What the Rorschach Can Do for You: Incremental Validity in Clinical. Applications

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WHAT THE RORSCHACH CAN DO FOR YOU: INCREMENTAL VALIDITY IN CLINICAL APPLICATIONS

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Psychological assessment instruments vary in how much structure they provide and the extent to which their meaning and purpose are apparent. The Rorschach Inkblot Method (RIM) is a relatively unstructured instrument whereas the MMPI-2 is a relatively structured instrument: People respond to these two instruments at different levels of conscious awareness concerning the possible significance of their responses. Because of its relatively unstructured nature, the RIM is less susceptible than the MMPI-2 to impression management. This complementarity makes it possible for Rorschach findings to enrich clinical assessments, especially when efforts to fake good result in MMPI-2 protocols that provide little reliable information. There is solid conceptual basis in psychology for employing multi-method assessment, and clinical applications in which Rorschach data contribute to fuller or more accurate formulations than would otherwise be possible attest the incremental validity that can derive from including relatively unstructured measures in a test battery.

Keywords: Rorschach, personality assessment, validity, multimethod assessment, impression management

There are many roads to truth, at least two of which have unquestioned legitimacy: an empirical route involving inferences derived from accurately observed events, and a conceptual route involving deductions based on logical reasoning from self-evident propositions. Sometimes referred to respectively as the "confirmatory" and "constructive" aspects of advancing knowledge, both empirical and conceptual routes have a proper place in scientific discourse, and neither should be neglected or demeaned. Without losing sight of the importance of eventual empirical verification of even the most compelling deductions, I would like in this presentation to employ a conceptual approach to identifying some respects in which data provided by the Rorschach Inkblot Method (RIM; Rorschach, 1921/1942) can enhance the utility of personality evaluations in clinical practice. I will then illustrate this kind of clinical utility with two cases involving conjoint use of the RIM and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) in a case of disputed custody and conclude with some general comments about RIM–MMPI convergence and about scholarship in scientific disagreements.

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Rorschach Enhancement of Clinical Personality Evaluations

With respect to enhancing the clinical utility of personality evaluations, let me first put forward an assertion concerning the RIM and then support this assertion with four statements that I believe are self-evident. The assertion is as follows: Rorschach assessment has useful clinical applications because it can be employed conjointly with other assessment methods in ways that provide valuable and otherwise unavailable information. The four self-evident statements supporting this assertion are the following:

1. Psychological assessment instruments vary in how much structure they provide, either in the nature of the test stimuli they employ, or in the instructions given to respondents, or in both their test stimuli and instructions.

2. Relatively structured assessment instruments measure psychological characteristics in a relatively direct manner, and relatively unstructured assessment instruments measure psychological characteristics in a relatively indirect manner. These two types of instruments accordingly differ in the extent to which their meaning and purposes are apparent to respondents. As a consequence, respondents give their answers to these tests at different levels of conscious awareness of what their responses might signify, and how able and willing people are to be forthcoming about themselves affects in different ways how they respond to measures with more or less obvious content meaning.

3. The RIM is a relatively unstructured assessment instrument, and the MMPI-2 is a relatively structured instrument. Accordingly, the RIM and MMPI measure somewhat different personality functions and measure some of the same personality functions in somewhat different ways. In fact, as a legacy of the contribution of David McClelland (McClelland, Kostner, & Weinberger, 1989), there is good reason to believe that relatively unstructured tests like the RIM are particularly useful in identifying underlying dispositions to think or feel in certain ways and provide more accurate long-term predictions of behavioral tendencies than relatively structured tests like the MMPI; relatively structured self-report inventories like the MMPI, on the other hand, are likely to do a better job than the Rorschach of identifying the present state and psychological symptoms of the individual and predicting short-term behavioral tendencies. Research reviewed by Bornstein (1999), Ganellen (1996a), Masling (1997), and Meyer (1997) and a recent meta-analysis by Hiller, Rosenthal, Bornstein, Berry, and Brunell-Neuleib (1999) leave little doubt that such complementarity between the RIM and self-report personality inventories does in fact exist.

4. If this complementarity exists, then it should be possible to demonstrate benefits in clinical assessment that derive from including the RIM in a test battery as counterpoint to a relatively structured personality inventory like the MMPI. The complementarity in this instance goes beyond usual notions of incremental validity. What is at issue is not whether including the RIM in a test battery—or for that matter, including an MMPI in a battery otherwise comprised of relatively unstructured measures—improves the sensitivity or specificity with which one and the same personality characteristic is measured. We are not looking for such *convergence* to provide additional information or better discrimination along a single variable or dimension of personality. Instead, what we are looking for is some *divergence* between test results that provides a different kind of information about some characteristic, or information about some other characteristic, that would not have come to light without the availability of the Rorschach data as well as the self-report data.

