues. As I explained in my letter accompanying your dues statement, this was done in order to meet inevitable increases in operating expenses and to expand our offerings. The Board was unanimous in

its wish for SPA to become a more important and expanded organization and to become more involved in advocacy activities for the practice of personality assessment.

As you undoubtedly know by now, we have once again moved our offices. The space in the APA building was inadequate for our needs as our organization continues to grow, and we found ourselves cramped. In addition, APA couldn't guarantee that we wouldn't have to move to different quarters every six months or so. We were committed to remaining in the Washington, D.C. area and were fortunate to find an excellent suite of offices in suburban Falls Church, VA. Falls Church is only about 15 minutes from DC and is easily accessible. The new office is quite spacious (please come visit when you are in the Capitol!) and will provide room to expand as we continue to grow. In addition, we have the option of buying the office as a condominium which could conceivably lower our office expenses considerably over the next several years.

As we approach the millennium (there, I said the "m" word), it is no secret that our profession is under attack. In order to counter this attack, we feel that it's important to act on behalf of personality assessment both within organized psychology and *vis à vis* the outside world. At the recent Board retreat in Washington, we began instituting



Bruce Smith

talks with the APA to press the organization to pay attention to assessment in its advocacy efforts. Largely through the good efforts of SPA members **Steve Finn** and **Greg Meyer**, the APA established a Psychological Assessment Work Group (PAWG). It recently recommended that a permanent committee be established within the APA devoted to the advocacy of assessment in the healthcare marketplace. The SPA Board voted unanimously to endorse this recommendation, and requested that the committee include representatives from SPA as ex officio members. We also voted to endorse the PAWG's other recommendation to survey graduate programs in clinical psychology in order to insure that assessment continues to receive the attention it deserves in the educational sphere. The work group developed a document designed to be used with third party payers that explains the benefits of assessment in the continuum of behavioral health care delivery (notice how well the managed care gobbledegook rolls off my computer). They relied heavily in this effort on the SPA-

*continued on next page...*

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# SPA Exchange

## President's Message

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sponsored research project led by **Greg Meyer, Len Handler,** and **Mark Hilsenroth.** By the way, be sure to see the first publication from this project in the latest issue of the *Journal of Personality Assessment* (Volume 69: 1-38).

There is much more that needs to be done. We have also decided to set aside funds for specific research projects that we feel will be useful in the efforts to document the importance of assessment. Watch for announcements of such proposed projects in the coming months. I should note that this discussion was sparked by an excellent proposal submitted by **Steve Hibbard,** although we decided that we had resources to fund projects on a contract basis only.

As part of our advocacy efforts, we have continued to meet with members of Congress to lobby for issues that are of concern. Currently, we are especially concerned with bills that will attempt to regulate the managed care industry including those that will insure patient confidentiality—a seemingly vanishing phenomenon these days.

I would like to make a special request of the membership. In order to better document the abuses of managed care as they impact upon the practice of personality assessment, I would like to begin to develop an archive of "incident reports." These would include examples of inappropriate denials of service, authorizations for inadequate services (too few hours for the assessment, denials of specific instruments, etc.), breaches of confidentiality, etc. It is clear that legislators do not relate as well to statistics as they do to anecdotal

reports. In order to advocate effectively, we need both. Examples in which assessment was clearly beneficial in directing treatment, shortening hospital stays or courses of treatment, or reducing costs are also urgently needed.

In order to insure that the future remains as vibrant as the past, we have also undertaken several initiatives to encourage students to pursue research and careers in assessment. We have designed a limited travel grant to help students who are first authors of papers presented at the Midwinter Meeting defray the cost of attending the meeting. Please see the announcement in your dues packet for details. We have also established the SPA Research Fund. This fund will be used to award dissertation grants to students conducting dissertation research in some area of personality assessment. Although the grants will be limited, they are designed to help defray such costs as expert scoring, payment to subjects, payment to assistants to administer instruments, or testing supplies. See the announcement for full details. Finally, let us not forget the Mary E. Cerney Award. This award will once again be given to the outstanding student paper on some aspect of personality assessment and social problems.

SPA is also joining the Information Age (I suppose I should mention the millennium again). Thanks to the tremendous efforts of **Marv Acklin,** we are in the process of establishing an SPA Web Page (the address will be: [www.personality.org](http://www.personality.org)). Although the details are still being worked out, we hope to provide information about the Society, articles of interest to members, links to related sites, an online application for membership,

and, perhaps, information about personality assessment to the lay public. Marv will provide more information as the project develops. In addition, we hope to do a major presentation of the page at the Midwinter Meeting.

On to the Midwinter Meeting. Yes, I know, Boston in February is cold. It is nevertheless a wonderful city, and easy to get around in—even in inclement weather. As you probably know, we needed to hold the meeting in Boston this year because of commitments made as a result of the International Congress held there in 1996. We are, however, determined to make this one of the best meetings ever, with several special events planned, including a gala banquet (featuring a "roast" of **John Exner,** who is threatening to retire this year), an expanded CE Workshop calendar (yes, CE credit will even count for Californians) thanks to the efforts of **Roger Greene,** and several special presentations that you won't want to miss. **Paul Lerner** may even be organizing field trips to the Fleet Center for Bruins or Celtics games... who knows! Thanks to **Sandy Russ,** the program will once again exceed expectations.

Finally, let me close by extending my heartfelt thanks to outgoing president, **Barry Ritzler,** for having ably and good-humoredly shepherded SPA through the changes of the past two years. It is my intention to build on the solid foundation that he and his predecessors left for our Society.

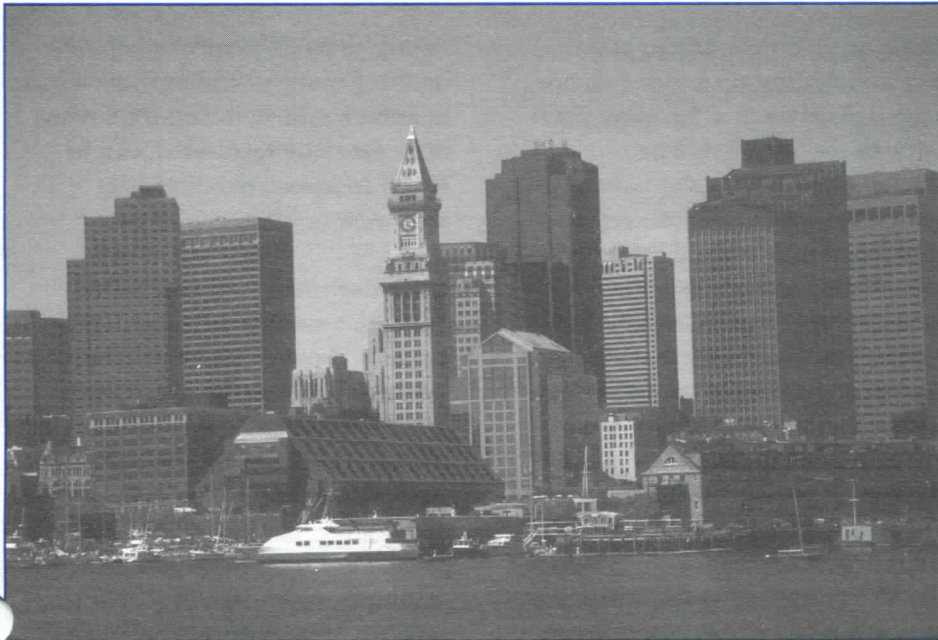
**SEE YOU IN BOSTON!**



## REGISTER TODAY for the 1998 Midwinter Meeting

**Sandra W. Russ**

*Case Western Reserve University*



View of Boston from the Waterfront

Important lunch time discussion groups have also been planned—one on organizing local SPA Chapters and one on student concerns in personality assessment. And all the other receptions will provide valuable additional opportunities for much informal interaction.

