Introduction to the Final Special Section in the Special Series on the Utility of the Rorschach for Clinical Assessment

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A Special Series was organized to clarify the merits of the Rorschach for clinical assessment. Except for a neutral meta-analytic review, articles were solicited from scholars known to have opposing views on the Rorschach. The authors participated in a structured, sequential, evidence-based dialogue that focused on strengths and limitations when using the Rorschach for applied purposes. The debate has taken place over 4 iterations, with later articles building on and reacting to those generated earlier. The first 5 articles in the Special Series were published earlier (G. J. Meyer, 1999), and the final 6 articles are published in this issue of *Psychological Assessment*. This article provides a brief overview of the full Special Series and an introduction to the 6 articles contained in this Special Section. The Special Series provides clinicians, researchers, educators, and students with a thorough review of the evidence and logic that are critical for understanding the Rorschach's strengths and limitations in clinical assessment.

These six articles in this issue of *Psychological Assessment* comprise the second and final Special Section in the Special Series on "The Utility of the Rorschach for Clinical Assessment." The Special Series was initiated as a structured means for evaluating the merits of the Rorschach for applied practice. It is a sequential, evidence-based dialogue between a selected group of scholars known to have opposing viewpoints. The guiding assumption was that a successive, point—counterpoint dialogue, using a core body of evidence, would focus the pro and con arguments to help reveal the Rorschach's unique strengths or limitations and identify the conditions when the test was likely or unlikely to serve useful clinical goals.

The dialogue for this series has taken place in four parts. Within each part, authors known to hold a generally favorable view of the evidence as well as authors known to hold a generally unfavorable view of the evidence have participated.

The basic structure of the Special Series was as follows. Five articles were prepared for Part 1, and they were published in the first Special Section (Dawes, 1999; Hiller, Rosenthal, Bornstein, Berry, & Brunell-Neuleib, 1999; Hunsley & Bailey, 1999; Stricker & Gold, 1999; Viglione, 1999). When completed, these five articles were sent to the two sets of authors who contributed to Part 2 (Garb, Wood, Nezworski, Grove, & Stejskal, 2001; Weiner, 2001). The task of the latter authors was to debate, dispute, and question the conclusions drawn in the Part 1 articles, to identify points of agreement, and to raise new issues as they saw fit.

Next, all of the Part 1 and 2 articles were sent to the two sets of primary authors who contributed to Part 3 (i.e., Hunsley & Bailey,

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2001; Viglione & Hilsenroth, 2001), and to Rosenthal, Hiller, Bornstein, Berry, and Brunell-Neuleib (2001), who were given the chance to respond to criticisms of their meta-analysis. The charge for Hunsley and Bailey and for Viglione and Hilsenroth was broader. As the primary critics and advocates who had initiated the Special Series in Part 1, they had the opportunity to respond to each other as well as to the articles by Hiller et al. (1999), Stricker and Gold (1999), Dawes (1999), Garb et al. (2001), and Weiner (2001). Their task was again to debate, dispute, and question the conclusions drawn in the Part 1 and Part 2 articles, to identify points of agreement, and to raise any new issues. Finally, after the Part 3 manuscripts were completed, all articles were reviewed by the last pair of authors who wrote a summary article for Part 4 of the Special Series (Meyer & Archer, 2001).

Given that later contributions to the Special Series built on those completed earlier, the structure allowed authors to discuss and debate the evidence presented by other scholars. On the positive side, this format of sequential dialogue provides readers with a rich evaluation of the Rorschach's utility as a clinical instrument. However, it has had a downside as well. It took much longer than anticipated to have the articles prepared, reviewed, and revised. In fact, the articles by Weiner (2001) and Garb et al. (2001) were provisionally accepted in late 1999 and early 2000, respectively. Thus, these articles were completed more than 2 years before they were published, which made it impossible for the authors to incorporate the most recent relevant literature. I hope readers will appreciate the patient sacrifice these authors made while their scholarly hard work languished unread in publication limbo.

The First Special Section

As mentioned above, the first Special Section was published in 1999. It contained five articles for Part 1 of the Special Series. A brief review is given below (also, see Meyer, 1999).

Stricker and Gold (1999) provided contextual background for the Special Series. Building on the proposition that distinct assessment methods have unique strengths and limitations, they re420 MEYER

viewed evidence that indicated the Rorschach was valuable for a more complex and complete understanding of people, particularly when clinicians used a sophisticated, theoretically driven synthesis of Rorschach data in conjunction with other sources of information. Authors known to have critical views of the Rorschach were also enlisted to write a second context-setting article, but this article was not completed.

The next two articles in the Special Series were written by authors designated as the primary advocates and critics. These authors were expected to be familiar with a core subset of the Rorschach literature, operationally defined as articles that were published from 1977 to 1997 (the 20 years before the series began) in five journals that regularly disseminate testing research. The core literature consisted of 445 articles published in Assessment, Journal of Clinical Psychology, Journal of Consulting and Clinical Psychology, Journal of Consulting and Clinical Psychology, Journal of Personality Assessment, and Psychological Assessment. Authors received a disk containing the PsycLIT abstracts for these Rorschach articles, and they were asked to emphasize the evidence from this 20-year period so arguments would emerge from a common core of findings. At the same time, authors were not limited to discussing just the evidence in this body of literature.