Case Illustrations

Now, having seen that logic and reason warrant a belief that Rorschach data can enrich personality assessment in clinical practice, can we document

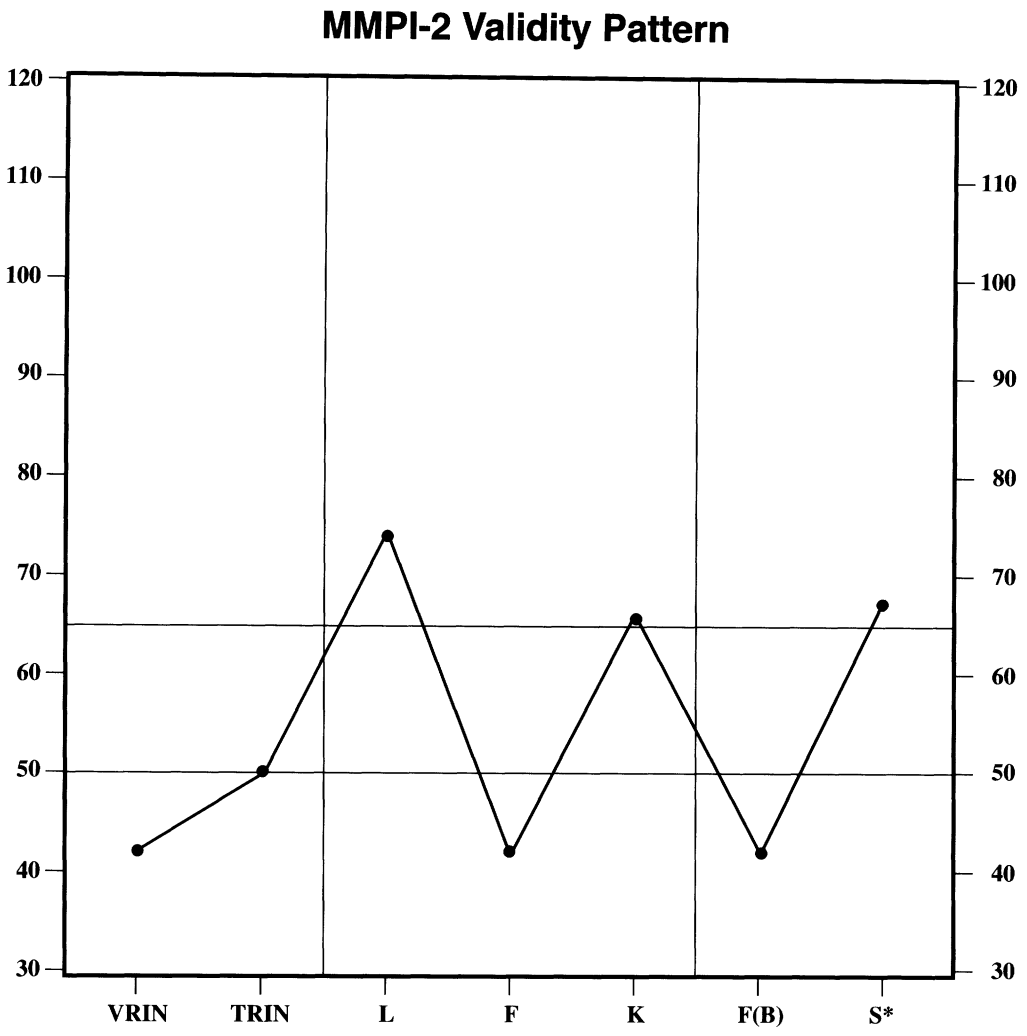
the practical advantage of a test battery comprising both relatively structured and relatively unstructured measures? Case material published by Finn (1996) and by Ganellen (1996b) has provided numerous examples of how conjoint Rorschach-MMPI assessment can enrich differential diagnosis and treatment planning. What follows is an illustration that is familiar in the everyday experience of any practicing clinician who examines people for administrative purposes. Unlike clinical examinations, where we evaluate patients who are seeking help for themselves, examining for administrative purposes consists of evaluating individuals who have been sent by third parties who are in the process of making some judgment concerning the person they want to have tested. Legal disputes over custody and visitation rights are a common source of referrals for such administrative evaluations.

So imagine, if you will, that you are consulting to a family court judge and have in front of you test protocols given by Mr. Able and Ms. Baker, both college graduates who have lived together off and on for several years, have never married, and have a 7-year-old son whose custody they are now contesting as a consequence of an out-of-town job opportunity that Ms. Baker intends to pursue. Mr. Able has been arrested twice for domestic violence and once for petty theft, has allegedly abused his son as well as Ms. Baker, and has been described as a highly irritable and excessively jealous man who is himself irritating and demeaning in his relationships with others. Ms. Baker's clinical history suggests that she is a hostile, dependent, and self-centered person, and she canceled or failed to appear for so many appointments for her evaluation, which had been court ordered, that the psychologist felt obliged to report her lack of cooperation to the judge.

Mr. Able's MMPI-2 validity and clinical scales are shown in Figures 1 and 2 and his Rorschach Structural Summary in Figure 3. The figures provide only a partial set of the interpretively significant scores that these measures yield, and the discussion of them will for present purposes focus only on some highlights rather than the full import of these test data. The MMPI-2 validity scales in Figure 1, with elevations on *L*, *K*, and *S*, present a picture of guardedness accompanied by a determined and somewhat unsophisticated effort to "fake good" by putting the best foot forward, denying shortcomings or limitations, and describing onself in glowing terms. The clinical scales in Figure 2 cluster around the norm, with an average profile elevation of 49.80, and provide little basis for inferring any psychological problems or adjustment difficulties. Interestingly, however, the *O-H* supplementary scale reaches $T = 65$ despite the fake-good quality of the protocol.

Mr. Able's Rorschach Structural Summary in Figure 3 does not by any stretch of the imagination fall within normal limits. The record is interpretively valid ($R = 26$) and unlikely to be particularly guarded or defensive (Lambda = 0.44). With this in mind, several inferences are strongly suggested by the data, following general principles of Rorschach interpretation delineated by Weiner (1998). Mr. Able is much more inclined than most people to form inaccurate perceptions of events and distorted impressions of people, and his poor reality testing places him at high risk for exercising bad judgment, especially when he becomes angry (X-% = 0.38; S-% = 0.50). He is dealing with much more stress than he can manage comfortably, and he is consequently likely to feel tense, be irritable, have limited frustration tolerance, and display poor impulse control (D = –4; AdjD = –3). He has many intense affects bottled up inside that he has difficulty confronting or expressing (WSumC = 0.5; Afr = 0.30), and these appear to include considerable dysphoria (C' = 5; ColShd Blend > 0; ShdShd Blend > 0) and underlying anger or resentment (S = 7). These Rorschach findings thus give reason to be concerned about Mr. Able's potential for depressive episodes and explosive outbursts of anger.