This year's Gala Banquet and Exner Roast promises to be a once in a lifetime experience. Honoring **John Exner** for his years of research and service on the eve of his (alleged) retirement, the evening will be enjoyable and memorable. **Barry Ritzler** will emcee the event and there will be many outstanding speakers who can comment appropriately about John's life as well as his contributions to personality assessment. The meeting should be an invigorating time for all.

### See you all in Boston.

P.S. For registration information, please contact the SPA Central office via phone: (703) 534-4772 or fax: (703) 534-6905. ☼

**Boston, MA**  
**February 18-22, 1998**  
**Westin Hotel, Copley Place**

We have an exciting program planned for the 1998 Midwinter Meeting. In addition to a wide variety of papers, symposia, and poster sessions, we have a number of special events and new features.

We have scheduled three Master Lectures on "future directions" of three key measures.

- **John Exner** will discuss the Rorschach,
- **Jim Butcher** will focus on the MMPI-2, and
- **Phebe Cramer** will present on the T.A.T.

**These are events not to be missed.**

Our Continuing Education workshop schedule has been greatly expanded. It will be possible to earn up to 20 hours of CE credit over the course of the meeting, and offerings are varied enough to insure something of interest for every practitioner. For the first time, we are also offering open consultation hours with several senior clinicians in the clinical use of particular instruments.

The Round Table Discussion topic this year will be "Decision-Making in Personality Assessment: Balancing Clinical and Empirical Guidelines" with **Paul Costa, Roger Greene, David Faust, and Irving Weiner** as participants.



# SPA Exchange

## MMPI Update

The MMPI-2 is at the eight-year mark and its counterpart for adolescents, the MMPI-A, is in its fifth year of use. Since the release of these newer, renormed versions of Hathaway and McKinley's original instrument, much research activity has occurred to develop independent research bases for these measures, and clinical applications have proliferated at national and international levels. It seems appropriate at this time for SPA members to receive an update from two of our MMPI experts, **Jim Butcher** and **Bob Archer**, who have been dedicated contributors to the MMPI legacy. Dr. Butcher takes us overseas in summarizing the international applications of the MMPI-2 while Dr. Archer gives us an overview of recent research directions concerning MMPI-2 and MMPI-A interpretation. The *Exchange* hopes our readers will find these complementary reports informative and interesting.

**Radhika Krishnamurthy, Psy.D.**

### SPA Exchange

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## International Adaptations of the MMPI-2: A Growing Trend in International Applied Psychology

**James N. Butcher, Ph.D.**

*University of Minnesota*

Has managed care driven you to consider setting up a new psychological practice in a far away place such as Reykjavik, Isfahan, Nijmegen, or Seoul? Or, have you wound up your American psychology career and wish to return to your roots and complete your life cycle in Bergen or Dublin or Florence or Santiago? Or, perhaps you have decided simply to strike tents and move to a more exciting or interesting place such as Sydney, Bangkok, Tokyo, San Juan, Beijing, or Paris? Or, perhaps you have settled on doing research abroad for a year and plan to explore personality assessment in Moscow, Athens, Haifa, or the Belgium Prison System? If your international plans pertain to clinical psychology and assessment, it would be a good idea for you to take along your MMPI-2 scoring templates. You'll likely find a good use for them.

As with its predecessor, the MMPI-2 has come to be widely adopted in many clinical and research settings around the world. How can an instrument that was developed in the United States apply in other countries that are linguistically and culturally different? First, it is important to keep in mind that the expression of psychopathology across cultures takes similar forms. The major psychological disorders are found to have a common structure across known cultures and language groups. This commonality has allowed for the development of effective, reliable diagnostic schema such as ICD-10 and DSM IV. Second, the MMPI-2 item pool is a detailed

listing of psychological symptoms defining many of these psychological disorders. Third, the MMPI-2 items, once carefully translated, can be found to assess psychological problems in other countries.

In earlier times, test adaptation projects were often *Ôsafarió* expeditions or short visits by American scholars who took a sabbatical in another place and co-incidentally put together a test translation project. In the new era of international clinical psychology, psychologists and psychiatrists in many countries are developing test adaptations of the MMPI-2. The recently published *International Adaptations of the MMPI-2* (Butcher, 1996, University of Minnesota Press) illustrates broad-based international collaboration in clinical psychology. Fifty-six contributors from twenty-six countries described their research and clinical efforts to translate and adapt the MMPI-2 in numerous countries.

In order to develop an effective translation, it is important that translators follow a rigorous set of recommendations adopted by the test publisher, the University of Minnesota Press. After careful translation (usually by multiple translators), additional back-translation studies are conducted to assure equivalence of the items. Then, additional research with the translated version in studies such as bilingual test-retest evaluations and field testing with known populations in the target culture are necessary in order to assure the equivalence of the test. In some cases, it has been

necessary to re-norm the MMPI-2 on samples of normals in the new country to assure appropriate use.

Cross-national application of the MMPI-2 has increased greatly in recent years as psychologists in other countries have expanded efforts to adapt Western psychological tests in their clinical work and research. The use of objective personality scales can add valuable information to cross-cultural study of personality and psychopathology. The MMPI-2 is well suited for international use because it features an objective scoring and interpretation format, has demonstrated validity, is easy to learn, and covers a wide range of clinical problems in other cultures.

Several conclusions can be drawn from the extensive MMPI-2 test adaptation programs. The MMPI-2 items can be effectively translated into equivalent statements in other languages. Most of the items are viewed as culturally relevant and straightforward to translate. In some languages, the contents of a few items need to be altered in order to make them culturally relevant for the target population. The MMPI-2 is relatively more easy to adapt than was the original version of the instrument because of the item level improvements in content and the more relevant contemporary normative population developed in the revision.

The bilingual retest projects reported on MMPI-2 translations to date have found the MMPI-2 scales to operate similarly when the inventory is administered to bilinguals in both languages. Concerning the norms...many test adapters have pointed out that the scale scores in the target country generally fall within the standard

error of measurement for the MMPI-2 scales in the U. S. normative population. Researchers who have collected new norms have typically found specific T scores closely parallel the U. S. norms numerically.

Factor analyses of the MMPI-2 scales in research projects have shown comparable factor structures—usually a four-factor solution emerges when the ten traditional MMPI standard scales are included in the analysis. Additionally, research involving discriminant validity evaluations in psychiatric settings in other countries have reported results that are congruent with those in the United States. That is, patients with similar problems in other countries tend to produce similar MMPI-2 patterns, and studies reporting personality ratings have reported similar behavioral descriptors as those in the United States.

Recent research has also shown that computer-based MMPI-2 interpretations have a high degree of accuracy when applied to patients from other countries. Computer-based reports have been evaluated with a broad range of patients in several countries. The narrative reports, originally developed for patients in the United States, were rated as highly accurate by clinicians when they were applied to patients from such countries such as France, Norway, and Australia (**Butcher, Berah, Ellertsen, Miach, Lim, Nezami, Pancheri, Derksen, and Almagor**, In press).

