

Assessment Feedback Integrating MMPI-2 and Rorschach Findings

Stephen E. Finn

*Center for Therapeutic Assessment
Austin, Texas*

Many clinicians are committed to giving feedback to clients about assessment results, but puzzle over how to integrate Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and Rorschach findings when talking to clients. When the two tests agree, findings may be combined and assessors may use the language of clients' Rorschach percepts to frame findings from the MMPI-2 or the Structural Summary. When the Rorschach shows more disturbance than the MMPI-2, assessors may discuss "levels of personality," praise clients for their usual coping mechanisms, and raise the possibility of underlying problems. When the Rorschach depicts less psychopathology than the MMPI-2, clinicians may talk with clients about factors influencing them to present as needing help. Alternatively, assessors may hypothesize that clients constrict emotionally in interpersonal, unstructured situations.

Recently, there has been increased interest in the process of giving feedback to clients about personality assessment results, and a number of excellent resources exist to guide clinicians in sharing results with clients about their Minnesota Multiphasic Personality Inventory-2 (MMPI-2) profiles (e.g., Butcher, 1990; Finn, 1996; Lewak, Marks, & Nelson, 1990). Although many clinicians often use a battery of tests rather than a single assessment instrument, to date little has been written about how to talk with clients about findings from multiple personality tests. This void in the literature is significant for several reasons. First, the current ethical principles of the American Psychological Association (1992) make it clear that clients should be given feedback—in language they can understand—about tests that are administered to them. Presumably, if multiple instruments are used, clients should be given feedback about all of them. Second, recent research suggests that clients therapeutically benefit from hearing about their MMPI-2 results when such feedback is presented in an empathic, collaborative way (Finn & Tonsager, 1992). If a method can be developed to provide feedback to clients about both objective

and projective personality tests, it is possible that even greater therapeutic effects could be achieved.

In this article I first propose a model for integrating results from the MMPI-2 and Rorschach, depending on the pattern of clients' MMPI-2 and Rorschach scores. I have developed this model over years of conjoint use of the two tests with clients and have come to believe that the two tests complement each other extremely well in applied clinical situations. Next, I use this conceptual model to suggest ways of discussing findings from these two tests with clients. The guidelines I present have proven to work well with many clients and were developed with the goal of providing therapeutic feedback to clients about their MMPI-2 and Rorschach results. Last, I illustrate this feedback approach with a single case example.

UNDERSTANDING MMPI-2 AND RORSCHACH RESULTS

Before we can discuss test findings with clients, we must first understand them ourselves. Unfortunately for the practicing clinician, there is still considerable disagreement among experts about how to integrate results from the MMPI and Rorschach (e.g., Archer & Krishnamurthy, 1993a, 1993b; Exner, 1996; Meyer, in press). Based on my clinical work, I have come to believe that both the MMPI-2 and Rorschach provide reliable, valid, and clinically useful information. In many cases, the two tests largely confirm each other, and this is useful in giving me more confidence about the assessment results and hence making me more sure-footed in my interactions with clients. I believe that in other cases, the MMPI-2 and Rorschach should be expected to disagree, and I use a model that has been in part articulated by others (Ganellen, 1996; Lovitt, 1993; Meyer, in press; Weiner, 1993) to resolve these apparent contradictions. This model bases conjoint interpretation of the MMPI-2 and Rorschach on the different characteristics of the two tests.

The MMPI-2 is a highly structured test that is typically administered in a noninteractive fashion. Its response format draws on intellectual mechanisms, such as reading and filling in dots on an answer sheet, or pushing buttons on a computer keyboard—tasks that are now fairly familiar to a large number of adults in the United States. The MMPI-2 has the potential—because of the empirical correlates of its test scores—to reveal traits and problems of which clients are not fully aware. In general, however, its scores reflect clients' self-presentation and their conscious views of themselves at the time of testing. Also, clients who use intellectual defenses and who function well in structured, noninterpersonal situations can easily produce benign MMPI-2 profiles, without significant elevations on its validity scales.