Ms. Baker's MMPI-2 validity and clinical scales are shown in Figures 4 and 5. As can be seen, her MMPI-2 validity scales are virtually a carbon copy of Mr. Able's, with a very slightly lower *L* and *K* but an even higher *S*. Accompanying these indications of an impression managment fake-good protocol is another set of normal range clinical scale scores, with an average scale elevation of 47.80, and another noticeably high *O-H* scale ($T = 63$).



	VRIN	TRIN	L	F	K	F(B)	S*
Raw Score:	3	9	9	2	23	0	40
T Score:	42	50	74	42	66	42	67
Response %:	100	100	100	100	100	100	100

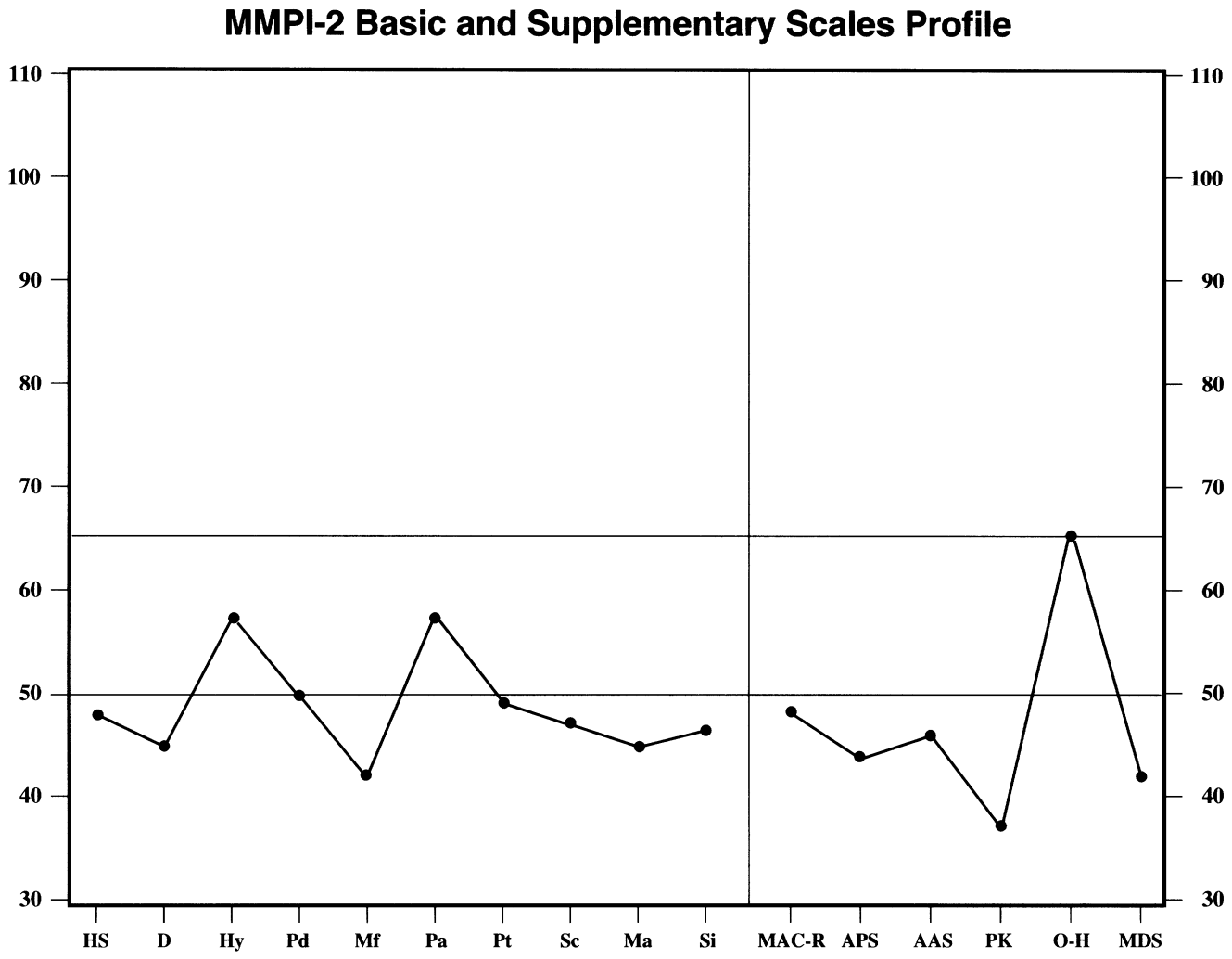
Cannot Say (Raw): 0

Percent True: 30

Percent False: 70

*Experimental

Figure 1. MMPI-2 validity pattern for Mr. Able. From The Minnesota Report™: Adult Clinical System–Revised. Copyright © 1989, 1993 by the Regents of the University of Minnesota. All rights reserved. Adapted with permission of publisher. "MMPI-2" is a registered trademark owned by the University of Minnesota.



