

## CHAPTER 41

# Projective Assessment of Malingering

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According to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, malingering involves the conscious fabrication or exaggeration of physical and/or psychological symptoms, with the desire to achieve an external goal (American Psychiatric Association, 1994). While the prevalence of malingering is not known with precise accuracy, estimates have ranged from 7% to 8% in outpatient settings and 16% to 17% in forensic settings (Rogers, Salekin, Sewell, Goldstein, & Leonard, 1998; Rogers, Sewell, & Goldstein, 1994).

Since the 1930s, projective personality tests have been used in a number of empirical studies of malingering. The majority of these investigations have used the Rorschach Inkblot test. In addition, a very limited number of studies have used the Thematic Apperception Test (TAT), the Group Personality Projective Test (GPPT), and the 136-item Sentence Completion Test (SCT-136). Most projective studies of malingering have used simulation research designs, comparing individuals instructed to simulate some form of maladjustment with individuals instructed to answer honestly or simulate a good impression on a test. Very few projective malingering studies have used known-groups comparison methodology (comparing individuals judged to be malingerers with those judged to be honest reporters) or differential prevalence designs (comparing individuals who have a large incentive to mangle with those who do not, e.g., disability and nondisability claimants).

Malingering research using projective personality tests is important because these measures do not include validity

scales that assess the examinee's response set. Therefore, investigating overreported response sets and providing indices of symptom exaggeration in projective measures would be extremely helpful. This chapter reviews the empirical research on projective personality assessment in the detection of malingering. First, early research utilizing the Rorschach to detect malingering will be presented, followed by a review of more recent Rorschach studies. Next, malingering research on other projective personality measures will be reviewed. Last, methodological issues in the investigation of malingering with projective assessments will be considered. Although few studies have been conducted on this issue since Perry and Kinder (1990) and Schretlen (1997) published their literature reviews, the aim of the present review is to comprehensively discuss both the relevant literature and methodological issues in the projective assessment of malingering. It should be emphasized that because this chapter reviews the projective research on malingering detection, the focus is therefore on studies that have assessed exaggerated or fabricated psychopathology; this chapter does not explore in detail the studies that have assessed the minimization or concealment of psychopathology.

### RORSCHACH INVESTIGATIONS IN THE DETECTION OF MALINGERING

First, we discuss the early malingering studies using the Rorschach.

### Early Rorschach Malingering Studies

The early Rorschach malingering studies primarily used simulation designs with repeated measures analyses, comparing individuals' test responses under standard versus malingering instruction sets. Fosberg (1938, 1941, 1943) conducted the earliest malingering studies using the Rorschach. Fosberg (1938) was interested in exploring the Rorschach's reliability. Using a repeated measures simulation design, he instructed two participants to complete the test under four conditions: (1) standard instructions, (2) instructions to make the best impression, (3) instructions to make the worst possible impression, and (4) instructions to look for determinants. He found no significant differences in chi-square analyses between conditions for variables involving location, determinants, or content, concluding that the Rorschach cannot be feigned.

Next, Fosberg (1941) examined Rorschach data from 129 male and female college professors and students, under a variety of standard, fake good, and fake bad instructional sets. Using a similar repeated measures design, resulting pairwise correlations demonstrated a high degree of association between conditions, and Fosberg again concluded that the test could not be feigned. In a subsequent study, Fosberg (1943) explored the manner in which his participants feigned on the Rorschach and concluded that if his "test-wise" college-affiliated participants could not effectively feign the Rorschach, "Rorschach naïve" participants would not be able to malingering more effectively. However, Cronbach (1949) sharply criticized Fosberg's studies for his use of inappropriate statistical analyses, thus compromising the studies' conclusions.

During the 1940s, clinical observations of malingering on the Rorschach were noted by Benton (1945) and Hunt (1946). Both authors noted that signs of malingering may include a small number of responses (*R*), and frequent card rejections. In addition, Benton (1945) noted a slower reaction time, an attitude of perplexity and pained compliance with testing, and a smaller number of Popular (*P*) responses, while Hunt (1946) noted perseveration and a larger number of *P* responses. However, no statistical analyses were conducted to test these hypotheses. Although no control group was included, Rosenberg and Feldberg (1944) provided malingering signs of 93 soldiers suspected of malingering, including decreased *R*, vague form, increased *P*, perseveration, delayed response time, card rejections, and repeated questioning about test directions.

In the 1950s, two notable Rorschach malingering studies were conducted by Carp and Shavzin (1950) and Feldman and Graley (1954). Carp and Shavzin (1950) implemented a repeated measures simulation design and first instructed 20 male undergraduate students to feign a bad impression in

order to avoid military conscription, and then a good impression in order to be released from a psychiatric hospital, on two successive Rorschach administrations. An additional 20 male students were given the same instructions in reverse order. Analyzing a number of Rorschach variables and indices, the only between-group difference found was that of organization (*Z*). While inappropriately using a chi-square analysis, they did find that some participants scored differently across test conditions.