In contrast, the Rorschach administration takes place in an interpersonal, relatively unstructured situation. The nature of the task is largely unfamiliar to most clients and thereby generally produces more anxiety for clients than does the MMPI-2, in part because it is harder for them to know what they are revealing

about themselves. As is well known, the shadings and colors of the Rorschach blots often stir up emotional responses in clients. In general, then, the test excels at revealing problems in cognition, perception, and affect that arise in unstructured, interpersonal, emotionally arousing situations. Some clients excel at avoiding such situations in their day-to-day lives; hence Rorschach results can be especially important in predicting the kinds of difficulties clients will encounter in unusually stressful situations, such as during the middle of a long-term uncovering psychotherapy.

Patterns of MMPI-2 and Rorschach Responses

Table 1 shows a schema for broadly classifying combinations of Rorschach and MMPI-2 results into 5 patterns, according to (a) the level of disturbance revealed on the MMPI-2, (b) the level of disturbance revealed on the Rorschach, and (c) the level of engagement of the client in the Rorschach. The two convergent cells (Cells A and D), where both the MMPI-2 and the Rorschach show either high or low levels of disturbance, are relatively easy to interpret. The two discrepant cells (Cells B and C), where the MMPI-2 and Rorschach appear to disagree on the level of the client's disturbance, are more complex. Let us now consider the meaning of each of these test patterns.

Cell A: High Disturbance on Both the MMPI-2 and Rorschach

In this cell fall clients whose psychological functioning is disrupted in both structured and unstructured situations. The MMPI-2 and Rorschach agree because there is no hidden "underlying" disturbance, that is, the clients' problems in living are quite evident in their day-to-day functioning, they are aware of these problems,

TABLE 1
Patterns of MMPI-2 and Rorschach Results

	<i>High Degree of Disturbance on MMPI-2</i>	<i>Low Degree of Disturbance on MMPI-2</i>
High degree of disturbance on Rorschach	Cell A ^a	Cell B ^a
Low degree of disturbance on Rorschach	Cell C, Case 1 ^a Cell C, Case 2 ^b	Cell D ^a

Note. MMPI-2 profiles in all cases are considered to be consistent (i.e., *VRIN* and *TRIN* within normal limits), valid, and unguarded (i.e., no significant elevations on *L* and *K*).

^aRorschach protocols in these cells show adequate engagement on the part of the client (i.e., *R* is average or above and *Lambda* is < 1.0) ^bThese Rorschach protocols are constricted (with low *Rs* and/or *Lambdas* greater than 1.0).

and are willing and able to report them on the MMPI-2. This pattern of test results is common among inpatients and outpatients who are voluntarily seeking help because of an emotional crisis. In my experience, clients with this pattern of test results have histories that are consistent with their test results. Such clients are not surprised by feedback about the assessment findings.

*Cell B: Low Disturbance on the MMPI-2,
High Disturbance on the Rorschach*

When the Rorschach and MMPI disagree, this is the most frequent type of discrepancy. In clinical settings, clients with this pattern have underlying pathology that emerges in emotionally arousing, regressive, interpersonal, unstructured situations (such as the Rorschach administration). However, they function relatively well in familiar, structured situations when they can use intellectual resources to deal with anxiety (such as when taking the MMPI-2). Such clients are often unaware of the full nature of their difficulties and hence, are unable to report them on the MMPI-2. These clients often present for mental health services puzzling over certain problems in living that do not fit with their usual self-concepts. In my experience, this pattern of test results is most common in outpatient settings, especially those settings where clients have been preselected for a certain level of adaptive functioning (e.g., university counseling centers, employee assistance programs.) In our outpatient clinic, such clients are often referred by therapists who are puzzled at their lack of progress in treatment, or who are concerned because the clients have begun to exhibit disturbing, atypical behaviors or characteristics in the middle of a long-term uncovering psychotherapy. In my experience, a careful history often reveals several unusual events in these clients' pasts that seem out of character, and which occurred when the clients were under severe stress. Giving assessment feedback to such clients is complex, for they may be surprised when an assessor talks about their underlying pathology. Such clients have the potential to become flooded, confused, or defensive when the full extent of their problems is discussed.