	HS	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	APS	AAS	PK	O-H	MDS
Raw Score:	0	16	24	14	22	12	3	2	13	21	20	21	2	0	17	1
K Correction:	12			9			23	23	5							
T Score:	48	45	57	50	42	57	49	47	45	46	48	44	46	37	65	42
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code (new): 36 4/7180295: L'K+-/F:
Welsh Code (old): 364-758 291/0: K'L-F/?:
Profile Elevation: 49.80

Figure 2. MMPI-2 basic and supplementary scales profile for Mr. Able. From The Minnesota Report™: Adult Clinical System–Revised. Copyright © 1989, 1993 by the Regents of the University of Minnesota. All rights reserved. Adapted with permission of publisher. "MMPI-2" is a registered trademark owned by the University of Minnesota.

RIAP™ Structural Summary

Client Information

Client Name:	Gender:	Test Date:
Mr. Able	Male	09/30/1999
Client ID:	Date of Birth: 06/06/1963	Description:

Location Features

Zf	=	13
ZSum	=	39.5
Zest	=	41.5
W	=	5
(Wv	=	0)
D	=	11
Dd	=	10
S	=	7

DQ

			(FQ-)
+	=	4	(0)
o	=	22	(10)
v/+	=	0	(0)
v	=	0	(0)

Form Quality

		FQx	FQf	MQual	SQx
+	=	0	0	0	0
o	=	12	4	3	1
u	=	4	1	1	1
-	=	10	3	2	5
none	=	0	----	0	0

Determinants

Blends	Single
m.C'F	M = 6
FT.FC'	FM = 3
C'F.YF.m	m = 0
FV.FM	FC = 0
FM.FD.FC'	CF = 0
Fr.FM	C = 0
FC'.FC	Cn = 0
	FC' = 0
	C'F = 0
	C' = 0
	FT = 0
	TF = 0
	T = 0
	FV = 0
	VF = 0
	V = 0
	FY = 2
	YF = 0
	Y = 0
	Fr = 0
	rF = 0
	FD = 0
	F = 8
	(2) = 6

Contents

H	= 3, 0
(H)	= 2, 0
Hd	= 2, 1
(Hd)	= 1, 0
Hx	= 0, 0
A	= 9, 0
(A)	= 0, 0
Ad	= 5, 0
(Ad)	= 1, 0
An	= 0, 0
Art	= 0, 0
Ay	= 0, 0
Bl	= 0, 0
Bt	= 0, 1
Cg	= 0, 2
Cl	= 0, 0
Ex	= 1, 0
Fd	= 0, 0
Fi	= 0, 1
Ge	= 0, 0
Hh	= 0, 0
Ls	= 0, 0
Na	= 0, 0
Sc	= 1, 0
Sx	= 0, 0
Xy	= 1, 0
Idio	= 0, 0

S-Constellation

- ☐ FV+VF+V+FD>2
- ☑ Col-Shd Blends>0
- ☐ Ego <.31 or > .44
- ☐ MOR > 3
- ☐ Zd > ±3.5
- ☑ es > EA
- ☐ CF + C > FC
- ☑ X+% < .70
- ☑ S > 3
- ☐ P < 3 or > 8
- ☐ Pure H < 2
- ☐ R < 17

4 Total

Special Scores

		Lvl-1	Lvl-2
DV	= 1	x1	0 x2
INC	= 0	x2	0 x4
DR	= 0	x3	0 x6
FAB	= 0	x4	0 x7
ALOG	= 0	x5	
CON	= 0	x7	

Raw Sum6 = 1
Wgtd Sum6 = 1

AB	= 0	CP	= 0
AG	= 0	MOR	= 0
CFB	= 0	PER	= 0
COP	= 1	PSV	= 0

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 26 L = 0.44

EB = 6 : 0.5	EA = 6.5	EBPer = 6.0
eb = 8 : 10	es = 18	D = -4
	Adj es = 15	Adj D = -3

FM = 6	C' = 5	T = 1
m = 2	V = 1	Y = 3

AFFECT

FC:CF+C	= 1 : 0
Pure C	= 0
SumC' : WSumC	= 5 : 0.5
Afr	= 0.30
S	= 7
Blends:R	= 7 : 26
CP	= 0

INTERPERSONAL

COP = 1	AG = 0
Food = 0	
Isolate/R	= 0.04
H : (H)+Hd+(Hd)	= 3 : 6
(H)+(Hd):(A)+(Ad)	= 3 : 1
H+A : Hd+Ad	= 14 : 10

IDEATION

a:p	= 8 : 7	Sum6	= 1
Ma:Mp	= 2 : 4	Lvl-2	= 0
2AB+(Art+Ay)	= 0	WSum6	= 1
M-	= 2	M none	= 0

