

Can projective assessment instruments be helpful/useful with all of the five common reasons for psychological testing, i.e. diagnosis, etiology (cause of behavior), prognosis or course of symptoms, treatment, and degree of functional impairment?

I do not think projective assessment instruments can be helpful/useful with *all* of the five reasons of psychological testing, i.e. diagnosis, etiology (cause of behavior), prognosis or course of symptoms, treatment, and degree of functional impairment. I will discuss each of them in turn using research literature on the Rorschach as evidence to support my points.

First, projective assessment instruments *can* provide information related to diagnosis, but how helpful or useful they are in clinical settings should be of concern. Although the Rorschach scores correlate with the clinical diagnosis (Viglione, 1999), it is yet unclear whether or how much information the Rorschach adds over and above other more cost-effective sources of information. For example, the MMPI has shown to be more valid than the Rorschach in making diagnostic decisions (Hiller, Rosenthal, Bornstein, Berry, & Brunell-Neuleib, 1999). Moreover, the diagnoses for which the Rorschach can be helpful or useful are only a few. To me, the Rorschach seems to have little utility in terms of making diagnosis.

Secondly, I do not think projective testings (and objective testings as well in this respect) directly provide information regarding the etiology of psychopathology. Etiology is largely a *theory-driven* explanation of behavior; different theories propose different

causes/reasons as to why a person is showing a set of certain behaviors. Although the

Rorschach was initially strongly related to the psychodynamic theory of personality, it is now more detached from the theory in terms of its administration and interpretation (Weiner, 1994).

Therefore, the Rorschach cannot be said to provide support the psychodynamic explanation of psychopathology unless it is used by researchers or clinicians who are psychodynamic.

Psychological testings (whether objective or projective) give different information with varying degrees of helpfulness or usefulness as to etiology depending on theories.

Thirdly, projective testings provide valuable information regarding prognosis. For example, the Rorschach has shown to be valid in predicting the course of symptoms and treatment outcome (Viglione, 1999). Other assessment techniques give little, if any, information regarding prognosis, and the Rorschach is unique in this sense.

Fourthly, projective assessment instruments can help clinicians plan more effective treatments for patients taking their personality into account. The personality variables that are more directly related to the treatment process will be of primary concern. For example, patients with antisocial personality are more likely to resist (not in a psychodynamic sense) to treatment than others. Moreover, as mentioned above, the Rorschach gives information that can predict treatment outcome such as early termination of therapy, thus allowing clinicians to plan ahead of such possibilities (Viglione, 1999).

Lastly, projective testings *can* give information on the degree of functional

impairment, but it is yet to be determined whether they provide any *more* information over

and above what clinicians can obtain in ways that require less time and effort. Moreover,

projective assessments may not be a good way to get information on functional impairment.

For example, the information on a patient's interpersonal functioning would be more valid if obtained from his/her family and friends.

As discussed above, projective assessment instruments such as the Rorschach seem to be helpful or useful for some objectives of psychological testing but not others.

Describe the current knowledge regarding the clinical utility of the Rorschach Comprehensive System including arguments for a phenomenological/dynamic approach and for an empirical/actuarial approach.

The current knowledge regarding the clinical utility of the Rorschach Comprehensive System can be discussed from two different perspectives: a phenomenological/dynamic approach and an empirical/actuarial approach. Each of them is discussed below.

The phenomenological/dynamic approach insists that the clinical utility of the Rorschach be evaluated from its theoretical foundation, psychoanalysis, which is based on rigorous empirical research and not from statistical analyses (Jaffe, 1990). From this perspective, the psychoanalytic approach can contribute to psychological testing by

expanding data sources (e.g. test content, patient-clinician interaction) which can render unique information (Sugarman, & Kanner, 2000).

The empirical/actuarial approach, in contrast, emphasize that a test meet empirical standards (e.g. criterion validity) to obtain clinical utility. Since the findings regarding are inconsistent across studies and criteria, the utility of the Rorschach is questionable. Some aspects of the Rorschach (e.g. predicting prognosis) are reported to be more useful than others (e.g. predicting diagnosis). From this approach the utility of the Rorschach has limited.

A criterion I think should be considered important in both perspectives is the *efficiency*. Viglione (1999) suggested that the utility is composed of two parts: incremental validity (i.e. how much a test adds over and above the information already obtained) and efficiency (i.e. how cost-effective a test is in providing information needed). However, research on efficiency is scarce. Not only the patient's and clinician's time in doing the Rorschach, but also the time needed to train psychologists should be considered (It might be possible that longer time is needed to become a competent Rorschach testers compared to other tests).

