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## MASTER LECTURE

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# Collaborative, Individualized Assessment

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Collaborative, individualized assessment is an approach to psychological assessment in which the assessor and the client work together to develop productive understandings. Collaboration is a means of individualizing the assessment—its process, resulting suggestions, and written accounts. In this approach, life events are regarded as primary data. Test scores, categories, and related research are used as bridges into a particular life and as tools for then exploring that life. This article, an invited Master Lecture presented at the 1999 Society for Personality Assessment (SPA) meeting, presents examples of contextualizing, intervening, describing in life-world terms, and writing individualized reports with suggestions. Historical struggles to promote individualized assessment and current openness to its practices, especially within SPA, are mentioned. A hermeneutic approach to impression formation is described.

There is no other group with whom I would more like to have this opportunity to share my work. I truly thank the Society.<sup>1</sup>

I will speak first about principles and practices of collaborative, individualized assessment, about its history and current trends, and about individualized report writing. At the end, I will speak a bit about the philosophical assumptions and the process of impression formation that, for me, ground the practices. However, psychologists from diverse orientations have practiced in similar ways.

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<sup>1</sup>I also thank SPA President Sandra Russ for her kind introductory comments, for her characterization of my early work as pioneering, and for noting its relation to my similarly grounded efforts in the area of qualitative research.

## WHAT IS COLLABORATIVE, INDIVIDUALIZED ASSESSMENT?

Collaborative, individualized assessment is an approach to psychological assessment in which the assessor and the client work together (*co-labor*) to develop productive understandings of this *individual client*. Collaboration is a means of individualizing the assessment—its process, resulting suggestions, and written accounts. In this approach, life events are regarded as primary data, and test scores, categories, and related research are regarded as secondary data derived from life. Test scores, categories, and related research are used as *bridges* into a particular life, and then as our *tools* for exploring that life. In short, the *life world* is given priority in individualized assessment.

This is an approach to assessment for when we choose to go beyond answering a request limited to classification (e.g., is this person psychopathic, brain-damaged, gifted?). I think that most of us, when we have deemed it appropriate to go beyond classification assessment, have engaged in some or all of the following practices, at least to a degree. I hope to encourage fuller adoption, adaptation, and innovation. Almost needless to say, this approach, like all others, works best with clients who are interested in exploring their lives and options. It works least well, again like all other approaches, with persons who are limited in their reflective skills or who wish not to reveal themselves, as in many forensic situations. Nevertheless, I find that to the degree that I manage to individualize the assessment, to that degree I assist all parties in understanding the assessee as a person.

## PRINCIPLES AND EXAMPLES OF INDIVIDUALIZED ASSESSMENT

The following principles overlap and imply each other. They are practiced throughout the assessment.

### Collaborate

Client and assessor discuss the purposes of the assessment and then co-labor to reach useful understandings. This is not merely feedback by one person at the end of an evaluation. Instead, both parties may work together throughout the assessment to revise their evolving impressions. The client is engaged as an active agent.

For example, in a workshop demonstration of collaborative assessment practices, a participant, John, presented a problem to explore:

I see myself as methodical and responsible, but my supervisor just marked me down for being “disorganized and inefficient.” He says that each time he

walks through my area, I'm not being serious about my work. This kind of thing has happened to me before; I just don't get it.

After we discussed other instances, as well as times when John had been seen as methodical and responsible, we began with the Bender–Gestalt. John indeed looked as though he was not taking the task seriously, what with his legs stretched out in front of him and his closed left hand supporting his left cheek as he drew with only his right hand. We workshop participants watched, puzzled, as John copied the designs in most unusual ways. On the first design, he completed half of the circle, then the far corner of the diamond, a quarter of the circle, and then one line of the diamond, and so on, to completion. All the designs were copied similarly in what seemed to be a casual, haphazard manner. To the observers' amazement, the finished page was neat, precise, and completed in only 5½ minutes. I confirmed to John the precision and efficiency of his effort, and added, "But I'll bet we've just seen what your supervisor sees!" I shared my earlier confusion about what he was doing and my surprise when the designs turned out so well. We went on to talk about specific ways in which he could let his supervisor know that in fact he is on his way to the desired work product.