MEDIATION

P	= 6
X+%	= 0.46
F+%	= 0.50
X-%	= 0.38
S-%	= 0.50
Xu%	= 0.15

PROCESSING

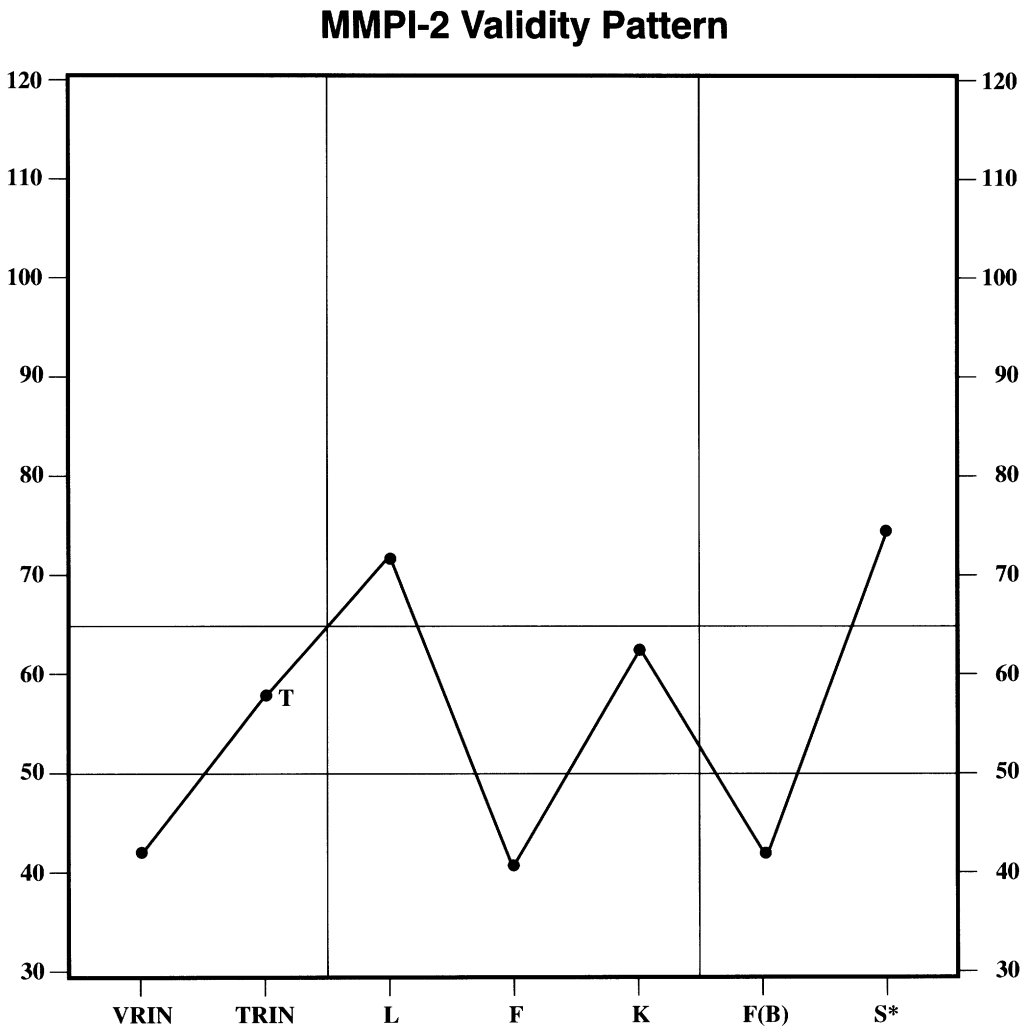
Zf	= 13
Zd	= -2.0
W : D : Dd	= 5 : 11 : 10
W : M	= 5 : 6
DQ+	= 4
DQv	= 0

SELF-PERCEPTION

3r+(2)/R	= 0.35
Fr+rF	= 1
FD	= 1
An+Xy	= 1
MOR	= 0

☑ SCZI = 4 ☑ DEPI = 5 ☐ CDI = 3 ☐ S-CON = 4 ☐ HVI = No ☐ OBS = No

Figure 3. RIAP4 Structural Summary for Mr. Able. Copyright © 1999 by Psychological Assessment Resources, Inc. Adapted with permission of the publisher. "RIAP" and "RIAP4" are trademarks owned by Psychological Assessment Resources, Inc.



	VRIN	TRIN	L	F	K	F(B)	S*
Raw Score:	3	10	8	1	21	0	45
T Score:	42	58	71	41	63	42	74
Response %:	100	100	100	100	100	100	100