*Cell C: High Disturbance on the MMPI-2,
Low Disturbance on the Rorschach*

This is the least frequent discrepancy between the MMPI-2 and Rorschach in inpatient and outpatient settings; this pattern is most frequently found among clients applying for psychiatric disability or being tested for forensic purposes. Two distinct interpretations are possible.

Case 1: Client shows adequate engagement on the Rorschach. In this instance clients are adequately engaged in both the MMPI-2 and Rorschach, and

the disagreement between the two sets of test findings reflects the greater control clients have over their self-presentations on the MMPI-2 as compared to the Rorschach (Ganellen, Wasylw, Haywood, & Grossman, 1996). The disturbance shown on the MMPI-2 represents a conscious attempt on the part of clients to endorse psychopathology, whereas the lack of disturbance on the Rorschach is inconsistent with this presentation and raises the possibility of malingering, exaggeration, or a "cry for help." In such instances, clients typically produce a very high score on Scale *F* of the MMPI-2, and the *F(p)* scale developed by Arbisi and Ben-Porath (1996) may be useful in distinguishing conscious malingering from more characterologically based symptom exaggeration.¹ Malingering should also be considered when this test pattern occurs in assessment situations where clients are clearly motivated to present themselves as more psychologically disturbed than they actually are (e.g., when applying for psychiatric disability or claiming "insanity" in a legal proceeding). As might be expected, assessment feedback with clients in this cell is often anxiety-provoking for assessors, as it involves discussing the possibility of clients overreporting symptoms.

Case 2: "Constricted" Rorschach. The pattern of a highly disturbed MMPI-2 and a relatively "normal" Rorschach also occurs in situations where clients have no motivation to feign psychopathology (e.g., in outpatient and inpatient settings where clients are voluntarily seeking treatment). In such instances, this pattern results from a defensive reaction of emotional withdrawal or constriction on the part of clients in response to the regressive pull of the Rorschach administration. These clients are able to reveal their problems in living on the MMPI-2 because it is impersonal, less arousing, and less overwhelming. However, during the Rorschach these clients "shut down" because they are overstimulated and confused by the interpersonal, emotionally arousing test situation. An assessor will typically sense that such clients have made a sincere attempt to cooperate with the Rorschach; nevertheless, their protocols typically show a high Lambda and/or low *R*. Meyer (in press) labeled this response style as *Style 2-R*, and reminded us of another term, *coarctated*, used by Rapaport, Gill, and Schafer (1968) to describe such Rorschachs. Feedback with such clients can be disastrous if an assessor mistakenly asserts that they have overreported symptomatology on the MMPI-2.

Cell D: Low Disturbance on the MMPI-2, Low Disturbance on the Rorschach. In this cell fall clients who function well in both structured and unstructured situations. This pattern of test results is rarely seen in clinical settings and is more common when assessments are performed for employment screening or research.

¹Meyer (in press) referred to these two response styles as *Style 4-M* and *Style 5-M*, respectively.

FEEDBACK TO CLIENTS

Table 2 takes these understandings about MMPI-2 and Rorschach patterns and applies them to the task of giving feedback to clients. As you can see, when the Rorschach and MMPI-2 agree in their assessments, it is relatively easy to discuss them with clients (Cells A and D). In such situations, I generally tell the client that the two tests largely agree in their conclusions, and that I will use the MMPI-2 profile to illustrate the assessment findings. I structure my feedback around the MMPI-2 because its dimensional scales are quite understandable to clients and the

TABLE 2
Sample Feedback Statements for Clients With Different Patterns
of MMPI-2 and Rorschach Results

Cell A (both MMPI-2 and Rorschach show high level of disturbance)

"Both the MMPI-2 and Rorschach agree in showing that you are having significant difficulties in your coping right now. Your difficulties appear to be so severe that they are even troubling you in familiar, low stress situations."

