

Abstracts from the first Special Section in the Special Series on the
Utility of the Rorschach for Clinical Assessment
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Introduction to the Special Series on the Utility of the Rorschach for Clinical Assessment
Gregory J. Meyer

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Psychologists have debated the clinical utility of the Rorschach for many years. In an effort to bring greater clarity to the relevant issues, a Special Series was organized for this journal. With the exception of a neutral, meta-analytic review, articles for the Special Series were solicited from scholars known to have opposing views on the Rorschach. The authors agreed to engage in a structured, sequential, and scientifically grounded dialog that focused on strengths and limitations when using the Rorschach in applied clinical settings. The debate takes place over the course of three iterations, with later articles building on and reacting to those generated earlier. This Introduction provides a rationale and overview for the full Special Series. In addition, it briefly describes the five Special Section articles published in this issue of *Psychological Assessment*. Five additional articles are expected to be published in an upcoming Special Section. In combination, these two Special Sections should provide clinicians, researchers, educators, and students with the most thorough, empirically rigorous, and up-to-date evaluation of the Rorschach's clinical utility.

The Rorschach: Toward a Nomothetically Based, Idiographically Applicable Configurational Model

George Stricker; Jerold R. Gold

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The authors argue that the Rorschach can and should be used best with a nomothetic foundation that adds an idiographic approach depending on the goal of the assessment. The research supporting this position is reviewed as are conceptual models that are advantageous to this conceptual position. The authors posit that method variance has a powerful impact on the measurement process. Each method is of value in some areas and of limited relevance in others. Self-report measures are most likely to be useful when interest is focused on consciously available and behavioral dimensions of functioning. Depth-oriented, indirect measures such as the Rorschach are most likely to be useful when interest is focused on unconscious, longitudinal, and structural dimensions of functioning. However, to have a full picture of human beings, heteromethod assessment is necessary to capture the full range of functioning and to implement the analytic model of assessment.

A Review of Recent Research Addressing the Utility of the Rorschach

Donald J. Viglione *Psychological Assessment*, 1999, Vol. 11, No. 3, 251-265

To address the utility of the Rorschach, the author synthesized a large sample ($N = 138$) of empirical, quantitative research published in the past 20 years. Longitudinal and behavioral criteria and ecological incremental validity beyond self-report and interview were emphasized because of their relationship with test applications. Methodological issues (temporal consistency,

diversity, clinician judgment), applications (treatment outcome, schizophrenia, thought disorder, depression and suicide risk), and selected Rorschach variables are addressed. The evidence reveals that many Rorschach variables are efficient tools for clinical, forensic, and educational applications. The test is particularly useful in (a) individualizing case conceptualizations and interventions and (b) predicting and evaluating outcomes. These conclusions are consistent with using the Rorschach as a behavioral problem-solving test that illuminates the interaction among psychological, biological, and environmental factors.

The Clinical Utility of the Rorschach: Unfulfilled Promises and an Uncertain Future

John Hunsley; J. Michael Bailey

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The empirical evidence on the Rorschach is reviewed using three definitions of clinical utility: (a) the nature of professional attitudes and extent of clinical usage, (b) the extent of evidence for reliability, validity, diagnostic efficiency, and incremental validity, and (c) the extent of evidence that Rorschach data improve clinical decision-making and/or treatment outcome. Surveys demonstrate that the Rorschach is extensively used; however, these data are insufficient to demonstrate clinical utility as they do not address the rational, scientific, and ethical requirements of professional standards for psychological measures. After reviewing conceptual issues in Rorschach research (especially those in the Comprehensive System) the authors conclude that there is little scientific evidence to support the clinical utility of the Rorschach. Given the absence of data evaluating how the Rorschach is used in routine practice and whether its use is consistent with the manner in which it is used in research, there is currently no scientific basis for justifying the use of Rorschach scales in psychological assessments.

A Comparative Meta-Analysis of Rorschach and MMPI Validity

Jordan B. Hiller; Robert Rosenthal; Robert F. Bornstein; David T. R. Berry; Sherrie Brunell-Neuleib

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Two previous meta-analyses concluded that average validity coefficients for the Rorschach and the MMPI have similar magnitudes (L. Atkinson, 1986; K. C. H. Parker, R. K. Hanson, & J. Hunsley, 1988), but methodological problems in both meta-analyses may have impeded acceptance of these results (H. N. Garb, C. M. Florio, & W. M. Grove, 1998). We conducted a new meta-analysis comparing criterion-related validity evidence for the Rorschach and the MMPI. The unweighted mean validity coefficients (r_s) were .30 for MMPI and .29 for Rorschach, and they were not reliably different ($p = .76$ under fixed-effects model, $p = .89$ under random-effects model). The MMPI had larger validity coefficients than the Rorschach for studies using psychiatric diagnoses and self-report measures as criterion variables, whereas the Rorschach had larger validity coefficients than the MMPI for studies using objective criterion variables.

Two Methods for Studying the Incremental Validity of a Rorschach Variable

Robyn M. Dawes

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The MMPI can be scored by a clerk. Also, both the number and form level of Rorschach

responses can be easily assessed. Other Rorschach variables should be examined for their incremental validity beyond number of responses and form level, or from these variables plus simple MMPI variables. This study applied multiple regression analyses to 2 data sets with reasonable criteria of pathology that were predicted by W. Perry and D. J. Viglione's (1991) Ego Impairment Index considered alone. The index had only slight incremental validity over and above the number of responses and form quality, and even less when the average MMPI elevation and L. R. Goldberg's (1965) formula for predicting psychosis versus neurosis were entered before these Rorschach variables. Another way of assessing incremental validity is through the use of unit weights, that is, adding standardized variables weighted equally rather than optimally. The unit-weighted incremental validity analysis resulted in the same conclusions.