In the event that you find yourself engaged in a cross-cultural assessment task, how do you find out if there is an existing translated version of the MMPI-2 available? You might begin by consulting the listing of MMPI-2 translators in Appendix B of the *International*

*MMPI-2 Handbook* or by perusing the listing available on the Internet on the MMPI-2 Workshops home page: <http://www.umn.edu/mmpi/>

#### References:

**Butcher, J. N.** (Ed.), (1996). *International Adaptation of the MMPI-2*. Minneapolis: University of Minnesota Press.

**Butcher, J. N., Berah, E., Ellertsen, B., Miach, P., Lim, J., Nezami, E., Pancheri, P., Derksen, J. & Almagor, M.**, (In press). Objective personality assessment: Computer-based MMPI-2 interpretation in international clinical settings. In **C. Belar** (Ed.), *Comprehensive Clinical Psychology: Sociocultural and Individual Differences*. New York: Elsevier. ☞

## What's New with the MMPI-2/MMPI-A?

**Robert P. Archer, Ph.D.**  
*Eastern Virginia Medical School*

The purpose of this article is to present three recent and innovative approaches to the interpretation of the MMPI-2 and MMPI-A. Each of these three strategies is new in the sense that its development occurred within the past few years and subsequent to the release of the MMPI-2 in 1989 and the MMPI-A in 1992. Each approach shares an emphasis on the organization of test data around salient content dimensions in order to facilitate clinical interpretation, but each varies in terms of the specific focus of these efforts. With this perspective in mind, I will briefly review these three directions which help define the "cutting edge" of work being done with revised forms of the MMPI.

### The MMPI-2/MMPI-A Content Component Scales

The MMPI-2 and MMPI-A content scales were developed through a multi-stage process that utilized both rational and statistical item selection processes in order to yield

*continued on next page...*

## Archer

*continued from page 5*

a set of conceptually and statistically homogeneous scales. It soon became evident, however, that these content scales often contained several discernible subdimensions or sub-components. Thus, just as it is possible that a given T-score elevation on an MMPI basic scale might relate to endorsement of differing content areas, so an elevation on the new content scales might also reflect the endorsement of diverse content areas. For example, a T-score elevation of 65 on the Anger content scale might relate to the occurrence of explosive behaviors or simply to irritability, and a similar elevation on the Negative Treatment Indicators (TRT) content scale might reflect reluctance to disclose information regarding psychological functioning or a low motivation level to engage in a psychotherapy change process.

In an attempt to clarify these issues, **Ben-Porath** and **Sherwood** (1993) developed a set of two to four content component subscales for each of the MMPI-2 content scales with the exception of Anxiety, Obsessiveness, and Work Interference content scales. For example, the MMPI-2 Cynicism content scale was broken into Misanthropic Beliefs (CYN 1) and Interpersonal Suspiciousness (CYN 2), while the MMPI-2 Type A content scale was subdivided into Impatience (TPA 1) and Competitive Drive (TPA 2). Ben-Porath and Sherwood have provided a description of the development and initial evaluation of the MMPI-2 content component scales. They report preliminary validity data indicating that the content component scales have meaningful correlate patterns which could be useful in enhancing and refining interpretation of the MMPI-2 content scales. Ben-Porath

and his colleagues are now completing the development of a set of similar content component scales for the MMPI-A. For many clinicians, particularly those who emphasize the interpretation of content scales, the content component scales will allow for an important breakdown of content endorsement areas similar to the function which has been served for several decades by the Harris-Lingoes subscales for the basic scales. The approach taken by Ben-Porath and Sherwood should serve to extend significantly the interpretive information provided by content scales in both the MMPI-2 and MMPI-A and certainly warrant further investigation and evaluation.

### MMPI-2 Structural Summary

The MMPI-2 Structural Summary has been developed by **Nichols** and **Greene** (1995) to address several problem areas related to the MMPI-2. Specifically, these developers noted that the presence of numerous scales and subscales on the MMPI-2 created a plethora of interpretive information for the typical clinician, and that several of these scales and subscales have scale names that are inappropriate or misleading. Further, Nichols and Greene noted that there were unintended patterns of intercorrelation among MMPI-2 scales and subscales created by the often extensive degree of item overlap among these measures (e.g., basic scale **Hs** and the Health Concerns content scale) which often created the illusion that interpretive information "converged" when, in fact, data from these scales were highly redundant.

The MMPI-2 Structural Summary is a device for organizing and ordering MMPI-2 observations into clinically relevant categories and facilitating the generation of interpretive hypotheses. Nichols and Greene

developed this approach based on their appreciation of scale intercorrelations, item overlap patterns, factor analytic studies, and the rich and extensive clinical judgment of these authors. Beyond MMPI-2 scales and subscales, Nichols and Greene also include various critical item areas and subtle-obvious content areas into their organization of MMPI-2 data. Overall, these data are categorized into six broad areas involving the following components: Test Taking Attitudes; Factor Scales; Moods; Cognitions; Interpersonal Relations; and Other Problem Areas including substance abuse, suicidal ideation, sleep disturbances, and sexual difficulties. An extensive and detailed interpretive manual is available for the MMPI-2 Structural Summary (Nichols and Greene, 1995), and organizational and interpretive software for this approach is provided by Psychological Assessment Resources (PAR). The MMPI-2 Structural Summary is a beautifully crafted attempt to organize the MMPI-2 data matrix through a combination of art and science in a manner that follows the clinical pathways used by Drs. Nichols and Greene to maximize interpretive gain for the MMPI-2.

### MMPI-A Structural Summary

The last recent emphasis I will review involves the MMPI-A Structural Summary developed by **Archer** and **Krishnamurthy** (1994). Since our goals were similar to those of Nichols and Greene in their development of the MMPI-2 Structural Summary, we utilized a similar name or label for our approach to the MMPI-A. However, since Krishnamurthy and I took a significantly different approach in defining dimensions and worked solely through the use of factor analytic

findings, perhaps the MMPI-A Factor Dimension Summary might have been a better label for our work. We utilized factor analysis because this is the statistical technique specifically related to the task of data reduction and we saw this as the primary issue in assisting clinicians attempting to make sense of the 69 scales and subscales on the MMPI-A. Therefore, we based the MMPI-A Structural Summary directly on factor analysis results found for the MMPI-A in the normative sample, and recently replicated these results in a clinical sample of adolescent respondents.

The MMPI-A Structural Summary is a straightforward attempt to organize the 69 scales and subscales of this test instrument into major factor dimensions. The actual Structural Summary Form occupies two pages, and begins with an initial section which organizes information relevant to evaluating the validity of the MMPI-A along the dimensions of item omissions, response consistency, and response accuracy in a manner directly based on Greene's conceptualization of the validity assessment process. The Structural Summary Form, available through PAR, then organizes MMPI-A scales and subscales into eight major factors or dimensions, with scales grouped logically within each factor by traditional categories including basic scales, content scales, and supplementary scales. Further, within each factor domain, scales are presented in descending order from scales having the highest to lowest correlation with a particular factor. With very few exceptions, all the scales or subscales assigned to Structural Summary dimensions correlate at least .60 with that factor. Archer and Krishnamurthy (1994) provide preliminary correlate data

for these factor dimensions and emphasize their role in cutting across the largely arbitrary distinctions found among MMPI-A scales and subscales to permit a more organized and parsimonious approach to test interpretation. The eight factor dimensions identified by these test developers were as follows: General Maladjustment; Immaturity; Disinhibition/Excitatory Potential; Social Discomfort; Health Concerns; Naiveté; Familial Alienation; and Psychoticism. We recommend that if more than 50% of the scales and subscales on a factor dimension are within critical elevation levels, that particular dimension or domain should be emphasized in the overall interpretation of that adolescent's personality functioning and psychopathology.

