

Current Status of the Rorschach Inkblot Method

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The current scientific, clinical, and professional status of the Rorschach Inkblot Method (RIM) is reviewed with respect to its psychometric properties, the applied purposes it can be expected to serve, the extent of its use, and the nature of prevailing attitudes toward it. Available evidence indicates that the RIM is a psychometrically sound measuring instrument that provides valid assessments of personality characteristics and can facilitate differential diagnosis and treatment planning and evaluation. The RIM continues as in the past to be widely used by both clinicians and researchers. However, the esteem in which it is held by practitioners, who are generally agreed that clinical psychologists should be competent in Rorschach assessment, is not universally shared by academicians, many of whom presently question the future place of Rorschach training in graduate education.

How fitting it is to contemplate the status of the Rorschach Inkblot Method (RIM) in 1996, the 75th anniversary of Hermann Rorschach's (1921/1942) publication of *Psychodiagnostics*. Surely, in today's fast-paced world such longevity speaks to the quality of a clinical method and to the genius of its creator. From shaky Swiss beginnings through times of repudiation and renaissance, its survival repeatedly threatened both by excessive enthusiasm and unwarranted disparagement, the RIM has emerged worldwide as a frequently used and highly regarded measure of personality functioning. Although there has long been and remains a formidable corps of Rorschach detractors who deplore its use and demean its value, the distinction of the inkblot method derives not from its age, but from its well-documented capacities to elucidate the human condition.

Except in passing, this article will address neither the history of Rorschach assessment nor previous debates concerning its merit; both of these topics are considered in detail elsewhere (see, e.g., Ellenberger, 1954; Exner, 1993, chap. 1; Weiner, 1977, 1996). Instead, this article focuses on the current status of the RIM,

with specific attention to (a) its scientific status, as inferred from its psychometric properties; (b) its clinical status, as determined by the purposes that it can be expected to serve in applied practice; and (c) its professional status, as defined by how widely it is being used and by the nature of prevailing attitudes toward it.

By way of further introduction, comment may be in order concerning the preference reflected here to refer to the Rorschach as a method and not merely as a test. Like other personality tests, the Rorschach includes scores and indices that measure aspects of personality functioning. The Rorschach is more than a test, however, because its utility is not limited to applications of the scores and indices that it yields or to interpretive strategies rooted in any one theoretical frame of reference. Rather, as I have elaborated elsewhere (Weiner, 1994b, 1995c), the Rorschach is a multifaceted method of generating structural, thematic, and behavioral data that can be applied in both quantitative and qualitative terms and can be interpreted from many different theoretical perspectives. Accordingly, to recognize that the Rorschach functions not only as a personality test but as a method of generating useful information in other ways as well, it seems appropriate to refer to it as the RIM.

SCIENTIFIC STATUS

The scientific status of a measuring instrument is a function of its psychometric properties. By prevailing standards, an instrument is considered psychometrically sound when (a) trained examiners can reach reasonable agreement in scoring its variables; (b) estimates of its reliability indicate that it provides reasonably accurate information, that is, the "obtained" scores it yields closely approximate what the "true" scores are; (c) its demonstrated corollaries identify purposes for which it is reasonably valid; and (d) normative data concerning its descriptive statistics among various populations are adequate to allow comparisons of individuals to appropriate reference groups (Anastasi, 1988, chaps. 4–8).

The RIM, when administered and coded according to the Comprehensive System (Exner, 1993), satisfies each of these four psychometric requirements. Additionally, even though no other general Rorschach system has been demonstrated to rest on a solid scientific foundation, numerous special scales and indices developed outside of the Comprehensive System have shown sufficient interrater agreement, retest reliability, and construct validity to be considered psychometrically sound.

Turning to the evidence in these respects, studies of interrater agreement indicate that all of the variables coded in the Comprehensive System can be reliably scored. The levels of agreement typically found exceed 90% for location scores, pairs, Populars, and Z scores; are somewhat lower for form quality and content categories; and fall to the middle or lower 80s for determinants and Special Scores (Exner,

1991, pp. 459–460; 1993, p. 138). McDowell and Acklin (1996) recently reported an overall mean percentage agreement of 87% in a study of Rorschach interrater reliability.

