Exnerese Psychobabble and the CS

Is there any chance that it could be scanned or even photographed and scanned? I am willing to try to type it up if it is even vaguely readable, because I am sure I would benefit massively in terms of my understanding of these variables and the reports that I write on occasion.

Sally Davies South Africa

On Wed, May 5, 2010 at 9:27 PM, Jeanette Hawkins <mohawk@consultant.online.no> wrote:

Dorothy, Please add me to the list of members who would like access to such a dictionary. Jeanette Hawkins, Ph.D. Licensed Clinical Psychologist

Steve,

Thank you for your post. My Rorschach teacher, Dr. Nancy Rains, had us create a dictionary of Exner terms, explaining the terms in clear English that I use to this day. I have been trying to improve my ability to communicate in reports and to describe the person, not the test since I started doing assessment. In that quest I have found sharing the results with the client really helps me understand what the Rorschach is telling me. For example, just yesterday a client explained his high L, FD, and high (H), high MOR and low egocentricity scale to me as meaning he is always putting others up on a pedestal believing they will tell him how to advance his career and tell him what he is really meant to do in his life. Then he becomes disillusioned to finding out he knows as much or more than they know. I do not know of any other test that would have brought this to light. I also steal shamelessly from other people's reports. I look to this listserve to gain a much deeper understanding of not just the test but of human nature.

Thank you again for expressing the need to communicate so elegantly.

Dorothy Edelson, M.A., Psy.D. Licensed Psychologist

Hi Rick (again),

Let me comment on a few of your comments here.

Steve,

I'm not quite clear on your point about the language of reports. I made contradictory seeming statements about the language of reports. Therefore, to start, here is what I think:

1. Reports should be comprehensible and digestible to their intended audience. To engrain this in my students, I ask them to imagine their audience is someone with a BA in general liberal arts. Try to get it so that they can read the report without a dictionary or outside reference. Often, with, for example, LD reports, this requires putting a fair amount of technical info in the report.

2. Often what is required to write the report involves a technical understanding that is not really contained in our "folk psychology" natural language, and hence if one is not to be merely condescending -- speaking to adults like we speak to children -- then some amount of technical education is necessary in most reports. "Reality testing" of the type you describe below is one such variable, so it is not really easy (possible?) to describe a Rorschach with poor form quality and a few real Confabs in someone who is not noticeably psychotic, unless one gives some technical explanation in language the person can understand.

3. The education of the audience -- the explanation of our technical terms -- can be done to some degree. I do not refer to scores nor to variables in the report, with the exception of cognitive reports, and there, I print out and include all the scores. I usually use the Woodcock Johnson, and when I do, I already have "boiler plate" to explain all the factors, indices, etc., and I attach the printout to the report. All of this so I can easily refer to the stuff in a report. This is also so and the same thing if I use the Wechsler.

1.   4. Regarding the Rorschach, my objections to Exnerese interpretations are not based so much on the need to explain complex constructs, although some of our Rorschach variables are indeed complex. Good examples are, the Exner phrases, "cog mediation", "information processing," "ideation", "over- under-incorporation", "extratensive", "introversive", "translations". I would be reluctant to use these

terms, for different combos of the following reasons: a) some parts of Exner's theory of the test, e.g., the response process, is not completely validated, e.g., the so-called "cognitive triad" as a theory of the Rorschach response process has not been sufficiently tested; b) some Exnerese based interpretive terms are well defined and understandable, but only in the regard that they are operationally defined, For example, "over incorporation" is fully defined as $Zdiff > 3.0$; So is "extratensive", defined by the dif between terms in the EB. The latter has a larger range of validation than the former, however, in terms of external correlates. The term "translations", as Exner talks about construals (explanations based upon grammatical structures) of the blot, trying to point to a mental process by which one comes up with the response, is not at all defined. c) Even if those terms were al well validated against external correlates, the intended audiences, lay people and usually the majority of psychologists cannot understand them. I think this latter point is the one you are most strongly insisting upon. The former two are also reasons I object to Exnerese. However, (maybe you do not agree with this) I don't believe that all important evaluation findings can be easily understood by the average BA in liberal arts.

5. At times it becomes very difficult to convey important findings in ordinary language. At some point, we need to realize that our findings may be becoming sufficiently complex. This simply cannot be done except in a sort of metaphorical way, and there is the danger when we do that of being taken as condescending. One example is the concept of an attachment style. As Bowlby defined that term, which derived from ethology and as it has been operationalized, it has to do with the activation of a very specific system. Among adults, there are only two measures of it, one an interview, and another picture story-telling task. There are many paper and pencil measures, but they are not based on ethological theory. They are actually about distress and closeness. Unfortunately, it has become embedded in our psychobabble that the latter is regarded as the same as the former. The term "attachment disorder" which originally had at least Bowlbyesque implications, now it is used in very different contexts to refer to conditions, some of which are trivial, some quite bad, but totally stripped of any real, genuinely ethological underpinning. To explain findings based on the former tests really takes some educating. It is an example of what I mean. So is the explanation of reality testing or dissociative state.

6. Ergo, while I believe it is best to write reports that can be understood by the average BA in liberal arts, I also believe that doing so should not gloss over the deep meaning of our findings. I t should not "dumb down" or speak metaphorically about our concepts to miss our initial purpose. Our purpose is to be informative, but if our findings are technical and complex, we risk obscuring the information if we pretend like we are giving a thorough account, but it is only a silly caricature of our variables. My problems with Exnerese are not the same as this concern. My Exnerese concerns are stated at four and above, and again they go beyond comprehensibility to lay

people.

Hence, I would disagree with your saying that if technical terms must be used, they should be ones that lay people would know. Lay people don't know what "reality testing" means, but it's a highly useful concept, I very much agree with your caveat about putting Exnerese into reports, but maybe for more reasons than you do.

Our discussion about Zdiff has been pretty far removed from the G5's vicious reform efforts (yuk yuk). Given Bob E's recent post, I think it just makes sense to sit and wait on that. I do not think I had stated that it is regularly clinically useful. My point is rather that it is very different dismiss the nexus of variables in which it is embedded.

I think a good report is one written substantially in plain English. If a technical term must be used, it should be one, which the reader can be expected to know.

When I taught doctoral level assessment some 20 years ago, I began the course by stating that it would be conducted in plain English, and, if someone could not explain something in plain English, my assumption would be that s/he didn't understand it adequately. I also asked the students to hold me to that standard.

To beat the Zdiff horse to death … I am still interested in how it was reassessed by the G5. PubMed did not turn up much. Nevertheless, speaking more generally, I'll add this. If, after taking a detailed history from the patient and collaterals, and after administering a full battery of tests, I still can't find anything that supports the usual interpretation of Zdiff, I'm willing to entertain the possibility that it's just plain wrong. This happened often enough with Zdiff that I lost faith and interest in it. I am very reluctant to go into Exnerese to try to jam something into a report that I think may be an error.

I do not feel that way about other variables. If I see, for example, poor perceptual accuracy and some special scores indicating cognitive slippage, I will comment on it whether or not the history is consistent.

Why, because I can recall, many years ago, minimizing similar test results because the individual did not show any clinical sign of thought disorder. Then, a year or so later, I got a phone call telling me that the patient had a full-blown break. Since then, I have predicted problems with thought quality long before they occurred on many occasions. Those variables just plain work.

This reasoning applies to several other variables. I would not suggest minimizing signs of thought disorder or mood disorder, or a few other things, whether or not the

history or other test results are supportive.

However, I have never received a call telling me that I missed anything related to Zdiff interpretation.

Rick