### Summary

Each of the three approaches noted above holds substantial potential for assisting in the interpretation of MMPI-2 or MMPI-A results. Future empirical investigations will aid us in reaching an overall evaluation concerning the degree to which these organizational techniques contribute to the richness of our clinical work in the assessment of adolescent and adult psychopathology.

#### References:

- Archer, R. P., & Krishnamurthy, R.,** (1994). A structural summary approach for the MMPI-A: Development and empirical correlates. *Journal of Personality Assessment*, 63, 554-573.
- Ben-Porath, Y. S., & Sherwood, N. E.,** (1993). *The MMPI-2 Content Component Scales: Development, Psychometric Characteristics, and Clinical Application*. Minneapolis: University of Minnesota Press.
- Nichols, D. S., & Greene, R. L.,** (1995). *MMPI-2 structural summary: Interpretive manual*. Psychological Assessment Resources. Odessa, FL. ☼



Manuela Schulze

## News from the Central Office

### Manuela Schulze

The central office has moved. Our new address is:

6109 H Arlington Road  
Falls Church, VA 22044  
Phone: (703) 534-4772  
Fax: (703) 534-6905

Congratulations to the following members who became Fellows of the Society in 1997. We apologize that the recent directory did not reflect this change in status.

**Deborah Balogh**  
**Mark Blais**  
**Robert Bornstein**  
**Glenn Curtiss**  
**Joan Dayger Behn**  
**Margot Holiday**  
**Rebecca Merritt**  
**Gregory Meyer**  
**Sidney Ornduff** ☼

**Register today...**  
**to attend the**  
**Midwinter Meeting**  
**in Boston at the**  
**Westin Copley Place,**  
**February 18-22, 1998.**  
**See page 3 for details.**

# SPA Exchange

## Ask the experts...

**John Haroian**  
Western State Hospital

The second installment of this column will take a look at a broader topic regarding the perception of the Rorschach test. Dictionaries of all kinds are interesting to me. I enjoy picking up old and new dictionaries and comparing the differences in definitions through the years. I have a few key things I usually look up when I come across a volume I have not seen before. Recently I found a current copy of the *Penguin Dictionary of Psychology*, by **Arthur S. Rebler**, first published in 1985. In it I found the following definition of one of the keywords I always look up.

**Rorschach test:** The grandfather of all projective tests, designed and developed by Swiss psychiatrist Hermann Rorschach (1884-1922). The administration of the test consists of a structured interview using a series of ten standardized, bilaterally symmetrical inkblots. Five of the blots are achromatic, two have some color and the other three are in various colors. Each blot is presented to the subject, who is requested to state freely what he or she sees whether in the blot as a whole or in any part of it. Extremely complex scoring and interpretation systems have been developed and lengthy training is required to become proficient in its use. According to the classical interpretation, responses to color are supposedly reflective of emotional responses of the subject to the environment; form and location responses are taken as indices of overall orientation to life; movement responses are assumed to reflect tendencies toward introver-

sion; originality theoretically reflects intelligence but bizarre originality is seen as indicative of neurotic tendencies, etc.

There is a certain fascination with this test that affects all, professional and layman alike. In some ways, particularly among lay people, it is seen as a symbol of psychology itself. It reflects that strange belief which many have that psychologists and psychiatrists can somehow tell you something about yourself that you would never be able to ascertain on your own, as if they possessed some mysterious ability to read through the veils of defenses and posturings which are opaque to all but the shamans and their testing procedures. Among the professionals, its magnetic qualities are equally strong. The literature on the Rorschach is simply enormous and literally dozens of other projective devices have been developed based on similar theoretical principles. Yet, in the midst of all this activity, devotion, and fascination, there is essentially no evidence whatsoever that the test has even a shred of validity. Its supporters display almost a religious fervor in its defense and their claims often read like theological discourses and not scientific analyses; its attackers are merciless and maintain that it is totally worthless and may even be harmful because it can lead the clinician astray.

When debates of this intensity and polarity occur between honorable people, there are likely to be elements of truth on both sides. *The following is a personal view. It seems not unreasonable to assume that the test can be of value in a clinical setting, but perhaps not necessarily because of any intrinsic property of the Rorschach itself nor the manner of the administration. Rather, it is*

*likely the case that the test provides an opportunity for an extended, unbounded interaction between client and therapist with their inkblots acting as the vehicle for the interaction. Given such an intense, open setting, particularly where the client believes the test has a valid psychological role to play in the ongoing dialogue, the perceptive clinician can gain insight into the personality characteristics of the client. Thus, the usefulness of the Rorschach will depend on the sensitivity, empathy, and insightfulness of the tester totally independently of the Rorschach itself. An intense dialogue about the wallpaper or the rug would do as well provided both parties believe.*

(Emphasis added.)

It is striking that someone would believe that a dialogue about the wallpaper or the rug would provide the same or similar results as a valid administration of the Rorschach. Many who have little understanding or experience with testing—specifically testing with the Rorschach—will understand the power of the instrument. I am reminded of a woman who was in the Introduction to Projective Techniques class in my first year of graduate school. She thought the Rorschach was voodoo and her thought was to do as little as possible to get a passing grade in this required class. By the end of the semester she was enamored by the Rorschach. She subsequently enrolled in an advanced class dealing with the Rorschach and routinely told others of the usefulness of the test in helping her understand patients with whom she was working.

I think a lesson can be learned here. Education is vital to dispelling the myths of testing in general and the Rorschach specifically. Today some

*continued on page 14...*



## Introduction to the Whitaker Index of Schizophrenic Thinking (WIST)

Leighton C. Whitaker, Ph.D.  
*Widener University*

Following presentation of a continuing education workshop on the WIST at the Society for Personality Assessment's March 1997 Meeting in San Diego, the author was asked to write this overview article on the origin and development of the WIST, and its present forms, validations, and uses.

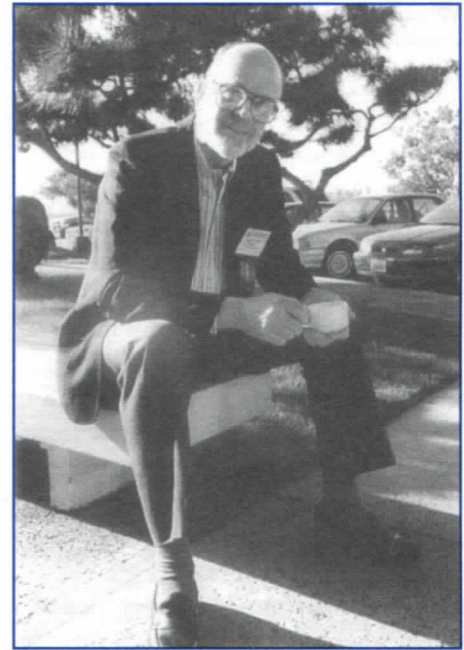
### Origin and Early Development

The Rorschach, Holtzman, and WAIS were found to be very useful for evaluating severely disturbed persons, but lacking certain features that would need to be built in to a test to maximize discrimination of the theoretically most basic characteristic of schizophrenic disorders: the thinking disturbance. Beginning around 1960, the author, with the help of some colleagues, tried to address many fundamental theoretical and psychometric design questions that would have to be answered to devise a brief, effective, objective test of schizophrenic thinking. The most fundamental theoretical question was whether a certain thinking disturbance was really the primary characteristic deficit in schizophrenic disorders. This question, debated ever since the term "schizophrenia" was coined, might be answered, at least in part, by an instrument specifically designed to measure that thinking disturbance.