The following is an excerpt from a discussion with a client. It begins with a hunch from her Rorschach (low *Afr*, and *Zd* = -4):

Assessor: From some of your scores, I wondered if you have often avoided complex or emotional situations?

Client: No, that's *not* it!—What it *is*, is that I have the *courage to hang in*. I just choose something to hold on to 'til I get through the situation.

Assessor: Like you pressed so hard on your pencil but didn't check back against the card [Bender–Gestalt]? (Client nods slowly.) So what we called "being determined" is also a way of keeping things simple, of getting through?

Client: (after a long pause, then laughing) Like a horse with blinders plodding straight ahead!

### Contextualize

Earlier, the assessor has asked the referring party for some of the actual events and their contexts that led to the request for an assessment. Often, the ensuing discussion obviates the need for a formal assessment. To begin the assessment, the assessor also asks for the client's understanding of the referral. In the case of Ms. Seale, a therapist asked for an assessment of suicidality. The context of the referral turned out to be that Ms. Seale was very quiet in sessions, seemed despondent, and would not answer the therapist's questions about whether she was feeling "self-destructive." When I

asked Ms. Seale about her therapist's concern, she explained that she had not understood that self-destructive referred to suicide. She did sometimes think that she could not wait much longer for life to get better but had not thought of killing herself. After a little more discussion, we agreed that we had answered the therapist's question.

When I asked Ms. Seale if she had questions of her own, she said that she wondered if we could find out why she is slower than workmates at learning new procedures. We then used tests to explore when and how that relative slowness might occur. We found through a Wechsler Adult Intelligence Scale–Revised subtest (Digit Symbol) and the Bender–Gestalt that Ms. Seale waited for others to take initiative when she felt that they were supposed to be in charge. Whether from supervisor, therapist, or assessor, she waited for instruction rather than either asking for clarification or jumping in to try out her hunches. We discovered that she was also slow to act in other unfamiliar circumstances, finding herself afraid that she might be criticized. However, we identified *when nots* of this problematic approach: Ms. Seale reported that she “roughhoused” with her little nephews, argued with her younger sister, and initiated new arrangements of the candy bars in the movie theater where she clerked. By looking into life contexts, we discovered some ways in which Ms. Seale surpassed, as well as exemplified, her therapist's characterization of her as being passive–dependent. Then, through role-playing revised beginnings of the Digit Symbol subtest, the Bender, and a therapy session, we developed starting points through which she could ask me and her therapist for clarification and could even venture her opinions. Ms. Seale spontaneously noted that from then on, when she used the same active approach in her job setting, she would no longer be slower than all her officemates to learn new tasks.

We have seen in these examples from John's and Ms. Seale's assessments that exploring contexts allows us to reach people in their worlds, from which they extend, grow, and change. Indeed, we are reminded that just as we are not static as we engage our clients, so too are they in lively flux—they are not an assemblage of traits or even of set patterns of dynamics.

## Intervene

To collaborate, the assessor may interrupt standardized procedures at natural breaks, such as at the end of a subtest. The assessor also may interrupt the client's movement to explore alternatives. In other words, the goal is not just to describe or classify the person's present state but to identify personally viable options to problematic compartment. For example, Ms. Plock's initial Thematic Apperception Test stories were all about characters who were stymied by outside factors. After handing her the next card (10, which shows a man and woman perhaps dancing or otherwise close to one another), before she could begin, I interjected, with a grin, “He's not going to move, because *he doesn't know* what she's up to; she's not going to move because *she doesn't know* what he's up to; so they'll just be there *forever*.”

Ms. Plock looked at me quizzically, fell silent, and then challenged me to tell a different story. I suggested that the card might show a couple in a quiet moment, both thinking about news they had received about their son. Then, again grinning, I said, "Your turn." Ms. Plock sighed and said she guessed she was supposed to figure out something other than her usual reactions; with that she told a story of a couple in a retirement community, dancing after dinner in the dining hall. I congratulated her and presented further cards. In the process, she began to recognize her habitual inclination to look for danger rather than for opportunity. On Card 14 (the silhouette of a man at a window), she smiled meaningfully at me, and announced that the man was thinking of the serenity prayer, and trying to acknowledge that he has to be alert to real danger but that he can also be open to trusting at least some people. Thus, rather than just documenting Ms. Plock's vigilance, we also assessed her readiness to try to move on, and we developed some ways that she could begin to do so. We spoke of her learning to recognize that pulling back suspiciously is a landmark indicating that if danger is not confirmed, she could then venture toward opportunity.