Cell B (MMPI-2 shows low disturbance; Rorschach shows high disturbance)

"The MMPI-2 shows how you generally think of yourself and how you appear to most people in your day-to-day life. The results suggest that you have learned how to manage emotional pain and are able to deal with a great deal of inner turmoil that might be unbearable to other people—as long as you stay in familiar, structured situations.

The Rorschach taps a different level of your personality, which is not visible to most people, and of which you yourself may sometimes be unaware. This test suggests that you are having some significant underlying struggles and turmoil. These difficulties may arise only occasionally, when you are in highly emotional, interpersonal, or unfamiliar situations. You may even avoid experiencing such inner turmoil for long periods of time by isolating yourself and staying out of uncomfortable situations."

Cell C (MMPI-2 shows high disturbance; Rorschach shows low disturbance)

Case 1: "On the MMPI-2 you reported a great deal of distress and disturbance. It appears that you wanted to make sure that I knew about your troubles and you may have downplayed some of your strengths.

The Rorschach gives a good picture of these strengths, and shows that you function well even in unfamiliar, unstructured situations, where most people have more difficulties."

Case 2: "On the MMPI-2 you let me know about the great number of problems you are having at the current time. It appears that you were able to tell about these when you were left alone and asked to respond by paper and pencil.

The Rorschach gives a less clear picture of your difficulties. It appears that you might have closed up in the unfamiliar, interpersonal situation of the inkblot test. When you close up, your distress is less visible to others."

Cell D (both MMPI-2 and Rorschach show low level of disturbance)

"Both the MMPI-2 and Rorschach showed that you are functioning well and not reporting a great deal of distress. Even the unfamiliar situation of the Rorschach did not cause you difficulties. You appear to be a highly resilient, stress-resistant individual."

profile provides a better visual aid than does the Structural Summary. I then explicate the general absence or presence of different traits or problems in living, making modifications from the Rorschach results whenever appropriate.

In such situations, the Rorschach is still extremely valuable in the feedback, by providing a metaphorical language in which to word assessment findings. For example, a client may have a score of 80T on Scale 4 of the MMPI-2, as well as a significant elevations on the Anger Content Scale. The Rorschach Structural Summary shows an elevated number of S and AG responses, and the content includes five percepts of volcanoes ready to explode. When discussing Scale 4 with this client, I would label it an *anger scale*, and tell the client that he appears to be so angry that he feels like a “volcano ready to explode.” Although the MMPI-2 has provided the visual aid, the Rorschach gives me the exact words to use with the client in describing his subjective experience.

Similarly, a recent client with an MMPI-2 F score of 80T, the Anxiety Content Scale at 91T, and a D of -4 on the Structural Summary gave the following as her last percept on Card X of the Rorschach:

These pink things are cliffs and you can see these little creatures hanging on, trying not to fall off. There's been a terrible earthquake, or a storm or something, and this one in the middle couldn't hang on and is dropping. But these ones are still holding on for dear life.

Without the Rorschach content, I might have told this woman that the testing revealed that she was under a great deal of emotional stress. Instead, during the feedback session I told her that the recent events of her life had so upset her that she seemed to feel as if she were “hanging on for dear life” and might “fall off the edge of a cliff any moment.” My words resonated with her deeply and she seemed to feel profoundly understood. (Incidentally, like most clients, she appeared not to realize that the wording of my feedback came from her own Rorschach response.) Alternatively, I could have read this woman's final response to her so that we could discuss it together, in the style of Harrower's (1956) “projective counseling” or Fischer's (1994) “individualized assessment.”