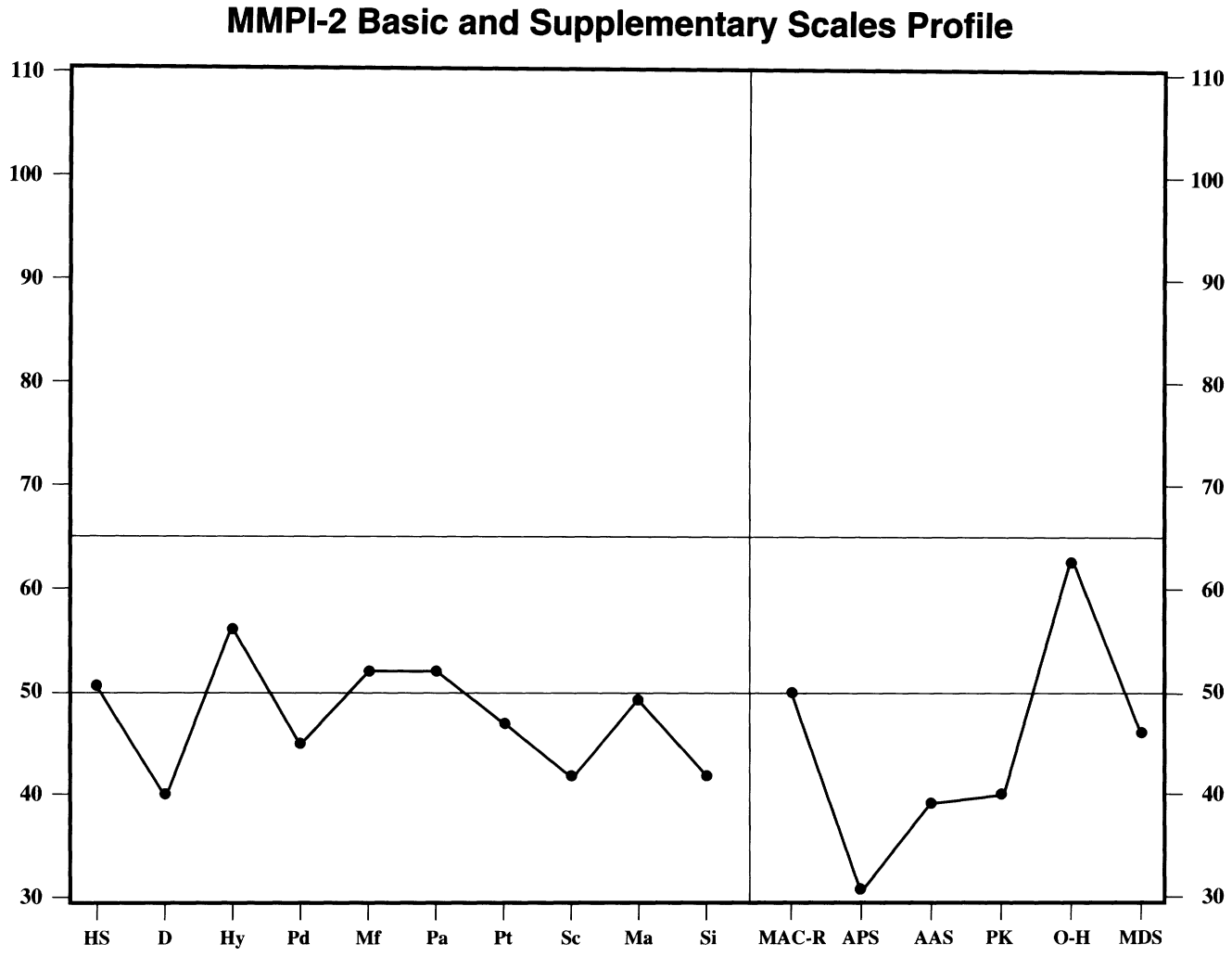
Cannot Say (Raw): 2

Percent True: 32

Percent False: 68

*Experimental

Figure 4. MMPI-2 validity pattern for Ms. Baker. From The Minnesota Report™: Adult Clinical System–Revised. Copyright © 1989, 1993 by the Regents of the University of Minnesota. All rights reserved. Adapted with permission of publisher. "MMPI-2" is a registered trademark owned by the University of Minnesota.



Raw Score:	3	15	25	12	35	11	5	1	15	19	19	16	0	2	17	2
K Correction:	11			8			21	21	4							
T Score:	51	40	56	45	52	52	47	42	49	42	50	31	39	40	63	46
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code (new): 3561/974802: L'+K-/F:
Welsh Code (old): 3-69417/85 20: KL-/F?:
Profile Elevation: 47.80

Figure 5. MMPI-2 basic and supplementary scales profile for Ms. Baker. From The Minnesota Report™: Adult Clinical System–Revised. Copyright © 1989, 1993 by the Regents of the University of Minnesota. All rights reserved. Adapted with permission of publisher. "MMPI-2" is a registered trademark owned by the University of Minnesota.

RIAP™ Structural Summary

Client Information

Client Name:	Gender:	Test Date:
Ms. Baker	Female	09/29/1999
Client ID:	Date of Birth: 08/12/1963	Description:

Location Features

Zf	=	9
ZSum	=	30.0
Zest	=	27.5
W	=	3
(Wv	=	0)
D	=	11
Dd	=	7
S	=	6

DQ

		(FQ-)
+	= 6	(0)
o	= 15	(2)
v/+	= 0	(0)
v	= 0	(0)

Form Quality

	FQx	FQf	MQual	SQx
+ =	0	0	0	0
o =	12	5	3	3
u =	7	3	1	1
- =	2	1	0	2
none =	0	—	0	0

Determinants

Blends	Single
FC'.FM	M = 1
M.FY	FM = 2
M.m.Fr	m = 0
M.FV.YF	FC = 0
FM.FC'	CF = 0
m.CF.VF	C = 0
CF.Fr	Cn = 0
	FC' = 0
	C'F = 0
	C' = 0
	FT = 0
	TF = 0
	T = 0
	FV = 1
	VF = 1
	V = 0
	FY = 0
	YF = 0
	Y = 0
	Fr = 0
	rF = 0
	FD = 0
	F = 9
	(2) = 10

Contents

H	= 3, 0
(H)	= 0, 0
Hd	= 0, 0
(Hd)	= 0, 1
Hx	= 0, 0
A	= 5, 0
(A)	= 0, 0
Ad	= 2, 0
(Ad)	= 1, 0
An	= 0, 0
Art	= 0, 0
Ay	= 0, 1
Bl	= 0, 0
Bt	= 1, 0
Cg	= 3, 0
Cl	= 0, 0
Ex	= 0, 0
Fd	= 1, 0
Fi	= 0, 0
Ge	= 0, 0
Hh	= 1, 1
Ls	= 0, 0
Na	= 1, 0
Sc	= 2, 0
Sx	= 0, 0
Xy	= 0, 0
Idio	= 1, 1

S-Constellation

- [x] FV+VF+V+FD>2
- [x] Col-Shd Blends>0
- [x] Ego <.31 or > .44
- [ ] MOR > 3
- [ ] Zd > ±3.5
- [x] es > EA
- [x] CF + C > FC
- [x] X+% < .70
- [x] S > 3
- [ ] P < 3 or > 8
- [ ] Pure H < 2
- [ ] R < 17