### Describe

While collaborating, the assessor uses clients' words, in part to deepen clients' efforts to communicate their own meanings but also to help the assessor to feel his or her way into clients' worlds. For example, "Tell me what you already understand about how this 'dirty bastard' has gotten you so worked up." However, when clients use abstractions, especially constructs, the assessor asks clients to provide concrete examples so that they both are addressing life events. For example, when an undergraduate, Karyn, said that what she wanted to explore in the assessment was how to overcome her procrastination, her graduate student assessor said: "Uhm. Procrastination. Tell me about some times that you have procrastinated." During the ensuing narration, the graduate student continued to word her reiterations and understandings in verb form, so both were describing actual past actions rather than relying on a construct. For example, the assessor said, "So 'putting off' your English essay and 'putting off' writing the Dear John letter have been typical of what we want to explore?" Gradually, Karyn, too, spoke in terms of representative actions rather than in terms of traits or causal dynamics.

Later, written reports also describe situated action. Explanation through constructs is not necessary. I will share some excerpts from reports shortly.

### Respect Complexity, Holism, and Ambiguity

All of the preceding examples of interaction with clients seem pretty simple, and in a way, they are. However, they respect the complex interrelations of our lives; they do not reduce lives to a variable or to any system of explanation. The goal is understanding rather than explanation. Although never complete, understand-

ing via an assessment is adequate when it assists interested parties to similarly comprehend a situation, and when specific, viable individualized suggestions for change have been developed.

Communicating via concrete, contextualized examples evokes listeners' and readers' own lives, which allows fuller communication beyond the assessor's sentences. Carefully described incidents can convey a holistic sense of how a person lives his or her past on the way to a future, dealing with perceived obstacles, dangers, and invitations en route. That much of the person remains ambiguously implied is not necessarily a reflection of deficient knowledge, but is rather an accurate reflection of human ways of understanding before we impose artificial, categorical clarity. A judicious mix of these two modes generally best serves the interests of our clients and colleagues.

I do struggle to find ways of speaking that reflect the life world and yet do not mystify. For example, I am inclined to avoid speaking of *behavior*, which can be taken to be separate from affect, cognition, motivation, and so on. Instead, I may speak of *comportment*, etymologically implying, as in the French *se comporter*, to carry one's self, which implies style, burden, direction, and so on. Unfortunately, for many people, comportment instead means good or bad behavior for which they received grades in grammar school! Most often I use the term *action*, which I hope implies beyond behavior, selection, purpose, cognition, and accompanying affect.

### INDIVIDUALIZED ASSESSMENT: THEN AND NOW, NOW AND THEN

Now that I have provided a sample of individualized assessment practices, before going on to provide an excerpt from a written report and some related principles, let me briefly address my history with individualized assessment and some broader current developments.

I think that many if not most psychologists have practiced some if not all of the principles and practices that I have just reviewed. However, surveys indicate that very few have done so systematically. Hence, publications on report writing continue to plaintively urge that reports be client oriented and reader friendly rather than being test oriented.

My own route into collaborative assessment was one of becoming dissatisfied with what I had at first enjoyed, in my graduate training in the 1960s, about piecing together parts of puzzles, finding an immediate utility of psychoanalytic theory, and delivering a logically derived laboratory report. Although I was proud of my skills, I gradually acknowledged to myself that the reports often were not particularly helpful to the patients. Even more gradually, I began to acknowledge that both the assessment process and the resulting reports were often destructive to patients' self-respect. Clients were indeed called *patients* in those days, and our job was to administer tests, whose pattern of scores would explain what was wrong

with that patient. The bottom line, literally, of our reports was “diagnostic impression” (psychiatrists pronounced *the* diagnosis). To arrive at the diagnostic impression and at psychodynamic understandings, even kindly psychologists put a patient through hoops, all the while observing and taking notes. This approach, it seemed to me, implied to the patient that elicited and emitted responses would tell us all we needed to know and that aside from reporting history and symptoms, the person did not have anything important to say about what was wrong.