Giving feedback is most difficult when the Rorschach and MMPI-2 diverge, that is, when one of the tests shows much more disturbance or distress than the other. When the Rorschach shows more distress/disturbance than the MMPI-2 (Cell B), I typically invoke the concept of “levels of personality”—telling clients that the MMPI-2 depicts the way they typically think of themselves and are usually seen by others. I then explain that the Rorschach taps a “different level” of personality functioning, that is not as visible in day-to-day life, and which is revealed in unfamiliar, stressful, emotionally arousing situations. Clients typically readily understand and accept this explanation, and we then go on to discuss how their coping mechanisms help them manage the stresses of everyday living. After

this groundwork has been laid, I suggest to clients that more serious difficulties tend to get put aside but may arise to plague them and confuse them from time to time. With these clients I think it is important that I interpret the MMPI-2 as reflecting real strengths, and do not try to insist that the Rorschach findings are more "real" or "important." In this way clients feel affirmed, rather than shamed, for the ways in which they have managed underlying problems.

When the MMPI-2 depicts more distress/disturbance than the Rorschach (Cell C), I talk with clients about how they clearly want help or acknowledgment and have used the MMPI-2 to communicate this message to me. Again, by seeing both sets of test results as "real," I avoid accusing clients of exaggerating or lying for primary or secondary gains. In Case 2, where the lack of disturbance on the Rorschach is the result of the client's constricting during the projective test situation, I talk with clients about how difficult it may be at times for others to see how much inner turmoil they are experiencing.

In both divergent situations, I again compile the test findings first and then look through the Rorschach for metaphors to use in wording feedback statements for clients. Especially in the case of Cell B—where clients are sometimes unaware of underlying levels of distress—using metaphors will often allow clients to resonate with what I am saying.

CASE EXAMPLE: HARRY²

As an illustration of some of these principles, let us consider the case of a 56-year-old man, Harry. Harry was an attractive, successful businessman who had recently divorced and fairly quickly begun a romantic relationship with another woman. He was puzzled by feedback he got from this woman, close friends, and his ex-wife that he was "emotionally unavailable." In contrast, he was quite proud of his fierce independence and emotional resilience. At the suggestion of his new girlfriend, he sought a personality assessment to get "an outside opinion" on himself. He posed two main questions to be answered by the assessment:³

1. Others say I'm closed and don't open up emotionally. I think I am very self-sufficient and self-controlled. Am I just a pompous ass? Am I really controlling and closed, or are others so insecure that it makes them uncomfortable that I have my ducks in a row?
2. Why am I so ambivalent about getting close to people?

²The client's name and other identifying information have been changed to protect confidentiality.

³The method of soliciting questions from clients at the beginning of an assessment is described in detail in Finn (1996) and Finn and Tonsager (1996).

MMPI-2 and Rorschach Results

Figure 1 shows Harry's basic MMPI-2 profile (Welsh Code 136/0897:425# FKL/). As you can see, there were no significant elevations on the validity scales, and only one mild elevation on the clinical scales—on Scale 1 ($T = 59$). Consistent with my impressions of him in the interview, Harry presented himself as free from any significant emotional problems. The physical distress on Scale 1 appeared in line with Harry's reports of joint and muscular pains, which he attributed to injuries suffered while he was a Green Beret in Vietnam.

Table 3 shows the Structural Summary from Harry's Rorschach. As you can see, this revealed a great deal of distress and disturbance that was not visible on the MMPI-2, including ideational difficulties, depression, strong needs for affection, and a great deal of underlying anger. Thus, Harry's test results are a good example of the pattern found in Cell B of Table 1. The Rorschach also illustrated Harry's over-reliance on intellectualization as a coping mechanism [$2AB + (Art + Ay) = 24$], which, as mentioned earlier, is typical of someone with his pattern of discrepancy between the MMPI-2 and Rorschach. Harry also had an elevated score (.30) on Armstrong and Lowenstein's (1990) Trauma Content Index.