The capacity of an instrument to be reliably scored does not guarantee that interrater agreement will in fact characterize a particular research study, however. For this reason, the *Journal of Personality Assessment (JPA)* began in 1991 to require Rorschach research articles to include the level of scoring agreement achieved by the examiners in the study being reported (Weiner, 1991). A required minimum of 80% agreement has not reduced the frequency with which Rorschach research articles have been appearing in *JPA*, which would seem to indicate that adequately trained researchers are having no difficulty in coding the instrument reliably. This being the case, there is certainly reason to expect that adequately trained practitioners as well as researchers are scoring the Rorschach reliably in their work.

The reliability of Rorschach data has been documented in a series of retest studies with both children and adults over retest intervals ranging from 7 days to 3 years. Among 100 nonpatient adults who were reexamined after 3 years, 13 core variables showed stability coefficients of .80 or more (*Z frequency, Lambda, M, Active movement, FC, Sum C, Affective Ratio, Sum T, Sum V, X+%, Egocentricity Ratio, Sum Critical Special Scores, and Experience Actual*); six other core variables had stability coefficients greater than .70 (*Response Total, Passive movement, CF + C, Popular, FM, and Experienced Stimulation*; Exner & Weiner, 1995, pp. 21–27).

As for the validity of Rorschach assessment, the scientific merit of the instrument was confirmed in a series of meta-analytic reviews that led Parker, Hanson, and Hunsley (1988) to conclude that the RIM has demonstrated adequate validity by usual psychometric standards and is comparable to the Minnesota Multiphasic Personality Inventory (MMPI) in this respect. Applying procedures developed by Hedges and Olkin (1985) for calculating unbiased estimates to the results of 411 studies, Parker et al. derived population estimates of convergent validity coefficients of .41 for the Rorschach and .46 for the MMPI, with there being no statistically significant difference between these values.

Subsequent to the Parker et al. (1988) study, Shontz and Green (1992) published an evaluation of trends in Rorschach research in which they identified a need for methodologically improved studies concerning practical applications of the instrument. In this same article, however, they indicated that “definitive statements can now be made about the psychometric properties of the Rorschach,” because the meta-analytic reviews have “all concluded that the Rorschach is reliable and valid when it is properly used” (p. 149).

With respect to the importance of adequate normative data, the Rorschach Comprehensive System provides detailed descriptive statistics for each of its coded variables on a sample of 700 nonpatient adults stratified to represent the 1980 U.S. census; on 1,390 children and adolescents separately for each age from 5 to 16; and

on patient reference groups of 320 hospitalized schizophrenics, 315 hospitalized depressives, 440 diagnostically unspecified outpatients, and 180 outpatients with character disorders (Exner, 1993, chap. 12). The size and diversity of these normative and reference samples provide more standardization information than is available for most psychological assessment measures and establishes the RIM as adequately normed for a U.S. population.

Looking beyond the Comprehensive System, evidence of adequate interscorer agreement, retest reliability, and criterion or construct validity has emerged as well for numerous specific Rorschach scales and indices developed for special assessment purposes, many of which are based largely on codification of thematic imagery. Among examples of such psychometrically sound specific scales currently receiving attention in the literature are the Rorschach Defense Scales (Cooper, Perry, & Arnow, 1988), the Rorschach Oral Dependency Scale (Bornstein, 1996), the Ego Impairment Index (Perry, Viglione, & Braff, 1992), the Mutuality of Autonomy Scale (Urist, 1977), and several other measures of object relatedness (Stricker & Healey, 1990). The development of these scales, along with ongoing research with the Comprehensive System, provides abundant evidence that the RIM is a psychometrically sound personality assessment instrument and one that lends itself to continuing discovery of new ways to codify and apply the data it generates.

Finally, with respect to the scientific status of the RIM, considerable attention has been paid of late to the application of appropriate methodology in Rorschach research and data analysis. For current information concerning methodological issues in investigative work with the Rorschach, the reader is referred to contributions by Exner (1995) and Weiner (1995b).