Indeed in the late 1960s, when I first began submitting journal manuscripts about including clients as co-assessors, the rejection letters were inevitable, fast, and brief. Editors informed me in stark prose that my practices were unprofessional, unethical, and harmful to patients. Some editors asked me not to submit future manuscripts to their journals. Most said that it made no sense to talk to patients because they did not know the real nature of their problems; depending on the journal, it was assumed that pathology was caused by learned response patterns, unconscious dynamics, or neurological impairment. Editors believed, without reading the full manuscripts, that assessment reports could only be written in jargon and could only emphasize pathology and limitation, with a few “strengths” tossed in; hence, patients who read reports would not only not understand them but also would be harmed. Some reviewers commented that we psychologists no longer would be respected as experts if we collaborated with “testees” (as they were called), especially if we wrote in ordinary language.

In 1970, the *Journal of Counseling Psychology* published my article, “The Testee as Co-Evaluator” (Fischer, 1970). I think that the counseling field, being less involved with pathology, and being conversant with Carl Rogers’ work, was more open to collaborative work than was clinical psychology. After that, I heard from other psychologists who were relieved to find the article; its being in print, especially in an American Psychological Association journal, legitimized their own similar inclinations. Nevertheless, as you know, a ground swell for life-oriented, collaborative assessment practices did not occur.

Still, being able to cite the co-assessor article, it was much easier for me to publish such papers as “Paradigm Changes Which Allow Sharing of Results” (Fischer, 1972a), “A Theme for the Child-Advocate: Shareable Everyday Life Events of the Child-in-the-World” (Fischer, 1972b), “Contextual Approach to Assessment” (Fischer, 1973), and so on. Then, while taking a Comprehensive System workshop with John Exner and Irving Weiner, I found myself in a conversation with them at a break, and Exner asked me to say more about where one of my questions had come from. I spoke a bit, and he and Weiner (then editor of *Journal of Personality Assessment [JPA]*) suggested that I submit an article. They seemed serious, but still I was incredulous. But lo, in 1979, *JPA* published “Individualized Assessment and Phenomenological Psychology” (Fischer, 1979). This was the first time that I spelled out fairly fully what the approach was. (Other representative publications on psychological assessment from the 1980s to the present include Fischer, 1980,

1982, 1989, 1994a, 1994b, 1998b; articles on underlying philosophy and theory include Fischer, 1977, 1998a.)

Moving on, in 1985, Brooks-Cole published my textbook, *Individualizing Psychological Assessment* (Fischer, 1985/1994a). However, they marketed it only through their counseling series. By 1993, the run was depleted, and they gave me back the copyright, saying that the book was not a large seller (which I knew!). When I mentioned to Phil Erdberg, at a Society for Personality Assessment (SPA) meeting, that I was just going to let it all go, he suggested that, right at the conference, I “talk to Larry,” who turned out to be Larry of Lawrence Erlbaum Associates, Inc. The book was quickly reissued along with a contract to publish a second edition; Erlbaum has been very patient with my delays.

In the meantime, in the early 1990s, I met Steve Finn at an SPA meeting. While at the University of Minnesota, he already had been looking for ways to use the Minnesota Multiphasic Personality Inventory (MMPI) in particular but also assessment in general, explicitly for therapeutic purposes. My own efforts had been geared toward humanizing the assessment process, making it less harmful, making it more useful for all parties, and allowing clients to grow through the process. I had not thought of it as therapeutic, in that I reserved that term for its older meaning of thorough-going transformation. By now, with the advent of short-term therapy and with Finn’s innovations, I fully agree that collaborative assessment is indeed therapeutic. Sometimes it “just” helps clients focus on the impact of habitual or taken-for-granted styles; at other times, it leads to profound insight. Very often, as clients later follow suggestions from the assessment, they develop further understandings and revise their comportment accordingly.

At any rate, when I met Steve Finn, he told me that he had been pleased to find my work and that he had based the workshop he was giving at that SPA meeting partly on material in my book. I accepted an inch-thick handout from him and that night dutifully flipped through it. Hours later, now reading and rereading every page, I discovered that my eyes were welling with tears as I encountered his wonderful, depthful, caring examples of what he came to call *therapeutic assessment*. Even where he had borrowed, with credit given, from my work, he presented my narrative text in flowchart form, which proved to be clear, appealing, and useful. His workshops, with videotape illustrations, and the training he has provided at the Center for Therapeutic Assessment in Austin, Texas, have introduced hundreds of psychologists to this approach. Moreover, he has published and encouraged systematic research that has shown that clients report less distress, more hope, and higher opinions of themselves after receiving collaborative feedback on MMPI testing. Such research, along with some of his videotapes, convinced several large managed care organizations (MCOs) to allow Finn to bill portions of psychological assessments as psychotherapy. These same MCOs also refer clients to the Center for Therapeutic Assessment. Moreover, clients now come directly to the center with their own requests for what they would like to explore via assessment.