A host of other fundamental questions arose. What could be an adequate criterion or set of criteria for "schizophrenia"? Though ordinary psychiatric diagnoses were commonly accepted—even for re-

search criterion purposes—they were too unreliable to make adequate validity possible. Among other shortcomings, they relied too much on the appearance of "positive" symptoms, such as hallucinations and delusions, that were not adequately distinctive, and neither were schizophrenic disorders nor specific symptoms or signs rated for degree of severity. "Negative" signs, suggestive of absence of ability to function well, were seldom adequately evoked and evaluated. These and other shortcomings meant that the often subtle and not spontaneously expressed phenomena of thinking inability were easily missed in ordinary psychiatric interviews.

Projective techniques had proven to be much more sensitive methods than ordinary psychiatric interviews for obtaining evidence of the thinking disorder, and various scoring systems were useful. But these techniques were vulnerable to well known psychometric difficulties, particularly in terms of schizophrenic subjects' variable responses and nonresponsiveness. When evinced, the thinking disorder evidence tended to be skewed toward the positive, spontaneously expressed types, and to omit much of the negative, frequently more serious and advanced types. Nonresponsiveness might mean blocking, apathy, confusion and other phenomena of inability, but it was hard to tell. A more comprehensive device would have to actively test for inability to think and not rely so much on subjects' proclivities for open expression. The new test would



Leighton C. Whitaker

have to require and to succeed at having the subject respond fully to challenges to think rather than allowing selective rejection of test items or, even worse, the test as a whole.

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**The prevailing myth in this century has been "Once a schizophrenic, always a schizophrenic."**

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But why bother discriminating schizophrenic from other disorders beyond a simple nominalistic effort? Many myths discouraged even asking such a question. Would depictions of individual differences among "cases of schizophrenia" predict anything useful, such as differential prognoses? The prevailing myth in this century has been "Once a schizophrenic, always a schizophrenic." Actually, persons diagnosed schizophrenic often do quite well in later years as **Manfred Bleuler**, among a half dozen other researchers, proved decades after his father **Eugen Bleuler** coined the term schizophrenia. Even if this myth is acknowledged as such, isn't

*continued on next page...*

# SPA Exchange

Whitaker

continued from page 9

the best treatment always the neuroleptic or "anti-psychotic" drugs anyway? Actually, the efficacy of these drugs, especially when neurologically harmful effects are taken into account and their efficacy is compared to genuinely skillful psychotherapy, may be minimal at best. Might even patients never given neuroleptics do better in the long run? In any case, the new test could presume neither biologic or psychogenetic causation, nor a deteriorating or good outcome.

Clearly, to be valuable, development of the new instrument would have to provide improved criteria for empirical validation and the instrument would have to have solid construct validity. No one criterion, even if improved, would be adequate. Converging evidence from many sources would be needed.

The WIST Forms went through many theoretical and empirical developments, including: formulating the core agreement among a variety of theoretical viewpoints; comparing WIST results with Rorschach, Holtzman, and WAIS signs of thought disorder; and comparing WIST results with more specific and reliable psychiatric interview-based and hospital observation-based ratings. Progressively, the WIST showed major agreement with these criteria. Some of the early developments of the WIST were aided in part by two National Institute of Mental Health research grants in the 1960s.

The final WIST Forms, together with a test manual for their use first appeared in 1973. Validation and standardization studies done later in the 1970s were utilized in the present *WIST Manual* (Whitaker, 1980). Further work on the WIST

and on schizophrenic disorders generally is conveyed in the book *Schizophrenic Disorders* (Whitaker, 1992) which was given two reviews in the January 1997 issue of the *Journal of Personality Assessment* (pp. 215-224).

## Description

The WIST is a usually quite brief, easily administered and scored multiple choice device designed to actively test for, and objectively measure, the kinds of disturbance of thinking ability that are basic to schizophrenic disorders. It is predicated on a definition of schizophrenic thinking—as illogical, impaired, and unwitting—which is incorporated into the WIST Forms together with controls for intellectual capacity, literacy, and attentiveness. Forms A and B are identical in structure. Each contains 25 regular test items distributed among three subtests: Similarities; Word Pairs; and New Inventions. Form A presents inherently anxiety-provoking verbal content while Form B has neutral content. Each form should be individually administered.

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**The WIST is designed to be within the intellectual ability of anyone with at least a dull normal vocabulary level and an eighth grade education.**

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Subjects commonly view and accept the WIST as an easy intelligence test, probably because it is designed to be within the intellectual ability of anyone with at least a dull normal vocabulary level and an eighth grade education. But many of the most severely impaired test performances have been from otherwise highly intelligent schizophrenic subjects. The forms are very rarely rejected or responded to incompletely, thus obviating a traditional psychometric problem inherent to projective

techniques, especially when they are used with schizophrenic subjects.

The examiner inquires about any incorrect answers until the subject has managed to arrive at the correct answers for all of the 25 items. Levels of "positive" inability to think are measured by weighted wrong answer scores which are totaled to obtain the SCORE. "Negative" inability is reflected in part by an unusually long TIME taken by the subject to complete initial answers. The  $WIST\ INDEX = SCORE + TIME$ .

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**The vast majority of subjects have given their initial answers within 20 minutes.**

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Total TIME per Form has ranged from less than seven minutes, for some normal subjects and even non-schizophrenic hospitalized patients, to almost an hour for some severely schizophrenic patients. But the vast majority of subjects have given their initial answers within 20 minutes. Total SCORE has ranged from 0 for many normal subjects to 50 or more for severely schizophrenic patients.

## Validity and Usefulness

In accord with the aims of WIST design, both SCORE and TIME—independently—have been highly correlated with validity criteria, but the INDEX is the most efficiently discriminating.

Certain predictions made during the design of the WIST have been borne out in a variety of standardization and validation studies in the United States, Canada, Mexico, Puerto Rico, Spain, and Germany. All of the studies comparing the WIST INDEXES to carefully standardized, reliable diagnostic interview criteria have shown high correspondence rates—as high as 80%. As also

predicted, in the basic WIST standardization studies, Form A INDEXES versus Form B INDEXES compared for the same subjects over a two- to three-week time span (Phase I vs. Phase II) discriminated acute from chronic patients. Acute patients tend to show more disturbance on Form A in accord with their being more open to stimulation than chronic patients, and they tend to improve appreciably within a few weeks while chronic patients do not.

A large Canadian study utilized ratings from 13 structured interview systems. The WIST showed a mean agreement of 70% with the systems—as high as could be expected in view of the demonstrably limited reliability of diagnosis among the systems. Ratings of specific symptoms, which tend to have greater reliability, provided more detailed validation of the WIST's capacity to discriminate psychometrically among schizophrenic patients. When the 13 systems and corresponding INDEXES were examined individually, consistently higher INDEXES across both WIST Forms were found for "currently psychotic" patients over the "non presently psychotic" schizophrenic patients. Moreover, when 11 individual symptoms associated with schizophrenic thought disorder were examined individually in relation to patients' INDEXES, consistently higher INDEXES were found associated with the presence of the particular symptom.