CLINICAL STATUS

The clinical status of an assessment instrument is determined by the purposes it can be expected to serve in applied practice. The current clinical status of the RIM thus depends on what Rorschach assessors are able to do with the data they obtain. Present knowledge in this regard can be summarized in reference to four clinically relevant assessment tasks: personality description, differential diagnosis, treatment planning and evaluation, and behavioral prediction.

Personality Description

Because the RIM is basically a personality assessment instrument, descriptions of personality functioning hold the key to the purposes it can be expected to serve. The range of appropriate Rorschach applications and the utility of whatever conclusions and recommendations the instrument suggests will always be a function of (a) the relevance of particular personality characteristics to the assessment

task at hand and (b) the accuracy with which the RIM describes these personality characteristics. With respect to describing personality functioning, it is helpful to consider separately what Rorschach data can indicate about personality structure and personality dynamics.

Personality structure. *Personality structure* refers to the nature of people as defined by their current frame of mind (personality states) and their abiding dispositions to think, feel, and act in certain ways (personality traits). Personality states comprise a broad range of relatively transitory affects and attitudes that are elicited by situational circumstances and are coterminus with them. Of such states, the one best measured by the Rorschach is a generally elevated level of subjectively felt distress that combines elements of anxiety and depression. As documented in the Comprehensive System (Exner, 1993), acute situational distress is suggested by the general index of $D < AdjD$ and by specific elevations in m (helplessness), Y (hopelessness), T (loneliness), V (guilt/remorse), and Color-Shading Blends with Y (dysphoria).

Traits comprise a broad range of fairly stable personality characteristics and orientations of which the following, as again documented in the Comprehensive System volumes (Exner, 1991, 1993; Exner & Weiner, 1995), have valid Rorschach correlates: (a) preferred patterns of attending to experience and capabilities for doing so openly, consistently, efficiently, and realistically; (b) characteristic styles of using ideation and capacities to think coherently and logically; (c) preferred ways of experiencing and expressing emotions and abilities to modulate affect sufficiently and pleasurably; (d) customary methods of managing stress and resources for doing so adequately; (e) clarity of identity formation and nature of attitudes toward oneself; and (f) attitudes toward other people and preferred style of interpersonal relatedness.

Personality dynamics. *Personality dynamics* refers to the nature of people as defined by the underlying needs, attitudes, conflicts, and concerns that influence how they are likely to think, feel, and act at particular points in time and in particular kinds of circumstances. Personality dynamics are revealed on the Rorschach by responses in which participants attribute characteristics to their percepts that go beyond the stimulus properties of the inkblots; thus, percepts involving movement, distortions of form, or embellishment with qualities other than shape, shading, and color are likely to reflect projection onto the blots of a participant's internal psychological processes and thereby provide clues to the nature of these processes (Exner, 1989; Schachtel, 1966, chap. 2).

Numerous variables coded in the Comprehensive System for response contents and embellishments have been demonstrated to measure dynamic aspects of

personality functioning, such as *MOR* (concerns about the adequacy of one's body), *COP* (positive attitudes toward interpersonal collaboration), and *Food* (unmet dependency needs). In addition, as noted earlier, various scales based on codification of thematic imagery are proving valid for assessing personality dynamics, especially with respect to defensive style and object relatedness.

However, Rorschach assessment of personality dynamics has not yet been as thoroughly validated as assessment of personality structure. This does not signify that such validation has proved elusive or is for any reason beyond accomplishing. Rather, it is simply the case that Rorschach assessment of personality dynamics has yet to receive the extent of systematic research attention that it deserves. Given that there already exist adequately validated Rorschach variables and scales for describing many dynamic aspects of personality functioning, there is good reason to expect that future studies will continue to generate confirmatory findings of this type. While awaiting comprehensive validation of clues to personality dynamics, Rorschach clinicians can continue to draw on theoretical principles, clinical guidelines, and an extensive literature to generate valuable hypotheses concerning participants' underlying needs, attitudes, conflicts, and concerns (see, e.g., Aronow & Reznikoff, 1976; Lerner, 1991; Schachtel, 1966; Schafer, 1954).