7 Total

Special Scores

	Lvl-1	Lvl-2
DV	= 1 x1	0 x2
INC	= 0 x2	0 x4
DR	= 2 x3	0 x6
FAB	= 1 x4	0 x7
ALOG	= 0 x5	
CON	= 0 x7	

Raw Sum6 = 4
Wgtd Sum6 = 11

AB = 0	CP = 0
AG = 1	MOR = 1
CFB = 0	PER = 0
COP = 2	PSV = 1

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 21 L = 0.75

EB = 4 : 2.0	EA = 6.0	EBPer = 2.0
eb = 6 : 8	es = 14	D = -3
	Adj es = 12	Adj D = -2

FM = 4	C' = 2	T = 0
m = 2	V = 4	Y = 2

AFFECT

FC:CF+C	= 0 : 2
Pure C	= 0
SumC' : WSumC	= 2 : 2.0
Afr	= 0.40
S	= 6
Blends:R	= 7 : 21
CP	= 0

INTERPERSONAL

COP = 2	AG = 1
Food = 1	
Isolate/R	= 0.14
H : (H)+Hd+(Hd)	= 3 : 1
(H)+(Hd):(A)+(Ad)	= 1 : 1
H+A : Hd+Ad	= 8 : 4

IDEATION

a:p	= 5 : 5	Sum6	= 4
Ma:Mp	= 4 : 0	Lvl-2	= 0
2AB+(Art+Ay)	= 1	WSum6	= 11
M-	= 0	M none	= 0

MEDIATION

P	= 3
X+%	= 0.57
F+%	= 0.56
X-%	= 0.10
S-%	= 1.00
Xu%	= 0.33

PROCESSING

Zf	= 9
Zd	= +2.5
W : D : Dd	= 3 : 11 : 7
W : M	= 3 : 4
DQ+	= 6
DQv	= 0

SELF-PERCEPTION

3r+(2)/R	= 0.76
Fr+rF	= 2
FD	= 0
An+Xy	= 0
MOR	= 1

☐ SCZI = 0 ☐ DEPI = 4 ☐ CDI = 3 ☐ S-CON = 7 ☐ HVI = No ☐ OBS = No

Figure 6. RIAP4 Structural Summary for Ms. Baker. Copyright © 1999 by Psychological Assessment Resources, Inc. Adapted with permission of the publisher. "RIAP" and "RIAP4" are trademarks owned by Psychological Assessment Resources, Inc.

By contrast, Ms. Baker's Rorschach Structural Summary (Figure 6) contains several noteworthy indications of adjustment difficulties. Like Mr. Able, she does not have sufficient coping resources to meet the demands her life is making on her, and she accordingly is and appears to have been for some time in a stress overload situation in which her nerves are on edge, her frustration tolerance is frayed, and her capacity for self-control is is limited (D = -3; AdjD = -2). She does not evidence the poor reality testing shown by Mr. Able and is hence less likely than he to show poor judgment (X-% = 0.10). She is nevertheless markedly disinclined to endorse conventional modes of response, and her inability or reluctance to see things the way most other people do puts her at risk for behavior problems in situations calling for a modicum of conformity (P = 3; X+% = 0.57; Xu% = 0.33). Similar to Mr. Able, she appears to harbor a high degree of underlying anger or resentment (S = 6), and she also gives evidence of being a selfish and self-centered person who places her needs above the needs of others, blames her difficulties on other people or on events beyond her control, and has limited capacity to form close, intimate, and mutually supportive relationships with other people (Reflections = 2; Egocentricity Index = 0.76; *T* = 0). These Rorschach findings give reason to believe that Ms. Baker is inclined to behave in unreliable, unconventional, and demanding ways that suit her own purposes but take little account of the negative effects her actions may have on others.

In your role as consultant to the family court judge, consider first which of these two test protocols better reflects the actual history of these two individuals. Having identified in both cases that only the RIM provides evidence of adjustment difficulties, consider next what you would be telling the judge if you had only the MMPI-2 to rely on, with no Rorschach data. Think how little you could say, if you paid appropriate attention to the validity scales, or how wrong you would be, if you took the clinical scales at face value. These cases are not psychodiagnostic aberrations, nor do they constitute isolated instances, contrived circumstances, or misleading bits of clinical idiography; to the contrary, they exemplify a common clinical occurrence that has been demonstrated empirically as well as clinically. Bagby, Nicholson, Buis, Radovanovic, and Fidler (1999) draw the following conclusion from their research in this area: "The results from the present study...suggest that the underreporting of symptoms in child custody litigation evaluations represent a real and significant challenge to psychologists using the MMPI-2 in their assessments of such litigants" (p. 28). As one way of meeting this challenge, clinicians are well-advised to use Rorschach assessment conjointly with self-report inventories in their psychodiagnostic evaluations.

Discussion

A few years ago the APA Board of Professional Affairs appointed a Psychological Assessment Working Group, and an article based on their conclusions is currently in press (Meyer et al.). The Working Group conclude that "several logical and empirical considerations support the multimethod battery as a means to maximize assessment validity...Because a test battery typically incorporates multiple assessment methods, with each providing an alternative operational definition for at least some common constructs, it provides a structured means for surmounting the biases that plague less formal evaluations...The evidence indicates clinicians who use a single method to obtain patient information regularly draw faulty conclusions."