Viglione (1999) systematically reviewed a large number of the core studies, emphasizing those that addressed longitudinal outcomes, behavioral criterion measures, and incremental validity. Although Viglione identified several limitations in the evidence base, he concluded the Rorschach provided unique and useful information for informing clinical practice.

Hunsley and Bailey (1999) pointed out how the Rorschach is commonly accepted and used in clinical practice, but they asserted that psychometric evidence of validity was more questionable and pointed out how no research has been conducted to determine whether the Rorschach directly leads to better clinical outcome. Given the last two issues, they argued there was not sufficient evidence to justify the use of the Rorschach in clinical practice.

The next article was commissioned as an impartial metaanalysis from a recognized expert. Hiller et al. (1999) randomly sampled the literature on the Rorschach as well as the Minnesota Multiphasic Personality Inventory (MMPI). They concluded both tests had essentially equivalent validity, though each had relative strengths for predicting certain classes of criteria.

Dawes (1999) rounded out Part 1 of the Special Series. He examined two data sets and illustrated methods for determining the incremental validity of Rorschach scores.

The Current Special Section

Part 2

Weiner (2001) leads off this Special Section, followed by Garb et al. (2001). Like the other authors asked to advance a pro or con position (i.e., Hunsley & Bailey, 1999, 2001; Viglione, 1999; Viglione & Hilsenroth, 2001), Weiner and Garb et al. were provided with abstracts for the 445 Rorschach articles in the core literature. However, rather than making systematic use of this literature, they primarily commented on the articles that had been published in Part 1.

Weiner (2001) holds that the Rorschach exemplifies sound principles of scientific test development by virtue of its standard-

ized administration and scoring, normative reference data, evidence for reliability, and documented validity. He believes the evidence reviewed by Viglione (1999) and presented in Hiller et al.'s (1999) meta-analysis supports his arguments. Weiner also points out how Dawes's (1999) incremental validity analyses support his position, even though Dawes remained critical of the Rorschach's validity. Weiner criticizes Hunsley and Bailey (1999) for overemphasizing limitations in the evidence base and for seeming to require unreasonable evidentiary standards for the Rorschach. Weiner also notes several limitations or difficulties in the Rorschach literature, including the potentially confounding impact of response frequency, the need for additional validation evidence on certain neglected variables, the value of updated reference data for the U.S. and other countries, and the need for longitudinal studies to examine personality development and change. In addition, Weiner broaches an important but difficult issue in regard to the meaning of incremental validity in a nomothetic research paradigm versus the idiographic practice of applied assessment.

In contrast, Garb et al. (2001) strongly affirm the criticisms offered by Hunsley and Bailey (1999), but find fault with conclusions or findings in Stricker and Gold (1999), Viglione (1999), Hiller et al. (1999), and Dawes (1999). Garb et al. point out that stability data have not been reported for a substantial portion of Comprehensive System scores, contend that some of the findings on test-retest and scoring reliability have been disconcertingly low, and note how contemporary research is needed to address the adequacy of clinical judgments based on Rorschach data. In addition, Garb et al. argue the Rorschach does not provide unique information for clinical diagnoses, challenge its incremental validity more generally, and believe that the Comprehensive System should not be used to evaluate minorities because separate norms have not been prepared for distinct ethnic groups (e.g., African Americans, Native Americans). They are also very critical of Hiller et al.'s meta-analysis and doubt any conclusions that are based on those results. Garb et al. close their article by advocating for researchers to use a number of methodological refinements they believe will be essential to adequately advance the Rorschach's scientific base.

Part 3

Rosenthal et al. (2001) begin the third round of articles. They focus specifically on Garb et al.'s (2001) criticisms of their Rorschach and MMPI meta-analyses. The main portion of Rosenthal et al.'s article discusses different measures of central tendency, including a newly developed statistic, the weighted median. To address concerns raised by Garb et al., Rosenthal et al. present two new sets of meta-analytic results, each of which continues to point out complications associated with central tendency estimates in their MMPI meta-analysis. Finally, Rosenthal et al. respond briefly to five other criticisms suggested by Garb et al.

Next, Viglione and Hilsenroth (2001) revisit many of the points made in Viglione's (1999) initial article, though they also address the arguments and criticisms made by Hunsley and Bailey (1999), Garb et al. (2001), and Dawes (1999). Viglione and Hilsenroth maintain that many recent criticisms of the Rorschach are biased or without merit and bolster this belief with a review of research in 12 areas (e.g., reliability, incremental validity, normative data, cross-

cultural applications, clinical judgment). In each section, they begin with an overview of the evidence and end with a discussion of limitations and directions for further research. They also articulate the distinct way that incremental validity manifests when making assessment-based judgments on an idiographic, patient-by-patient basis and expand the cost-benefit and clinical utility considerations articulated by Hunsley and Bailey (1999) to include a wider range of clinically relevant variables.