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**The WIST may be effective in predicting adaptive functioning, rather than just manageability, in real world versus hospital or other residential treatment settings.**

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WIST construct validity has been broadened in studies using the test

as an independent classificatory device, distinguishing degrees of schizophrenic thinking by predicting, within the range of schizophrenic disorders, the schizophrenic person's level of performance on conceptual learning tasks. Such results suggest that the WIST may be effective in predicting adaptive functioning, rather than just manageability, in real world versus hospital or other residential treatment settings. Cross-cultural studies, using translations of the WIST Forms, have all shown agreement with the basic standardization studies in the United States and Canada.

Analyses of WIST error types (loose, reference, clang, and nonsense associations) and score patterns have been related to subtypes of schizophrenic disorder and to borderline personality disorder. And asking subjects further about wrong answers they find especially difficult to correct has sometimes revealed thought disorder of delusional intensity.

Three studies correlating the WIST INDEXES with neuroleptic drug dosage have shown no significant relationship. Perhaps the "anti psychotics" do not actually provide schizophrenic persons a net increase in the ability to think. One possibility is that they diminish positive symptomatology at the expense of the person's intellectual acuity. But experimental studies using the WIST are needed on this and many other important topics.

### Conclusion

The WIST is a brief, objective, easily administered test for measuring the kinds of thought disorder that are most likely, as claimed traditionally, to be basic to schizophrenic disorders, an otherwise extremely hetero-

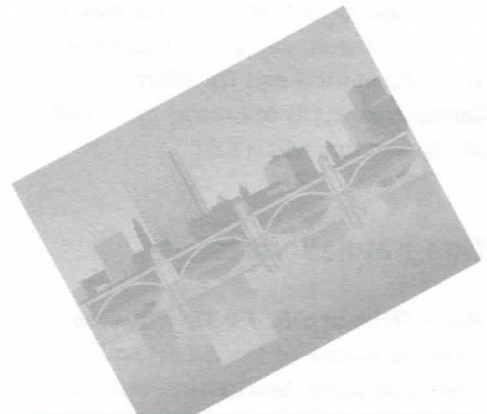
geneous diagnostic category. Its forms may be used clinically and in research as screening or independent classificatory devices or together with other assessment devices as part of a battery. The WIST does not have the broad personality assessment advantages of the projective techniques but it does have certain psychometric advantages for assessing kinds and degrees of thinking disorder.

Leighton C. Whitaker, Ph.D., ABPP is Adjunct Clinical Professor at the Institute for Graduate Clinical Psychology of Widener University. He is also in private practice at 220 Turner Road, Wallingford, PA 19086.

### References:

**Whitaker, L. C.** (1980). *Objective Measurement of Schizophrenic Thinking: A Practical and Theoretical Guide to the Whitaker Index of Schizophrenic Thinking*. Los Angeles: Western Psychological Services.

**Whitaker, L.C.** (1992). *Schizophrenic Disorders: Sense and Nonsense in Conceptualization, Assessment, and Treatment*. New York: Plenum Press. ☞



**Register today...**

**to attend the  
Midwinter Meeting  
in Boston at the  
Westin Copley Place,  
February 18-22, 1998.  
See page 3 for details.**

# SPA Exchange

## Announcements

### Winter Workshop

**The Clinical Uses of Drawings—** a 2-day workshop, March, 1998, in New York City. The co-presenters are **Dr. Marc Janoson** and **Dr. Gerald D. Oster**. Dr. Oster is the author of *Clinical Uses of Drawings* (Aronson, 1996) and *Using Drawings in Assessment and Treatment* (Brunner/Mazel, 1987).

Dr. Oster will lecture on:

- Emotional Indicators of the H-T-P
- Using Drawings in Group and Family Therapy
- Using Drawings in Assessment and Therapy

Dr. Janoson will lecture on:

- Predicting Potential for Acting Out
- Drawings Reflecting a Thought Disorder
- Appraising the Developmental Level of HFDs

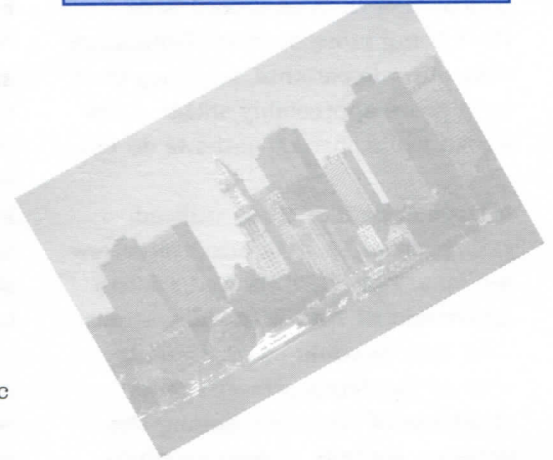
Drawings by the participants will be reviewed for structure and content. For information call Dr. Marc Janoson at (212) 685-2073 or e-mail at [mjanoson@AOL.COM](mailto:mjanoson@AOL.COM)

### Congratulations to...

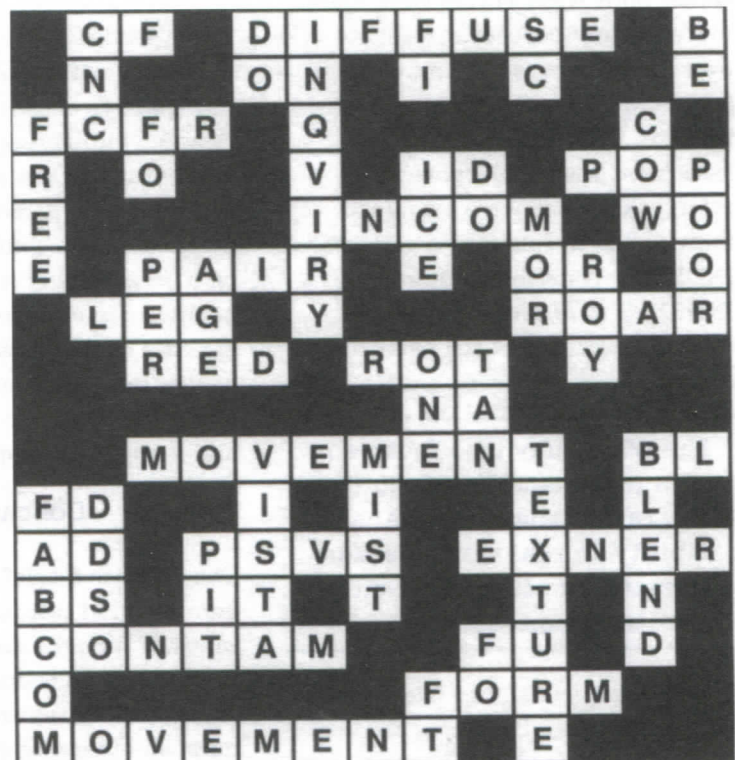
**Marc Hilsenroth, Ph.D.** who was selected as one of the American Psychoanalytic Association fellows for the 1997-98 academic year. The selection committee was impressed by his broad educational background, outstanding academic record, integrative approach, and interest in learning more about psychoanalysis.

