

Integrating the Rorschach and the MMPI in Clinical Assessment: Conceptual and Methodological Issues

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The Rorschach and Minnesota Multiphasic Personality Inventory (MMPI) are among the most widely used personality assessment tools. However, there is little guidance in the literature about their combined use. In this article, I discuss conceptual and methodological issues of combining these widely used psychological tests, including the use of the test battery and the necessity of rationales for test utilization. Methodological approaches to integrating the test findings are discussed, including score, construct, test by test, and theory-based integrative approaches. The value of a person-centered interpretive and integrative focus is affirmed.

Numerous empirical surveys of test usage indicate that the Rorschach and the Minnesota Multiphasic Personality Inventory (MMPI) are among the most commonly used psychological assessment tools (Archer, Maruish, Imhof, & Piotrowski, 1991; Lubin, Larsen, Matarazzo, & Seever, 1985). Both tests provide a wealth of clinically useful information. Though there are apparently no data about their use together, one must assume that their combined use is commonplace in psychological assessment. The clinical psychologist engaged in psychodiagnostic assessment must inevitably interpret the test findings, a complex and controversial process. The question of integrating the findings of these tests into a personality assessment forces us to expose some basic assumptions, many of which are taken for granted, particularly with respect to the process of data collection, inference development and refinement, and the integration and communication of findings. This brief excursus on the use of the

two tests in combination will highlight a few of the complex inferential and integrative decisions that bridge these very different clinical instruments.

Rapaport, Gill, and Schafer's (1968) ideas about the use of a test battery are relevant here. The use of a battery of tests in clinical assessment has been a traditional practice in clinical psychology from the mid-1940s (Rapaport et al., 1968; Sweeney, Clarkin, & Fitzgibbon, 1987). The question of integrating the Rorschach and the MMPI raises issues that are relevant to the use of any tests in combination. Anastasi (1988) defined a psychological test as "essentially an objective and standardized measure of a sample of behavior" (p. 23). The use of tests in combination allows us to provide different samples of behavior; to assess various levels or domains of personality functioning; and, in Rapaport et al.'s (1968) terms, to "mass diagnostic indicators" (p. 51). In contrast to interview techniques, the varied task orientation of the testing situation places demands on various aspects of ego functioning (Miller, 1987).

In using a battery, the clinician must have a rationale for the test's inclusion and for the nature and significance of the data that derive from them. The question of the test's utility to the assessment task is central here. If one accepts Rapaport et al.'s (1968) notion that assessment is not merely diagnostic classification, but rather the construction of a "verbal model of a personality in adaptive difficulty" (p. 18), what then does each test in the battery contribute to this endeavor? The value of tests used in combination reflects the probabilistic nature of diagnostic inferences. The Rorschach and the MMPI represent nonoverlapping sources of data (Archer & Gordon, 1988; Duricko, Norcross, & Buskirk, 1989; Lipovsky, Finch, & Belter, 1989). That the tests are largely unrelated is not undesirable. This "approach makes it not only possible but desirable to use a multiplicity of indicators each of which has only a low empirical validity" (Rapaport et al., 1968, p. 20; also see Dana & Bolton, 1982). The goal of their combined use is incremental validity (Sechrest, 1963), the idea that the validity of clinical inferences and predictions is increased when derived from multiple data sources (Dana & Bolton, 1982). Obviously, tests that do not provide increased incremental validity soon lose their popularity and are discarded. In considering the question of test validity, we cannot ignore the points presented by Meehl (1954) on the question of clinical versus actuarial interpretation. Actuarial approaches to interpretation put exclusive reliance on statistical procedures, empirical methods, and formal rules, as opposed to the interpreter's own judgment in evaluating test data. The clinical approach, in contrast, is characterized by less reliance on formal rules and more reliance on the clinician's own intuition, judgment, internalized norms, and clinical experience. Mischel's (1968) questions about whether tests, used singly or together, provide more valid information than interview data alone deserve attention. The clinical examiner can take some comfort in the fact that meta-analyses indicate that the Rorschach and the MMPI demonstrate similar validity to the Wechsler scales (Parker, 1983; Parker, Hanson, & Hunsley, 1988).

The MMPI undoubtedly represents the standard for objective personality testing (Kendall & Norton-Ford, 1982). The test combines a fixed response format and an actuarial approach to interpretation applied to broad classes of people without much concern for their unique individuality. This approach is reflected in typical or generic language: "People with this profile . . ." or "This individual is likely to. . ." The MMPI provides a picture of manifest problems, symptoms, and personality characteristics. A massive clinical and research literature on MMPI profiles and behavioral correlates is available. Although not particularly useful in diagnostic classification, given the rich tradition of clinical research and lore, it lends itself extremely well to "a descriptive behavioral approach" (Graham, 1977, p. 6). The MMPI is a self-report instrument. The broad range of the item pool provides the opportunity for the test taker to create a sort of psychological self-report within the parameters of the test's fixed response format. Despite the *K* correction and validity scales, the test must inevitably be seen in light of the way the person sees himself or herself or wishes to be seen by others. Test-taking behavior and interaction with the test subject, verbal comments, and the process of actually getting the person to take the MMPI is a source of additional clinical data. With respect to a rationale for the test's inclusion in the battery, we could say that the MMPI assesses the domain of self-report of problems, symptoms, and behaviors in which the view that the person has of himself or herself or the way that he or she wishes to be seen by others emerges. The MMPI is valuable to the extent that it allows us to compare any individual to classes of people as a sort of initial broadband approach to understanding the individual.