One of Harry's responses to Card V is illustrative of the complex and highly informative content of his Rorschach protocol. Referring to the whole blot, he said:

This looks like a bat. Here is the tail, head, wings. ... I guess it's possible that there is a significant growth on the wings that's not normal. It's carrying fungus, dust, or something instead of being fluffy. I don't see it as a burden, but it could be. A bat struggling along in spite of gradually accumulating stuff. It needs to be cleaned away or it will follow a natural process and slow down. I sense a hesitance in me to accept this idea that this bat might be in

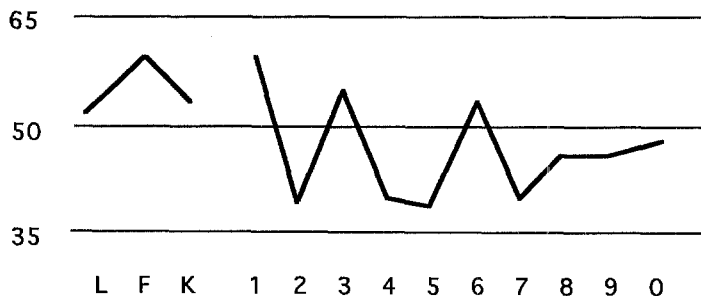


FIGURE 1 Harry's basic K-corrected MMPI-2 profile.

TABLE 3
Structural Summary for Harry's Rorschach

Location Features		Determinants		Contents		Approach Summary	
		Blends	Single	H = 4	Card:	Locations:	
Zf = 21		Fma.FC'	M = 2	(H) = 1	I :	W.D.	
ZSum = 69.5		Ma.FC = 2	FM = 0	Hd = 2	II :	WS.WS.	
ZEst = 70.0		FC.'CF	m = 1	(Hd) = 0	III :	WS.D.D.	
		mp.FT	FC = 1	Hx = 0	IV :	W.W.	
		FMa.FT	CF = 1	A = 0	V :	W.W.	
W = 18		FMp.FY	C = 0	(A) = 0	VI :	W.D.	
(Wv = 2)		FD.FT	Cn = 0	Ad = 0	VII :	W.W.	
D = 4		FY.VF	FC' = 0	(Ad) = 0	VIII :	W.W.Dd.W.	
Dd = 1		Fr.CF	C'F = 1	An = 0	IX :	W.W.	
S = 4		ma.FC.Ma	C' = 0	Art = 7	X :	W.WS.	
		FC'.C.ma.Ma	FT = 0	Ay = 5			
		ma-p.FC'.C	TF = 0	Bl = 1		Special Scorings	
	DQ	VF.ma	T = 0	Bt = 2		Lvl-1	Lvl-2
	(FQ-)	ma.CF	FV = 1	Cg = 5		DV = 2 x1	0 x2
+	= 16(6)		VF = 0	Cl = 0		INC = 0 x2	1 x4
o	= 4(0)		V = 0	Ex = 0		DR = 2 x3	2 x6
v/+	= 0(0)		FY = 0	Fd = 0		FAB = 0 x4	0 x7
v	= 3(2)		YF = 0	Fi = 1		ALOG = 1 x5	
			Y = 0	Ge = 0		CON = 0 x7	
	Form Quality		Fr = 0	Hh = 2		Raw Sum6 = 8	
FQx	FQf	MQual	SQx	rF = 0	Ls = 1	Wgtd Sum6 = 29	
+	= 0	+	= 0	FD = 0	Na = 4		
o = 13	o = 0	o = 2	o = 1	F = 0	Sc = 9	AB = 6	CP = 0
u = 2	u = 0	u = 1	u = 1		Sx = 0	AG = 3	MOR = 3
- = 8	- = 0	- = 3	- = 2	(2) = 8	Xy = 0	CFB = 0	PER = 0
none=0		none=0	none=0			COP = 2	PSV = 0