Differential Diagnosis

The original monograph *Psychodiagnostics* is subtitled "A diagnostic test based on perception" (Rorschach, 1921/1942). As Rorschach may have anticipated, given his brilliance, subsequent advances in conceptualization indicate that his instrument goes well beyond this initial characterization in three respects: (a) the RIM functions as more than a test, as previously noted, and is better conceived as a method of generating data; (b) the inkblot method is based as much on association as on perception; and (c) Rorschach findings identify aspects of personality functioning and only secondarily bear on diagnostic status (Weiner, 1994b).

In this last regard, early efforts to construct Rorschach sign lists for diagnostic purposes foundered badly, primarily because they failed to tap the richness of the RIM for elucidating dimensions of personality (see Goldfried, Stricker, & Weiner, 1971). Reliable contributions of the RIM to differential diagnosis eventually emerged only in concert with systematic conceptualizations of psychopathology that made it possible to link certain Rorschach variables with certain disorders on the basis of personality processes common to both (Weiner, 1986).

At present, the Rorschach Comprehensive System provides indices for schizophrenia (*SCZI*) and depression (*DEPI*) that can prove helpful in identifying these two conditions, provided that they are used not in an uninformed actuarial manner but rather in light of numerous qualifications and special considerations elaborated by Exner and Weiner (1995, chaps. 5 & 6). Recent work by Gacono and Meloy

(1994) suggested that a similarly sound and useful index of psychopathic personality can now be constructed. These diagnostic indices are clinically useful because the personality characteristics they are known to measure play a clearly formulated role in the conditions to be diagnosed. In addition, although further documentation is needed, accumulating data indicate that there are on the horizon adequately conceptualized and empirically valid Rorschach indices for bipolar disorder, borderline and schizotypal personality disorder, and acute and chronic stress disorder (Weiner, 1995a).

The future utility of Rorschach findings in diagnosing various other conditions will depend on how successfully these conditions can be delineated in terms of personality characteristics that are reasonably specific to them. If a condition of interest to psychologists cannot be shown to entail some unique personality features, Rorschach data are unlikely to identify the presence of this condition or to help differentiate it from other conditions. Conversely, the more that can be learned about structural and dynamic aspects of personality that contribute to or are determined by types of disorder, the more effective the RIM will become in diagnosing these disorders.

Treatment Planning and Evaluation

Currently emerging concepts and findings are demonstrating potentially important Rorschach contributions to the planning, conduct, and evaluation of psychological interventions. These contributions include identifying treatment targets and possible obstacles to progress, selecting appropriate treatment modalities, and monitoring change and improvement over time.

Regarding treatment targets, Rorschach findings provide a wealth of information concerning what needs to be accomplished in therapy to help a particular patient feel better and function more effectively. Each translation of a deviant or generally undesirable Rorschach finding into its implications for maladaptive personality characteristics identifies a potential goal of the treatment, such as a low Affective Ratio indicating a need for the person to become more comfortable with feelings, a small number of Populars indicating a need to become more cognizant of conventional reality, and an excess of passive movement responses indicating a need to become more assertive and self-reliant.

The relative degree to which particular Rorschach deviations from normative expectation are manifest or seem entrenched can also prove helpful in deciding which among several alternative treatment targets are most important to address and in what order it might be most fruitful to address them. Thus patients with an unusually large *D* of -3 and only a modestly elevated *MOR* of 3 probably need attention first and foremost to their high level of subjectively felt distress rather than to their predilection for pessimistic thinking, even though the latter could also become a worthwhile treatment target later on.

Obstacles to progress in treatment come in various forms. Generally speaking, however, there is good reason to expect that people who are rigid and set in their ways, who are satisfied with themselves and free from subjectively felt distress, who are disinclined to be introspective, and who are averse to close and trusting interpersonal relationships will have difficulty becoming engaged and participating effectively in most forms of psychotherapy. These obstacles to progress have been translated into Rorschach indices of personality characteristics that need to be recognized and confronted in order for treatment to be sustained and achieve its maximum possible success (Weiner, 1994a).