The Rorschach, as any graduate student can tell you, is a projective technique (Frank, 1939), as opposed to an objective personality test. By-passing the controversy over what is projection and whether it actually occurs in the Rorschach, we can say that the test allows considerably more leeway of response than the fixed format approach of the MMPI. Further, it is traditionally viewed as an indirect approach to assessment because it is generally less obvious as to what is being evaluated. That is, the Rorschach is a less obvious test than the MMPI and may sometimes exclude the impression management noted in MMPI profiles.

Contemporary Rorschach psychology tends to combine both actuarial and phenomenological interpretive foci. Exner's (1974, 1978, 1986; Exner & Weiner, 1982) Comprehensive System is based on the objective of developing a reliable scoring system and validating the test on groups of people with clearly defined characteristics, for example, depressives, sexually abused girls, nine-year-olds, psychopaths, never married men, and so on. Exner's Rorschach represents the nomothetic tradition with its focus on normative data and intergroup comparison. It seems to represent the line of thinking that informed Hermann Rorschach's (1921/1942) original work. However, another tradition, focusing on an idiographic approach, views the test more as a clinical technique that

elucidates the experiential or subjective factors of an individual's inner world. This approach tends to view the test protocol as a repertoire of images, which may be structurally and developmentally analyzed, representing the subject's range of ego states and object relations: the representational basis of experience and behavior. Of course, neither Exner's approach nor the idiographic approach precludes the other; when used in combination, one combines the rigor of empirical approaches with a more subjective, intuitive, and creative understanding of the individual (Anastasi, 1988). Finally, with respect to utility, the Rorschach is singularly valuable in the detection of thought disturbance or disorder (Blatt & Ritzler, 1974; Johnson & Holzman, 1979).

The rationale for the Rorschach's inclusion in the test battery provides for a less structured task than the MMPI, allowing more leeway of response and consequently richer clinical material. Because it is an individually administered test, it allows a rich sample of interactional, linguistic, and behavioral data. The Rorschach is best suited to elucidating personality organization and dynamics in contrast to the MMPI's focus on manifest symptoms and problems. One may evaluate the test protocol in terms of the determinants, indices, and ratios in comparison to other broadly defined groups and, in addition, assess the range, quality, and organization of the person's internal representations.

Having reviewed rationales for each of the tests, let us look at some of the issues that accrue in actually getting down to the task of integration. First, one may ask, "Why integrate at all?" The question here is whether an additive or combinatorial approach to using the tests in combination is more powerful. Furthermore, data may be contradictory. The examiner may decide to present the findings of the two tests side by side and let the reader decide. The task that we have set for ourselves, however, is integration. There are several means by which integration can be approached. It is likely that all are relied on in the process of developing, testing, refining, and ultimately choosing clinical hypotheses.

First, one may integrate at the level of the test scale or score, for example, examining the relationship between an elevated MMPI Scale 2 and the Rorschach Depression or Suicide Constellation scales. Given the richness of the data that each test offers, literally hundreds of comparisons are possible. Unfortunately, the empirical research supporting this approach is not encouraging. The correlation between MMPI scales and Rorschach determinants, ratios, and indices is poor. The scale or score approach may be supplemented by the use of critical items or individual responses.

A second approach, commonly observed in assessment reports, is integration at the level of the test. The evaluator's uses a test-by-test reporting technique, elucidating the various findings of each test. Integration of findings may or may not be accomplished in a diagnostic summary or formulation. The approach here is additive and not really integrative.

A third approach is integration at the level of the construct. Midlevel

constructs are interpretive foci that organize data at a higher level of generalization than the individual score into functional categories of interpretation. For example, this may be conveyed in the psychological test report with sections on affects, self-concept, and interpersonal relations. This is an interpretive approach advocated by Kellerman and Burry (1981).

A fourth approach is integration at the level of theory. This level of interpretation is closely related to integration at the level of the construct. Here data are interpreted, organized, and communicated in terms of psychological theory. In fact, there are those who claim that personality assessment necessarily involves the use of personality theory. "Theory serves an orienting function and acts to reduce to a more manageable size the potential number of cues contained in the stimulus configuration" (Bieri et al., 1966, p. 117). Sugarman (1991) wrote that theory serves an organizing and integrative function, clarifies gaps in test data, and allows for prediction. Within the framework of psychodynamic theory, one may use Trimboli and Kilgore's (1983) excellent approach to the MMPI, with a focus on symptoms, character scales, defenses, affect management, reality contact, and object relations, in a highly compatible format with the work of Blatt and Lerner (1983) and Urist (1977) on the Rorschach.

A final and, to my mind, the most important integrative approach is based on the notion that, in personality assessment, we interpret persons not tests. The goal of assessment is an understanding and description of "uniquely organized persons" (Rapaport et al., 1968, p. 18) and the generation of individualized predictions about their behavior. This person-centered hermeneutical focus places the emphasis where it rightly belongs, for as long as we understand that it is this unique individual in his or her unique life situation, we are able to place the test findings in the appropriate perspective. The test score or determinant has no particular meaning outside the unique life world and experience of the particular individual and the mind of the assessor, who is the integrator of the wealth of data—experiential, interpersonal, and psychometric—that personality assessment entails. The role of empathy and countertransference (Sugarman, 1981), including the evaluator's explicit and implicit views of human nature, enter the picture here.

In this short overview of some of the conceptual and methodological issues of using the Rorschach and the MMPI in combination, I have covered a few points that are relevant to their interpretation and integration. Though we may use the tests day in and day out, it is never a bad thing to expose and reexamine our assumptions about the assessment enterprise.

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