RATIOS, PERCENTAGES, AND DEVIATIONS						
R = 23		L = 0		<i>AFFECT</i>	<i>INTERPERSONAL</i>	
EB= 6: 8	EA = 14	EBPer = NA	FC:FC+C	=4:6	COP = 2	AG = 3
eb=10:13	es = 23	D = -4	PureC	=2	Food = 0	
	Adj es = 17	Adj D = -1	SumC':WSumC	=5:8	Isolate/R	=48
			Afr	=.53	H:(H)+Hd+(Hd)	=4:3
			S	=4	(H)+(Hd):(A)+(Ad)	=1:0
FM = 3	C' = 5	T = 4	Blends:R	=15:23	H+A:Hd+Ad	=11:3
m = 7	V = 3	Y = 1	CP	=0		<i>SELF-</i>
			<i>MEDIATION</i>	<i>PROCESSING</i>	<i>PERCEPTION</i>	
			P = 7	Zf = 21	3r+(2)/R	= .48
			X+% = .57	Zd = -.5	Fr+rF	= 1
a:p	= 13:4	Sum6 = 8	F+% = NA	W:D:Dd = 18:4:1	FD	= 1
Ma:Mp	= 5:1	Lvl2 = 3	X-% = .35	W:M = 18:6	An+Xy	= 0
2AB+(Art+Ay) = 24	WSum6 = 29		S-% = .25	DQ+ = 16	MOR	= 3
M-	= 3	M none = 0	Xu% = .09	DQv = 3		

SCZI = 6	DEPI = 5	CDI = NO	S-CON = 7	HVI = NO	OBS = NO
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trouble, or be overburdened, or have developed a cancer that will overcome it. But I have this realization that it may not be as good as it looks like. It's more sad.

Assessment Feedback Session

When I discussed the assessment results with Harry, I first showed him the MMPI-2 and praised him for his emotional resilience and general good coping. I enumerated his many strengths and said that I thought that in many ways, he did have his “ducks in a row.” He seemed relieved and proud as I confirmed the ways that he thought about himself. I then told Harry that I thought more was going on in him than met the eye and I talked about the underlying difficulties revealed on the Rorschach—the depression, powerlessness, neediness, and thinking problems. As I continued, Harry began to weep silently, and slowly a story emerged of the multiple severe traumas he had suffered in Vietnam, including one mission where all the men in his company had been killed, except for him. Harry had never discussed these experiences with anyone, and had coped by pushing them out of his mind. It also came out that he had been severely physically abused as a child by his father. Again, he had never discussed this abuse with anyone, but had coped as a child by excelling both academically and in sports at school. Harry seemed to feel touched and grateful at the end of the feedback session.

Feedback Letter

Following are excerpts from the letter I sent Harry after our feedback session, summarizing the assessment results. These comments are very like those I used with Harry during the feedback session:

Dear Harry,

This letter is to summarize the results of your psychological assessment, which we reviewed in our feedback session last week ...

One of the major findings of the assessment was that you have extremely strong and varied coping mechanisms that allow you to function under circumstances that would emotionally disable a majority of people. One of these coping mechanisms is your ability to push painful feelings to the side and keep on going. ... Three other very useful coping mechanisms that you have are:

1. *Self-reliance*: a strong ability to take care of yourself if need be. The testing indicates that you do enjoy being around people, but you have learned to meet your own needs and survive on your own. This ability allows you to

exit from bad situations and relationships if you need to, instead of being stuck there because of fears of being alone.

2. *Rationality*: a strong ability to analyze and rationally approach problems, putting feelings aside so that you can think clearly and not get overwhelmed by emotions.

3. *Forgetting*: an ability to forget painful events from the past so they don't continue to bother you.

The Rorschach test allows us to look "below" your coping mechanisms to see what is going on at a deeper level of your personality. The results from this test suggest that more is happening in you emotionally than at first meets the eye. There may even be a level of emotional experience in you that you are not fully aware of and which is burdening you. Some of these feelings, which are nearly invisible to others include depression, powerlessness, intense longings for affection and nurturance, and anger ...

Your strong coping mechanisms have allowed you to function well in catastrophic situations in the past and to escape the worst consequences of those traumas in the present. However, using those mechanisms to the extent that you do probably slows you down and is psychologically costly ...