As for selecting an appropriate modality, data analyses are underway that should help tap the rich potential of the RIM for identifying personality characteristics associated with relative aversion or receptivity to alternative treatment approaches. In this work, Exner (personal communication, October 27, 1995) has begun to examine longitudinal data on 497 patients who took the Rorschach prior to entering various types of psychotherapy. Thus far, some interesting relationships have emerged between Rorschach patterns and treatment modality among patients differing in their early treatment course.

Among 73 of Exner's 497 participants who dropped out of treatment early (within 8 weeks), those who were in behavioral therapy were especially likely to have an introversive EB but not to show any consistent patterns of interpersonal difficulty; by contrast, early dropouts from dynamic, cognitive, and experiential forms of therapy did not display any particular EB style (introversive or extratensive) but were especially likely to demonstrate difficulty in forming interpersonal attachments ($T = 0$). EB style in Exner's sample was also differentially associated with modality among 123 patients who remained in treatment and were rated by their therapists as making very good progress after 4 months. Those who were progressing well in dynamic therapy were particularly likely to be introversive, whereas those who were progressing well in some form of brief therapy (fewer than 18 sessions) were particularly likely to be extratensive.

There was also a group of 117 patients who remained in therapy but were regarded as making slow progress after 4 months. Of these patients, those in behavioral therapy were particularly likely to show interpersonal neediness ($T > 1$), whereas those in other types of therapy were notable for being unusually insulated against subjectively felt distress (D or $AdjD > 0$). These preliminary findings offer great promise for being able to use the Rorschach to good effect in recommending specific treatment modalities for patients with particular personality characteristics.

Finally, the capacity of the RIM to identify needs for change and corresponding treatment targets makes it obvious that baseline and follow-up testing can provide valuable information concerning progress in treatment and reliable assessment of treatment outcome. Large-scale studies reported in recent years leave little doubt that adequately conceptualized Rorschach indices can monitor change effectively in numerous forms of treatment (Abraham, Lepisto, Lewis, Schultz, & Finkelberg,

1994; Blatt & Ford, 1994; Exner & Andronikof-Sanglade, 1992; Weiner & Exner, 1991).

Behavioral Prediction

Personality assessors are well-advised to remember Lewin's observation that behavior is a complex and interactive function of personality (what people are like) and the environment (the circumstances in which people find themselves). Because personality assessment methods provide information only on the personality side of Lewin's equation, they can rarely stand alone as predictors of behavior. Being a personality assessment method, the RIM by itself has demonstrated limited predictive validity during its 75-year history, and there is little reason to expect it to attain much single-handed predictive power in the future.

Once it is recognized that the RIM is not by nature a predictive instrument, its limitations in this regard can be qualified in four respects. First, because personality traits are fairly stable in adults, Rorschach trait variables are likely to provide reasonably accurate longitudinal predictions of personality style, even over many years' time. Long-term retest data confirm the validity of the RIM for this purpose (Exner, 1993, p. 46; Janson & Stattin, 1994).

Second, to the extent that a particular behavior is determined largely by personality characteristics, with a minimum of nonpersonality variance (i.e., environmental influence), Rorschach variables become increasingly likely to achieve better-than-chance prediction of who is likely to do what. In the preceding discussion of treatment planning, for example, the likely importance of personality style in determining receptivity to various forms of treatment, with nonpersonality variables playing a lesser role, no doubt accounts for such findings as the difficulty of introversive individuals becoming involved in behavioral therapy but progressing particularly well in dynamic therapy.