The Association has announced that the 1998-99 Fellowship Program is now taking nominations. For an application, write the American Psychoanalytic Association, 309 East 49<sup>th</sup> Street, New York, NY 10017, or phone (212) 752-0450, ext. 12, or fax (212) 593-0571. You can also contact Dr. Hilsenroth at (501) 575-5802 or via e-mail at [hils@comp.uark.edu](mailto:hils@comp.uark.edu). The Association will pay travel and other expenses for the winners to attend their spring meeting in Toronto from May 27-31, 1998. They assign a mentor and a former fellow to serve as sponsors for the winners. They also offer other goodies such as subscriptions to various analytic journals and books from The Yale Press, The Psychiatric Press, and The Analytic Press—important additions to the winners' personal libraries. Dr. Hilsenroth can give you complete details. ☘

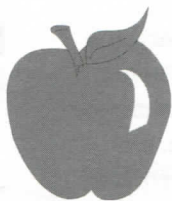
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Answers to  
Crossword Puzzle  
on page 15.



## The Teacher's Block



**Jed A. Yalof, Psy.D.**  
*Immaculata College*

### How Teachers Evaluate the Rorschach Scoring of Students

A few months ago I put out "feelers" to SPA members for information in response to the following two questions:

1. What method do you use to evaluate student skill in Rorschach scoring?
2. What do you feel is the most challenging aspect of grading student skill in Rorschach scoring?

The following is a summary of the strategies used by three expert teachers—**Dr. Eric Zillmer** of Drexel University, **Dr. Cliff DeCato** of Widener University, and **Dr. Connie Fischer** of Duquesne University. Those of us who teach the Rorschach can consider their different approaches to this not-so-easy instructional task. A special thanks is extended to Drs. Zillmer, DeCato, and Fischer for the thoroughness (W+!) of their responses.

### Method of Evaluation

#### Dr. Zillmer

Dr. Zillmer sets 90% as proficiency in scoring. He distributes 8 Rorschach records for grading during the semester. The level of difficulty of Rorschach scoring increases with each record. Percentage scores are assigned on Location, DQ, Determinants, Form Quality, Contents, Popularity, Z Scores, and Special Scoring.

#### Dr. DeCato

Dr. DeCato uses a method for evaluating scoring skill that is modeled after a standardized teaching system that he developed between 1971 and 1984 for the Perceptanalytic System. He uses practice materials (i.e., protocols with sufficient clarity, diversity of responses, and increasing levels of difficulty) for instructional purposes. Dr. DeCato administers a midterm and a final examination. Each examination involves scoring a protocol that is at an appropriate level of difficulty, and summarizing scores that were developed for the appropriate level of difficulty. Percentage of agreement with the established standard is used to determine grades. Dr. DeCato noted that his classes tend to do better with the items of easy and moderate difficulty than with the harder items that involve cognitive slippage!

#### Dr. Fischer

Dr. Fischer does not grade scoring by itself. Scoring is presented as integral to useful interpretations. Students are graded on their overall course performance. Students administer 6 clinical and 2 non-clinical Rorschachs during a semester, with scoring checked by a classmate and discussed before Dr. Fischer reviews the material. "Throughout the course, emphasis is on coming to understand the Rorschach's relevance to specific individuals and their life situations. Along the way, students are keenly aware that mis-scoring can radi-

cally affect these understandings." For more information about Dr. Fischer's teaching methodology, see: **Fischer, C.F.** (1994). *Scoring dilemmas as access to dynamics*. *Journal of Personality Assessment*, 62, 515-524.

### Most Challenging Aspect of Grading

#### Dr. Zillmer

When asked to identify the most challenging aspect of grading, Dr. Zillmer selected the generation of appropriate Rorschach records for the scoring exercises and the time demand in grading the student Rorschach protocols. He typically restricts the protocols to two responses per card and has a graduate teaching assistant help with the grading.

#### Dr. DeCato

Dr. DeCato identified the development of appropriate materials for practice (based on 25+ years of teaching and research) as the most challenging aspect of grading. He also noted the "emotional component" involved in learning the Rorschach, "which involves supporting, coaching, tutoring, and clarifying what are sometimes very complex and confusing cognitive skills that must be mastered to do Rorschach scoring." For more information about Dr. DeCato's Rorschach teaching methodology, see: DeCato, C.M. (1992). *Development of a method for competency based training in Rorschach scoring*. *The Journal of Training & Practice in Professional Psychology*, 6, 59-66. ✎

# SPA Exchange

## Haroian

continued from page 7

graduate schools do not require students to take classes that teach projective techniques. Without experience with the Rorschach and familiarity with the techniques of administration, coding, and interpretation, the misperceptions about what the instrument can and cannot do will persist.

Groups like the Society for Personality Assessment are vital to maintaining the reputation of the Rorschach test and personality testing. As the Midwinter Meeting in Boston approaches, I urge you to invite a colleague to join you at the conference. In the Fall/Winter 1996 edition of the *SPA Exchange*, Membership Facts were listed on page 3. It was surprising to see that some states have as few as three members.

Virginia Brabender wrote, "It is to the benefit of all members to recruit new members." The benefits of being a member are many and do not need to be detailed here. Most likely, if you are reading this, you are a member. Your colleagues or your students may not be aware of the SPA, what we do, and the benefits of membership. Take a few minutes of time to talk about the Society in a meeting or classroom. Give them some information about the SPA; make your copy of the *SPA Exchange* and the *Journal of Personality Assessment* available to those you work with; extend a personal invitation along with an application to someone you feel may benefit from membership in the SPA. I hope to see you in Boston along with some new members. In the meantime I'm off to draft a research grant to see if I can get money to study the differences in responses to Card X and wallpaper.

The next column will deal with the rare phenomenon of F in a Blend. If you have any questions or comments send them to: John Haroian, c/o Western State Hospital, Psychology Department, Mail Stop 16-223, 9601 Steilacoom Blvd SW, Tacoma WA 98498-7213, or e-mail: InkblotPhD@iname.com

John Haroian is a Ph.D. candidate at the California School of Professional Psychology, Fresno campus, and is completing his predoctoral internship at Western State Hospital in Washington. He is involved in ongoing research on personality testing with **Philip Erdberg, Ph.D.** and **Thomas W. Shaffer, Ph.D.** ☘

## Election Results



### Bruce L. Smith, Ph.D.

I am pleased to report that **Sandra Russ, Ph.D.**, has been voted president-elect of the Society for Personality Assessment for the term beginning September, 1997. Because Sandy had a year remaining to her term as treasurer, I have appointed **Constance Fischer, Ph.D.**, to serve out the remaining year as treasurer. Connie was chosen because it was the opinion of the Board that someone already familiar with the particular financial issues facing the Society at this time needed to perform those functions. **Judith Armstrong, Ph.D.**, who lost a close election to Sandy for president was appointed to serve out the remaining year of Connie's term as representative-at-large. Congratulations to Sandra Russ, and welcome back to the Board to Judith Armstrong. ☘

## Letter to the Membership

from  
**Mary Jeanette Cerney, Ph.D.**

Thank you for the wonderful time that I spent with all of you in San Diego and for making arrangements for my flight and for my stay in that city. You were truly most kind and most generous and I am very grateful for all that you have done for me.

How can I ever sufficiently thank you for the many wonderful memories and honors that you have "heaped upon" my sister! Your genuine love and sincerity with regard to my sister have touched me deeply. Also, I am very grateful for the great honor that you have bestowed upon me by making me an Honorary Member of the Society. Just thinking of that honor thrills me no end! You were most kind and most thoughtful and I truly appreciate your kindness.

Also, I am appreciative of the kindness of Dr. Leonard Handler who gave me the singular privilege of bestowing the very first Mary S. Cerney Award.

Good-bye to all of you for now! I am looking forward to the next SPA Meeting being held in Boston in February, 1998. It will be good to see all of you again.