The biggest cost of your unresolved distress may be the effects it has on your intimate relationships. Your test scores predict that you will have strong ambivalence about getting close to others. You are likely to worry about getting hurt and getting in over your head. This fear is not unreasonable, since ... getting too close could open up a Pandora's box of feelings inside you and leave you overwhelmed, distressed, and feeling crazy.

Harry, we now have enough information to understand your "dilemma of change"—the costs and benefits you have to weigh in deciding whether to keep your life as it is now, or try to change it.

Your dilemma begins with the strong hunger inside you to be close to others and your obvious desire to continue to open up and grow emotionally. Opposing this is the reality that your level of closeness with others is currently limited by the need to protect your inner distress. On the one hand, the major traumas in your life are now past and it is much safer to explore your feelings about these situations. However, to do so would be painful and you may decide that it's better to leave things the way they are, especially since you are functioning quite well and learning to open up some on your own. Trying to go faster in your opening up process would require quite an investment in yourself to get through it safely. You would need to work with a psychotherapist who is highly skilled in working on trauma and who can support you as you explore "beneath" your strong coping mechanisms and work through some of the pain which has gradually been accumulating ...

Let me now answer the questions you posed for the assessment:

1. Others say I'm closed and don't open up emotionally. I think I am very self-sufficient and self-controlled. Am I just a pompous ass? Am I really controlling and closed, or are others so insecure that it makes them uncomfortable that I have my ducks in a row?

Some of both appears to be true. You do appear on the outside to be self-sufficient and self-controlled and to have no needs for other people. We know the latter is not true from the Rorschach testing, but your appearance may make others feel insecure and uncomfortable about their own needs. Another thing that may be happening (which is common to most people) is that your coping mechanisms may become a bit harsher and more exaggerated when you feel threatened by internal emotions or by others' demands or criticism. When this happens, you may have a tendency to look like you're full of yourself and insensitive to others. Clearly, from our assessment, the opposite is true.

2. Why am I so ambivalent about getting close to people?

As described earlier, the testing indicates that you do want to be close to others and that you have a strong desire for affection and companionship. But intimacy is going to be a mixed bag for you right now. As you get closer to others, you will probably fear getting in over your head. As of yet, you still aren't able to set secure limits when you sense that other people want things from you. Also, getting closer to others could bring up a lot of painful feelings in you. For the time being, you'll probably feel both pulled toward others and like you want to run away.

The reader will note how I incorporated the language of Harry's Rorschach responses into many of my comments.⁴

Harry's Response

Shortly after I sent my letter, I received a note from Harry, from which I quote:

Thank you for your perceptiveness and gentleness during our last session. I realize now that I have been carrying a lot of junk around with me that is slowing me down and that I better do something about it before it's too late. ... I have made an appointment with a psychologist near where I live. He has some experience with Vietnam himself and seemed to understand what you and I discovered in the testing.

⁴ Guidelines for writing feedback letters to clients are presented in Finn and Tonsager (1996).

CONCLUSION

The MMPI-2 and Rorschach are sometimes difficult to integrate in an assessment, and there is still controversy about their conjoint interpretation. However, I believe that the two tests tap important and potentially different aspects of clients' life experiences and that apparent contradictions can often be resolved by a conceptual understanding of the inner workings of the two instruments. Further research needs to be done to investigate the interpretive model proposed in this article. In the meantime, my colleagues and I at the Center for Therapeutic Assessment have found this model to enrich our understandings of clients. By using the Rorschach and MMPI-2 in conjunction, we find that we have better empathy for our clients' subjective experience and can reflect their inner worlds back to them more accurately. Our clients feel more understood and "held" in the assessor-client relationship, which often allows them to explore new alternatives to their familiar problems in living. In the current discussions of whether the MMPI-2 and Rorschach are worth using together based on incremental validity and diagnostic efficiency, psychologists should also consider whether the two tests have incremental therapeutic utility.

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Stephen E. Finn
 Center for Therapeutic Assessment
 1015 Bee Cave Woods Drive, Suite 300
 Austin, TX 78746