Third, when assessment questions are framed within the context of foreseeable environmental circumstances, Rorschach findings can help to anticipate how participants are likely to respond to them. For example, participants with a minus *D*-score (excessive subjectively felt distress) and a high *Lambda* (narrow focus of attention) are likely to function more comfortably in a well-structured, clearly defined, and uncomplicated situation in which they know what is expected of them than in an ambiguous, open-ended, and complex situation in which there are few guidelines to follow; by contrast, participants with an unbalanced *a:p* ratio (cognitive inflexibility) and a high *Xu*% (idiosyncratic perception) are likely to adapt better to an unstructured, free-wheeling situation in which they are free to do things their own way than to a highly regimented situation in which they are expected to conform to someone else's rules.

Fourth, although the current status of the RIM does not support unqualified predictions of the future, Rorschach data formulated in terms of personality

characteristics can contribute to cautious estimates of behavioral potentials. Thus, it is reasonable to suggest that people whose Rorschach responses identify marked anger and resentment, limited impulse control, an expressive coping style, a self-righteous nature, an aversion to passivity and dependency, and poor judgment are at greater risk than most people for behaving aggressively toward others.

PROFESSIONAL STATUS

The professional status of a clinical method is reflected in the frequency with which it is used and the esteem in which it is held. With respect to the RIM, these aspects of its current status are measured by how widely the instrument is being utilized for clinical and research purposes and by the nature of presently prevailing attitudes toward it.

Clinical and Research Use of the RIM

It seems forever that prophets of doom have been forecasting the demise of Rorschach testing. Even assessment psychologists personally committed to the inkblot method are often heard to lament its declining use. This article cannot plumb the origins of these forecasts and laments; it can, however, report that the former are false and the latter unnecessary.

Repeated surveys of psychological test usage over the past 35 years have shown a substantial and consistently sustained frequency of Rorschach assessment in clinical settings. In 1961 Sundberg (1961) reported that more than 80% of 185 agencies he surveyed were using the Rorschach. Subsequent surveys by Lubin, Wallis, and Paine (1971) of 251 clinical settings; by Lubin, Larsen, and Matarazzo (1984) of 221 settings; and by Piotrowski and Keller (1989) of 413 outpatient mental health facilities all found similarly that more than 80% of the responding agencies used the Rorschach. With the RIM maintaining its percentage of use and the number of mental health facilities having increased considerably since 1961, it seems reasonable to conclude that more rather than fewer Rorschach examinations are being conducted now than in the past.

The 1990s have brought cause for concern that managed care environments and restricted third-party payments may discourage assessors from employing relatively comprehensive and costly measures such as the Rorschach (see Acklin, 1996). Nevertheless, in a recent survey by Watkins, Campbell, Nieberding, and Hallmark (1995) of 412 clinical psychologists engaged in providing assessment services, 82% indicated that they use the Rorschach in their assessments. The only methods mentioned by a greater percentage of these respondents were the clinical interview (95%), the Wechsler Adult Intelligence Scale-Revised (93%), the MMPI/MMPI-2 (85%), and Sentence Completion methods (84%).

Before the case is rested with respect to the clear evidence of widespread Rorschach testing, it should be noted that the surveys just mentioned pertain only to the United States. There exists beyond our shores a flourishing international Rorschach community of scholars and practitioners, and preliminary surveys abroad confirm the popularity of the RIM worldwide as well as in the United States (Piotrowski, Keller, & Ogawa, 1993). Bearing witness to the international stature of the instrument are thriving graduate programs and training institutes in Rorschach assessment in many countries of the world, both East and West; the current prospering of the International Rorschach Society and the large attendance at its triennial meetings; and the inception in 1993 of an annual journal, *Rorschachiana: Yearbook of the International Rorschach Society*, that in its first three volumes has published clinical and research articles from 17 different countries.

Turning to research applications of the RIM, two surveys can be cited to document extensive use of the instrument in investigative pursuits, both past and present. Reynolds and Sundberg (1976) reported some years ago that the two most extensively researched personality instruments were the RIM and the MMPI. As evidence in this regard, they utilized Buros' (1974) *Mental Measurements Yearbook* to identify 4,580 Rorschach references through 1971 with an average yearly rate of 92 references. For the MMPI, a younger instrument, the total number of references was 3,840 and the yearly rate 132.