Other psychologists, although not identified with collaborative or therapeutic assessment as such, have been working in similar ways. Paul Lerner and Len Handler for several decades have practiced, taught, supervised, and written about experience-based, or “experience near,” assessment. Their reports are immediately helpful in understanding the worlds of their clients. (Paul is presenting at this conference on report writing and presenting feedback.) Phil Erdberg regularly relates Rorschach constellations to possible everyday life situations. Anna Marie Carlson and Thomas Lindgren, our Swedish SPA colleagues, are developing an empirically based client checklist of behaviors and experiences that might be related to the client’s Rorschach scores. Phillip Caracena’s most recent RorScan program includes a list of life-related statements that can be checked directly with clients. Most current MMPI books suggest “nonjargony” ways of providing feedback to clients. Steve Finn (1996) published a handbook devoted to individualizing MMPI feedback (see also Finn & Tonsager, 1997). This morning, members of Exner’s Research Council reported their pursuit of research involving “reasonable life criteria” and “ecological validity.”

I am aware of many other instances, but I would greatly appreciate your letting me know of your own related approaches, examples, and of literature references to your own work or to that of others, so that I might include them in that next edition of *Individualizing Psychological Assessment*. I am also interested in collecting further instances of what we now call *collaborative* or *therapeutic assessment* that you encounter in the writings of our founding assessors. I noted several in an earlier award ceremony honoring Dr. Piotrowski. Many of our early personality theorists and assessment founders were more life- and person-oriented than is often recognized by contemporary psychology.

There still is no ground swell of individualized assessment out in psychology at large; indeed, it is still *now and then*. Nevertheless, I think that as psychology has proven itself as being both scientific and useful; its practitioners are becoming more comfortable about addressing the life world directly. Moreover, society’s expectations are shifting: Citizens want straight talk, MCOs want client satisfaction and life change, and APA’s Psychological Assessment Work Group (Meyer et al., 1998) called for development of assessment that all parties readily see as immediately useful. Of course, I think that the practices we have looked at here fit the bill.

## INDIVIDUALIZED REPORT WRITING

Now I return to specific practices, namely writing individualized reports. I tell my students that if they cannot write their reports in terms of everyday events, they do not yet know *what in the world* they are talking about. Our assessments and reports are not just *experience near* but are *life near*; they address past events that were explored during the assessment as well as events that occurred during the assessment.

Some reports are written as letters to the client. For children, we sometimes write fables (“Once upon a time there was a little boy, about 5½ years old, who lived in a cave ...”). Even if the report is written for others, clients may read and add comments directly on the report. Reports sometimes designate certain impressions as being ones about which client and assessor have agreed to disagree.

We write in first person, active voice, using verbs rather than constructs. If technical terms are necessary, they are explained parenthetically. We write in past tense so that it is clear that particular comportment is not inevitable but rather did occur before. These reports put all participants “on the same page” with regard to characterizations of the client; we are all talking pretty much about the same events.

Here is an excerpt from a letter to a woman who undertook an assessment with me, to explore why other people often misunderstood her and to explore how she often managed to sabotage her own progress. We had already discussed these themes during the assessment; the letter and report were meant to serve as a record of our findings for her and her therapist. The report begins with some images I recalled of her:

Sometimes you sat in quiet reflection, slouched back in the chair in your roomy shirt. I knew that you were open to what I had to offer as well as to your own musings. I was struck by the contrast between that potentially vulnerable posture and what strangers might take as the (defiant?) boldness of your 1/3" haircut, nose stud, and single large earring.

A second recollection: There were your immediate, vociferous protests (as in “NO WAY!!!”) to some of my suggestions, such as that you might be depriving yourself of being taken care of.