For the final article in Part 3, Hunsley and Bailey (2001) reaffirm their earlier position (Hunsley & Bailey, 1999) and argue that the evidence does not support the widespread use of the Rorschach. They believe that many Rorschach scores do not have a theoretical foundation that explains why the score should measure its purported construct, that advocates often gloss over differences between the Rorschach as an instrument and the Comprehensive System as an approach for administration and scoring, that it remains uncertain what types of validation criteria are sufficiently appropriate to provide strong tests of validity, and that meta-analyses focused on specific predictors in relation to specific criteria are required to develop a firm knowledge base for the test. In addition, Hunsley and Bailey (2001) question the extent to which the Rorschach is used in a standardized manner, its reliability, its normative reference samples, and its incremental validity. They also doubt the evidence Viglione (1999) presented to support Rorschach-informed clinical judgment and clinical utility. Hunsley and Bailey maintain that clinical utility is the most important standard to assess the merits of a test and argue that even if the Rorschach (or any test) helped clinicians and patients to understand a patient's personality, this would not be a useful end in itself. Instead, they argue, a test would only meet the standard of clinical utility if it demonstrably improved patient outcome or lowered the rate of attrition from treatment.

Part 4

From the brief descriptions given above, it can be seen that the various authors continue to disagree about aspects of the Rorschach evidence base. This is certainly not surprising, given the format for this Special Series. In an effort to integrate the viewpoints and relevant data, the final article was written jointly by two authors with different perspectives on the Rorschach (Meyer & Archer, 2001). Although both authors may be considered more centrist than extreme in their a priori views, it was hoped that a collaborative effort would provide a helpful synthesis of the existing evidence and issues, as well as a blueprint for the future. The ground rules for collaborating were that all statements in the article needed to be agreeable to both authors and all topics considered important by either author must be addressed.

Meyer and Archer (2001) use the results of meta-analyses as their evidentiary foundation. As part of this, they present new and greatly expanded results from the classic Parker, Hanson, and Hunsley (1988) data set. Meyer and Archer believe the results from global and focused meta-analyses demonstrate the Rorschach can provide valid information, achieving validity coefficients that are on a par with the MMPI and IQ measures. Simultaneously, they believe there are conceptual and empirical limitations that must be addressed to advance an integrative science of psychological assessment. Building on the evidence and arguments presented by authors on both sides of the debate in this Special Series,

Meyer and Archer discuss 11 issues that they consider to be the most pressing: (a) clarifying the Rorschach's locus of effectiveness, (b) updating normative reference groups, (c) examining the reliability and adequacy of test administration, (d) further documenting temporal stability, (e) examining understudied variables, (f) addressing the test-taking styles that systematically influence test scores, (g) contending with unpublished citations, (h) generating cumulative research, (i) solidifying cross-cultural applications, (j) continuing to document incremental validity, and (k) exploring clinical utility.

Closing Comments

I thank the many people who have advanced this Special Section. First and foremost, I thank the contributing authors. Each article provides a sound contribution based on thoughtful deliberation and conscientious attention to the empirical literature. Second, I thank the 16 expert reviewers who provided insightful and helpful commentary on each article in this Special Section.

Finally, it is worth pointing out that scientific debates have a long and valuable history in psychology. Well-formulated debates founded on sound reasoning and relevant data provide soil for the seeds of scientific insight. Logic and evidence have helped to settle some of the classic debates in psychology (e.g., both nature and nurture are important in development; personality traits do exist, despite the importance of situational determinants; psychotherapy has efficacy for ameliorating emotional problems), even though details and points of emphasis continue to be contested in these areas, as well as in other areas that have yet to see substantial resolution (e.g., the merits of statistical significance testing; the relative superiority of different forms of therapy).

It is fair to say psychologists are still preparing the soil for a comprehensive science of personality assessment. As such, many limitations in knowledge are present. However, even if this endeavor were reasonably complete, one could still point out an almost endless array of insufficiencies, supporting the adage that criticism comes easier than craftsmanship. Yet scientific craftsmanship is required for the large task at hand. Clinical and research psychologists must jointly roll up their sleeves to carefully and respectfully sift through the complex array of evidence and issues. As scientists, our task is to systematically and conscientiously account for all the relevant data, even if it conflicts with personal views of how things ought to be.

The Rorschach remains one of the most used and researched tests in clinical psychology. This Special Series, with its sequential, evidence-based dialogue, provides core readings to inform the science and practice of assessment. Clinicians, researchers, educators, and students now have at hand a thorough review of the evidence and logic that are critical for understanding the Rorschach's strengths and limitations in clinical assessment. Speaking on behalf of all the contributors, I hope the Special Series fosters productive growth in our field.

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