As for the present, Butcher and Rouse (1966) found in a literature search that research articles published on the MMPI/MMPI-2 from 1974 to early 1994 far outnumbered those involving any other instrument. In each of these years the second most frequently researched personality assessment instrument was the Rorschach, with far more published articles than any other measure except the MMPI/MMPI-2. Minor variations in annual frequency aside, the volume of published Rorschach research was fairly stable over this 20-year period, with 99 articles in 1974, 96 articles in 1993, and an annual 20-year mean of 95.8. Butcher and Rouse (1996) drew the following conclusion from their data: "Whether viewed from the perspective of research attention or practical usage, the Rorschach Inkblot technique continues to be among the most popular personality assessment methods, and predictions about the technique's demise appear both unwarranted and unrealistic" (p. 91).

Prevailing Attitudes Toward the RIM

Not surprisingly, the attitudes that mental health professionals hold toward the RIM vary widely with their background, training, and personal preferences. Hence what one hears about Rorschach assessment will depend on whom one asks. The overall tenor of prevailing attitudes toward the RIM, beyond what can be inferred from the extensive use to which it is being put in research and practice, can best be gauged from the results of surveys of graduate programs and training sites in clinical psychology.

According to published surveys of APA-approved graduate programs, the RIM was being taught in 94% of these programs in 1974, 93% in 1984, and 85% in 1993 (Piotrowski & Zalewski, 1993; Ritzler & Alter, 1986). Although these percentages could be seen as signifying a decline in the teaching of Rorschach assessment, it is probably more reasonable to regard them as evidence of a sustained and widespread commitment among accredited doctoral programs to teach students something about the inkblot method. As further evidence in this regard, a recent survey of 235 student affiliates of the Society of Personality Assessment indicated that Rorschach instruction was included in 94% of their graduate programs and was a required course or part of a required course in 85% (Hilsenroth & Handler, 1995).

To be sure, the presence of Rorschach instruction in graduate programs does not ensure adequate instruction in the inkblot method. Negative attitudes toward the instrument and an increasingly crowded curriculum have combined over the years to reduce the instructional time typically allotted to Rorschach assessment. Indeed, in the Piotrowski and Zalewski (1993) survey, 45% of the responding clinical directors predicted that the use of projective personality assessment in academic settings would decline in the near future, and 46% felt that the extent of projective test usage in applied clinical settings is unjustified.

However, as Watkins (1994) pointed out, the opinions of these survey respondents merely echo what many academic clinical faculty have been saying for the last 25 years, without there being a shred of evidence to document either declining interest in or decreasing use of projective techniques. With specific respect to Rorschach assessment, moreover, even the Piotrowski and Zalewski respondents ranked the RIM first among projective tests with which doctoral clinical students should be familiar, and 85% of them included it in their listing of the five most important projective methods for students to learn. Watkins (1994), commenting on these data and survey information he reviewed previously (Watkins, 1991), quite correctly suggested that clinical directors have been giving projective techniques a "bum rap" by continuing to denigrate the teaching and use of these assessment methods despite clear indications that they are in fact widely used, taught, and valued.

The reservations of many academic clinicians concerning the value of Rorschach assessment are not shared by practitioners. Craig and Horowitz (1990) reported that more than 95% of diagnostic practicum sites they surveyed recommended that clinical students receive training in the Rorschach. In the previously mentioned survey by Watkins et al. (1995), 90% of the responding clinical practitioners expressed the belief that clinical students should be competent in Rorschach assessment.

CONCLUSION

What, then, can be said about the current status of the RIM as it passes age 75? Well-established as a psychometrically sound assessment instrument with numer-

ous known corollaries in personality functioning, it is also a dynamic instrument for which new interpretive methods continue to emerge and about which there is much yet to learn. Already proved useful as an aid in differential diagnosis and treatment planning and evaluation, it has considerable potential for contributing to applied clinical practice that remains to be tapped in the future. Widely used and highly valued by clinicians and researchers in many countries of the world, it appears despite its fame not yet to have received the academic respect it deserves and, it can be hoped, will someday enjoy.

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