A later section of the report read

We also saw clear indications that both your developmental years and recent life have left you with a different way of reading situations and of dealing with them. We agreed that you often have confused other people, and in turn found yourself confused about the difference between their and your perceptions of you. ... It seems that your way of dealing with new, complex, stressful situations has been to leap in, just keep on going, and to sort of force details to fit into your quick overview (remember our discussion of the woman on the raft on the inkblot?). When you’re caught up in this style, it’s next to impossible for you to be analytic, which you have done very well at other times.

A suggestion here would be that *when you recognize yourself moving into a new, complex, stressful situation, that you pause and ask yourself how other people in the scene might view it, and what their concerns might be*. Actually, you did this with me throughout our sessions. At least you readily slowed

down and considered my comments and questions, and genuinely helped me to understand. ... *So maybe the implication is to slow down in these circumstances and ask yourself what other people's questions might be, even before they ask you.*

Please note that using first person, active voice, past tense for past events, and verbs instead of constructs attuned all participants (client, assessor, other readers) to the client's actual life and to her choice points and possibilities. We also see hints of how the collaborative process already had been helpful.

### SOME COMMENTS ON PRACTICES

While clients are engaged in an assessment task, drawing Bender designs, or whatever, they are living out a situation similar to others in their past. Those past situations become available in ways beyond words. Similarly, concrete events mentioned in reports evoke more than cognitive recall for the client. What is more, the contextually and concretely described events reverberate with readers' similar past happenings, allowing their own lives to be a resource for understanding more than is said. Likewise, the assessor uses his or her own life and current experiences of the client as a resource for understanding. Examples of the assessor's participation are included to help readers to see aspects of the context in which clients emerged as described by the assessor.

I hope I have illustrated how individualized assessment enters the client's life, within which corrections to assessor impressions can be made, and where client and assessor can locate landmarks that the client recognizes as signs to change his or her course in ways that have already proven to be personally viable.

### FOUNDATIONS AND THE PROCESS OF IMPRESSION FORMATION

In general, individualizing practices are consistent with contemporary respect for the notion that humans can know the world only in human ways. This means in turn that our knowledge is always perspectival, always formed in part by our times, interests, values, and methods. Humans are always in relation to the world; we can know it only through our relations to it. The goal of science in a contemporary philosophy of science, then, is not to arrive at truths about an independent world. Rather, the goal is evolve coherent patterns of understandings with perspectives and interests specified. So although materialism and logical positivism served their purpose in their time, they no longer serve as the only philosophy of science. *Em-*

*pirical* now includes its early meaning of “evident to the senses”—evident through viewing and listening.

In contrast to speaking of clinical inference based on logical induction, deduction, and statistical inference and decision making, I think in terms of impression formation and of open-ended efforts to revise and expand understandings. I regard assessment reports as progress reports of joint understandings of the individual and of the success of suggestions to date.

The method of developing, reforming, extending, and refining impressions is hermeneutic. That term refers to interpretation but not in the sense of “this means that.” Rather, it refers to a long, scholarly tradition of the searcher’s developing his or her understanding by circling repeatedly from an observation back to context or to larger prior comprehensions, then back again to observation. Each movement transforms understandings of what was observed, the context, and earlier comprehensions. The circling continues until the scholar’s efforts have achieved a usable or otherwise desired level of articulation and coherence. What is observed could be a printed text, like the Bible or Freud’s writings, the text of a conversation, or aspects of a person’s life as presented to an assessment psychologist. When I am engaged in an individualized assessment, the question I pose to my “texts” is, How is this person co-authoring his or her world, and what options are available within that world?

The hermeneutic quest moves repeatedly among the presented issue, the client in front of the assessor, theories of development and personality, research studies, statistical norms, the client’s history, diagnostic traditions, previous clients, and the assessor’s own life. Impressions and questions form and reform, both thematically and vaguely. Eventually the assessor—and in collaborative assessment, the assessor and the client—reaches useful, coherent understandings of the presented issue. The assessor, however, is responsible both for being able to document the sources and coherence of impressions and for being disciplined, especially in regard to using his or her own life as a resource. Assessors should be trained as are therapists in self-awareness.

By way of concluding, let me say that much of what I have presented is, as my 1st-year students tell me every year, *common sense*. I hope and anticipate that we will continue to find ways to talk about and develop such practices so that they become more *commonplace*.

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Received August 29, 1999