Define and critically discuss three empirical criteria by which the Rorschach Comprehensive System can be evaluated, summarize your thoughts regarding the test's performance with regard to these criteria, and subsequent recommendations you would make regarding its use

Three empirical criteria by which the Rorschach Comprehensive System can be evaluated are reliability, stability, and validity. Each of the criteria is discussed below regarding the test's performance with respect to them.

The reliability is concerned with the accuracy and consistency of measurement (Beutler, Rosner, 1995, pp.18). If a test is measuring whatever it is measuring consistently (no matter if the test is measuring what it *should* be measuring), the test is "reliable." Although there are many kinds of reliability measures, the most frequently mentioned in research literature seems to be internal consistency and interrater agreement. The Rorschach has shown equivalent reliability as the MMPI and the WAIS (Parker, Hanson, & Hunsley, 1988).

The stability deals with temporal consistency: how stable the test scores are over time (Parker, Hanson, & Hunsley, 1988). As the Rorschach is a *personality* test, we can expect the scores to be stable, since personalities, by definition, are not meant change much over time. Viglione (1999) gave examples of the studies that showed temporal consistency of the Rorschach variables, which became more stable through adolescence into early adulthood.

The validity of a test is an index of the extent to which the test is measuring what it is hoped to measure (Beutler, Rosner, 1995, pp.20). There are several validity measures: face validity, construct validity, criterion validity (concurrent and predictive), discriminant and

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convergent validity, and incremental validity (Cates, 1999). The Rorschach has shown

comparable level of validity to the MMPI in criterion validity and convergent validity (Hiller, Rosenthal, Bornstein, Berry, & Brunell-Neuleib, 1999; Parker, Hanson, & Hunsley, 1988). It is important to note, however, regarding criterion validity, the Rorschach had higher validity when objective outcomes (e.g. treatment attendance) were used as criteria, whereas the MMPI was superior in validity when diagnostic classification was used as criteria (Hiller, Rosenthal, Bornstein, Berry, & Brunell-Neuleib, 1999). It can be inferred that the Rorschach (and the MMPI) would be valid *if used correctly*, i.e. to measure what it is measuring.

The Rorschach has shown to be as equally reliable, stable, and valid as other psychological tests such as the MMPI. I think the most important task at hand is to clarify what it is that the Rorschach is actually measuring. The Rorschach and the MMPI are both considered personality tests, but the two show low correlation to each other and seem to relate with different aspects of functioning. If what the Rorschach is testing can be specified, it will be able to render useful information other tests cannot offer, and its value be appreciated.

Should the University of Michigan's Clinical Psychology Training Program continue to devote a substantial portion of time to teaching the Rorschach and other projective instruments?

I think the University of Michigan's Clinical Psychology Training Program should continue to include the Rorschach and other projective instruments in the curriculum. As discussed in the other questions above, there has been a longstanding debate on the utility of the Rorschach. Recently, Wood, Lilienfeld, Gard, & Nezworski (2000) insisted that the Rorschach should be eliminated from clinical training programs, since it has little validity as a diagnostic tool. It is important to note, however, that the Rorschach (and maybe other projective testings as well) is widely used in clinical settings (Weiner, 1997). Although this does not mean that the Rorschach is valid or effective, it does seem necessary that the students, as they may choose to work as clinicians in the future, be exposed to the Rorschach.

In my opinion, learning the history and research literature on the Rorschach is especially important. This is not to deemphasize that the practical aspect of the Rorschach (i.e. administration, scoring, interpretation). However, what I am concerned about is that there would be less opportunity to go through relevant materials on the Rorschach (e.g. its validity) and have a chance to discuss them critically (like what we are doing now in class) after graduation. Moreover, once a psychologist enters practice, he/she is likely to be influenced by the theory or approach the institution takes. For example, an institution might be strongly psychodynamic in nature and regard the Rorschach as highly useful which may and may not be the case depending on how the test is used. Although graduate programs can be more or less "biased" towards certain theories, I think the academic settings are and should be less so.

In addition, students are likely to be less biased in the training stage, which is another reason to train them to the Rorschach before they form clearer opinions about the test (or they might be biased in some way which could be corrected if they feel necessary through learning).

Although I think it is up to the students to choose whether they like the Rorschach or not, it seems important that they are exposed to the relevant research literature beforehand. For this reason I think the Program should continue to have the Rorschach in the curriculum. I thought it would be better, however, if the two Rorschach courses are combined together somehow so they are not too demanding in terms of time. For example, the lab can be made into a more intensive training for a shorter period of time.

In summary, I do think that the University of Michigan's Clinical Psychology Training Program should continue to teach the Rorschach and other projective testings, but it might be better to make some changes to the curriculum such as mentioned above. I know that this is on its way, and I hope the new curriculum works well!

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