Going beyond the logical and empirical support for employing multiple assessment methods in clinical practice, and going beyond the case illustrations in this article of incremental validity derived from using the RIM conjointly with the MMPI, there is a bit more that needs to be said about the diagnostic utility of Rorschach assessment. Concern is sometimes raised that Rorschach indices do not correlate very well with the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV;* APA, 1994) diagnoses, but this should be neither a surprise nor a reason for concern. The RIM is not a diagnostic test. It was not designed as a diagnostic test, it is not intended to be a diagnostic test, and it does not in fact work very well as a diagnostic test, especially

if what is meant by diagnosis is a *DSM* category. The RIM is a measure of personality functioning, and it provides information concerning aspects of personality structure and dynamics that make people the kind of people they are. Sometimes such information about personality characteristics is helpful in arriving at a differential diagnosis, if the alternative diagnoses being considered have been well conceptualized with respect to specific or defining personality characteristics.

As one case in point, Rorschach indices of disordered thinking and impaired reality testing can be helpful in identifying schizophrenia, because schizophrenia, for all its heterogeneity, has been fairly clearly delineated as a disorder identified by these personality impairments (see Hilsenroth, Fowler, & Padawer, 1998; Johnston & Holzman, 1979; Kleiger, 1999; Perry, Viglione, & Braff, 1992; Weiner, 1966/1997). As behavioral scientists, however, psychologists should be more concerned about correlating assessment data with real behavior—that is, how people are actually likely to think, feel, and act—than with some abstract nosology like *DSM*, many of the categories of which are largely unvalidated, frequently unreliable, and substantially overlapping. The *DSM-IV* Axis II personality disorder categories are particularly shaky in these respects and constitute at best a moving target at which to take aim from test indices. As another case in point, then, whether the RIM correlates well with a *DSM-IV* diagnosis of Dependent Personality is not very important. What is important is whether Rorschach indices correlate well with observed dependent behaviors, which they do (see Bornstein, 1996, 1999).

Criticisms of the diagnostic utility of Rorschach assessment are also sometimes addressed to the apparent fact that the MMPI correlates more highly with *DSM* diagnoses than the RIM. The merits of this concern are minimal. Of course the MMPI correlates better with *DSM* diagnoses than the RIM. It was standardized on diagnosed groups of patients, and it consists of the same kind of self-report descriptions of symptoms and concerns that provide the basis for *DSM* classification. But of what importance is this quality of the MMPI to an informed psychologist? If all clinical assessors want to know about people is their *DSM* diagnosis, they should not use either the MMPI or the RIM; a structured *DSM* interview would serve their purpose best. However, if assessors want to know something about an individual's personality functioning that might assist them in arriving at a diagnostic formulation and treatment plan, they should use the MMPI. If they want to know as well something about aspects of the individual's personality functioning that might not be revealed on a self-report inventory, they should use the RIM also. Matching or predicting a *DSM* diagnosis, or considering which of several tests does so best, may often be a necessary pedestrian aspect of contemporary clinical practice and research. However, such concerns should not be foremost in the minds of psychologists who consider themselves behavioral scientists who and should accordingly be directing their attention primarily to understanding and predicting actual behavior.

Finally with respect to scholarship in scientific agreements, differences of opinion concerning the utility of Rorschach assessment could be aired more profitably than is sometimes the case if Rorschach critics would employ the same standards in commenting on this instrument as they do in pursuing areas of research and practice that are more to their liking. In a recent *Psychological Assessment* article, McFall and Townsend (1998) state: "Many clinical psychologists persist in using projective tests (e.g., Rorschach; Draw-a-House-Tree-Person) despite the lack of support for the parent theories and strong countervailing evidence against the methods" (p. 323). As basis for this sweeping indictment of Rorschach assessment, just two sources are cited. One of these reference citations is to a 1969 article by Chapman and Chapman on illusory correlation that is concerned only with Rorschach signs of homosexual concern previously suggested by Wheeler (1949) and that has no bearing on the quality and implications of Rorschach research over the last 30 years. The other reference citation is a to 7-page article by Wood, Nezworski, and Stejskal (1996) that addresses some alleged shortcomings in Exner's Comprehensive System (Exner, 1993). Whatever the merits or shortcomings of the Wood et al. article, it does not by any standard constitute

a comprehensive overview of the psychometric foundations of Rorschach assessment. And yet readers are being told that these two articles provide "strong countervailing evidence against the methods." The purposes of sound scholarship are not well served by referencing such sweeping generalizations with such flimsy support.

Perhaps in such unscholarly denigration of Rorschach assessment we are seeing at work the stance of the "method skeptic." As defined by several authors, method skeptics hold all methods to be terminally flawed unless these methods are deemed acceptable to them. For method skeptics who are for some reason prejudiced against a particular method, no amount of evidence appears sufficient to convince them that the method is worthwhile. Instead, they either advocate that the method should be discarded, or, while refraining from sitting in such absolute judgment, they cloak themselves in the seemingly scientific raiment of saying "I'm just not convinced." Such resistance to becoming convinced was aptly termed "pseudoscientific despair" by Adams and Putnam (1994) in an article addressing unwarranted skepticism concerning the utility of neuropsychological tests. Adams and Putnam offer the following observation: "It would be a strange and sterile scientific world that was free of doubt, but more important here is the implication that its presence justifies the exclusion of certain scientific evidence perhaps discordant with a preferred and profitable way of viewing the status of applied science" (p. 6).

Conclusion

Let it not be said or thought that the two case examples of conjoint RIM-MMPI assessment in this article are put forth as sufficient documentation of the incremental validity of Rorschach assessment. No matter how representative these two cases may be, they are merely illustrative and are not to be taken as systematic empirical verification of Rorschach validity. On the other hand, because the pattern of clinical and test findings they illustrate does in fact occur, and is known to occur widely in clinical practice, its occurrence unequivocally falsifies any statement that Rorschach assessment is without incremental validity or clinical utility.

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