With deep gratitude,

*Mary Jeanette Cerney*

Mary Jeanette Cerney ☘

**Register today...  
to attend the  
Midwinter Meeting  
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See page 3 for details.**

## Rorschach Crossword Puzzle

contributed by  
**Jed Yalof**

### Across

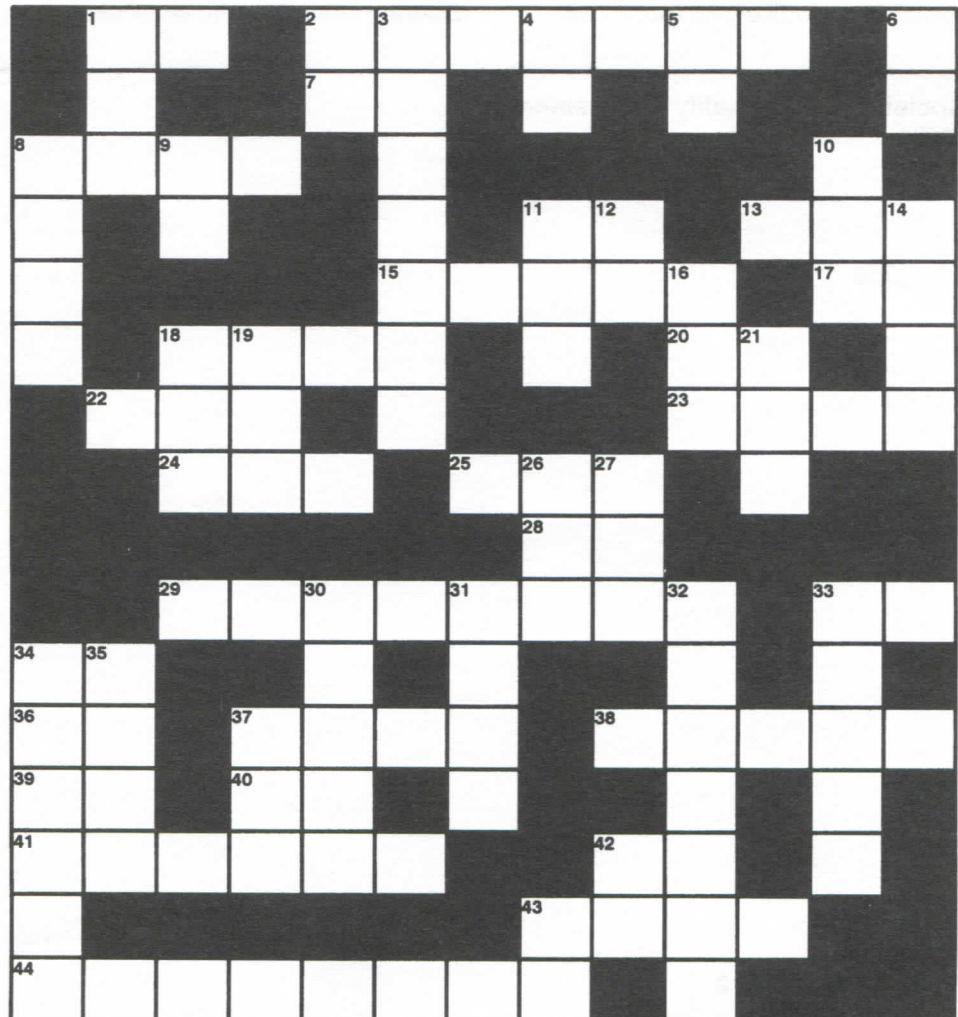
1. Determinant code for "A yellow flower; the shape isn't clear to me."
2. Shading, neither vista nor texture.
7. Card 4: "A man sitting \_\_\_\_\_ a motorbike."
8. Determinants for Card 10, (D1) "Blue crab reflected in the water."
11. Ego's precursor, per Freud's Structural Model.
13. One of the codes to a "sci-fi monster" on Card IX (D3).
15. Special score for "Black snow."
17. "Whole thing II a bat," Card V, location and DQ.
18. What a reflection is not.
20. "It cld b this, \_\_\_\_\_, it cld be that." A good obsessional qualifier.
22. Code Hd for this body part that some say is "good luck" to break.
23. Code FM for this lion activity.
24. Chromatic color.
25. If it happened to a piece of wood, you'd code it MOR.
28. The relevance of a stop watch to the Comp. Syst.
29. Determinant code for "A bear jogging."
33. Content code for "serum."
34. Perspective, but without shades.
36. "An animal's tail" gets this content code.
37. Special score (pl.): "This II a bat," "This II a bat," "This II a bat."
38. Comprehensive System author.
39. Pre-requisite degree for learning Rorschach.
40. "I'm not sure I see \_\_\_\_\_ like u do."
41. The worst of the Special scores.
42. Det. and FQ for Card IX, (W) "LL a cactus."
43. Synonymous with shape (and logic?) in Rorschach jargon.
44. Its absence is a concomitant of the coarctated.

### Down

1. Two different determinants, both showing affect at its purest.
2. Loc and DQ for Card I (D4) "LL a lady."
3. Where the scoring really gets clarified (or confused).

4. Content for "smoke."
5. Content for "building."
6. "What might it \_\_\_\_\_?"
8. \_\_\_\_\_ Association
9. Det. And FQ for Card III (D2) "LL a bird."
10. Hardly "Uddered" on the Rorschach.
11. It cools a drink and gets a content code of NA.
12. A common Location and DQ pairing.
14. The worst kind of form.
16. "Gloomy Gus" gets this Special score.
18. "I," "me," "my," etc. Special scores.
19. X+% doesn't really change with this independent variable.
21. \_\_\_\_\_ Schafer
26. Don't settle for this as a response to Card I.
27. A summer color, it warrants inquiry to determine diffuse-shading.
30. Depth, with shading.
31. Diffuse shading at its purest. Its damp presence is felt in the a.m.
32. Determinant for "The shading makes it feel like that."
33. It stands between the determinants.
34. Special score for "A bird holding a baseball."
35. Likely location and DQ for a picayune, stingy, stubborn type of specific form response.
37. Only a competitive Rorschacher would \_\_\_\_\_ one system against another.
42. Joe Friday's most probable determinant and FQ.
43. Tactile, but with good reason: Det & FQ. ☞

See answers on page 12.



# SPA Exchange

## From the Editor:



Virginia Brabender

In the most recent issue of the *Exchange*, a note appeared at the end of Nancy Kaser-Boyd's article suggesting that readers might contact my office for the full list of references. This proved to be a big mistake! My office was inundated

with written, faxed, and phoned requests. I even received messages at my home. Several people reported their intention to use the article in courses they were teaching which was a hope of the Editorial Committee. Many commented that the article is an excellent contribution to the literature. Nonetheless, I found it to be quite a conundrum that despite all this interest, I received no commentaries on the article for the newsletter. Perhaps some of you are still hunkered down with the list of references. Be assured, the invitation is still open. I'd like to include your contribution in the late spring edition of the newsletter.

The reader of this issue should take particular note of the many Board initiatives described within. Our September meeting was almost dizzying—the abundance of new

ideas that came forth under Bruce Smith's skillful and energetic leadership is absolutely amazing. I can also confess that in my secretarial note-taking capacity, I found our sessions to be wearying. The Board welcomes your reactions to these ideas and certainly "Letters to the Editor" can be one vehicle for feedback.

*Virginia Brabender*

Virginia Brabender

✂

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