Next, Feldman and Graley (1954) instructed two groups of undergraduate participants ( $N = 72$ ) to complete the Rorschach (group administration) while simulating the worst possible impression, while a subgroup of 30 participants were asked on a previous occasion to take the test under standard instructions. Using Kloper's scoring method, 35 standard Rorschach variables were examined, and under simulation conditions participants yielded significantly lower *P*, but significantly more responses involving inanimate movement (*m*), color-form plus pure color (*CF + C*), form-color (*FC*), and sex-anatomy. However, group administrations may not be generalizable to individual administrations because of differences in their factor structures (Shaffer, Duszynski, & Thomas, 1981). Several qualitative signs were found to be prevalent in the experimental conditions but not in the control conditions, including self-references, aggressive and sexual references, symmetry remarks, absurd content, dysphoria, and expressions of personal feelings. Strategies reported for feigning included: (1) avoiding the normal response, (2) using sexual responses, (3) endorsing symptoms of maladjustment, (4) having a specific mental disorder in mind, (5) having a nonspecific mental disorder in mind, and (6) emphasizing aggressive and gory components.

More than a decade later, Easton and Feigenbaum (1967) used a repeated measures simulation design, administering the Rorschach to 11 college students under standard instructions on two different occasions. An additional 11 students were asked to complete the Rorschach under standard instructions and then again with instructions to simulate an unfavorable impression in order to avoid military conscription. The authors found that under simulation instructions, of 12 standard Rorschach variables, significantly lower scores were obtained on common detail responses (*D*), form (*F*), *Obj*, *P*, and *R*. However, test repetition alone resulted in decreases in whole animal (*A*) and *P*, and increases in *D*, whole human (*H*), animal detail (*Ad*), and *R*.

### Rorschach Studies of Malingering Since 1980

Rorschach malingering studies changed significantly after 1980. Specifically, most researchers began including patient

comparison groups, and many instructed participants to simulate specific types of psychopathology, rather than giving general directions to simulate a good or bad impression. Additionally, known-groups comparison designs began appearing in the literature.

Bash and Alpert (1980) conducted the first known-groups comparison of malingering on the Rorschach, examining additional measures as well. The authors compared four groups of prisoners ( $N = 120$ ): (1) prisoners judged to be malingering auditory hallucinations, (2) prisoners diagnosed with schizophrenia and suffering from genuine auditory hallucinations, (3) prisoners diagnosed with schizophrenia who were not reporting auditory hallucinations, and (4) nonpsychotic prisoners. The authors found that an index of malingering, consisting of variables including  $R$ , number of cards rejected, reaction time,  $P$ , number of *Easy P* responses, perseveration, ratio of human movement to pure color ( $M:C$ ), aggressive responses,  $C\%$ , animal and inanimate movement responses, bizarre responses, Percent of Whole Locations ( $W\%$ ), and aspirational ratio ( $W:M$ ) discriminated groups. However, no information was provided on the accuracy of these variables individually.

Seamons, Howell, Carlisle, and Roe (1981) presented a counterbalanced, repeated measures simulation study of 48 male forensic patients. The authors asked nonschizophrenic, latent schizophrenic, residual schizophrenic, and schizophrenic-psychotic patients ( $n = 12$  per group) to fake well-adjustment, and then malingering mental illness on subsequent administrations of the Rorschach. Results demonstrated that under instructions to feign mental illness, of 48 variables explored, patients only obtained fewer  $P$ , significantly more *dramatic* responses (i.e., depression, sex, blood, gore, mutilation, confusion, hatred, fighting, and decapitation themes), higher experience potential ( $ep$ ), and more inappropriate combination responses.

Albert, Fox, and Kahn (1980) conducted one of the earliest studies with coached and uncoached simulators. They administered the Rorschach with standard instructions to six inpatients diagnosed with paranoid schizophrenia and six college students, while providing instructions to feign paranoid schizophrenia to six college students coached on paranoid schizophrenia and six students who did not receive such coaching. After soliciting fellows of the Society of Personality Assessment, 46 fellows judged the protocols. Findings revealed that based on Rorschach protocols, the fellows diagnosed uncoached simulators and schizophrenic patients with psychosis equally, while the coached simulators were diagnosed with psychosis more frequently. Additionally, judges reported being equally confident of their diagnoses across groups.

Pettigrew, Tuma, Pickering, and Whelton (1983) used a between-groups simulation design, testing 62 college students instructed to simulate psychosis, while providing honest instructions to 75 students, 29 civilly committed psychotic patients, and 26 forensic psychotic inpatients on a multiple-choice group format of the Rorschach. The multiple-choice version contained all of the blots reproduced on one page, with possible answer choices corresponding to good form with bizarre wording, good form without bizarre wording, poor form without bizarre wording, and poor form without elaboration. The advantage of the multiple-choice format is that it eliminates the confounding effects of between-condition differences in  $R$  found in many Rorschach malingering studies (since differences in  $R$  affect a number of standard Rorschach indices). Results demonstrated that simulators gave significantly more good form with bizarre wording responses.

Meisner (1988) conducted a between-groups simulation study using the Rorschach, the first study of its kind to use a cash incentive in order to motivate simulators to convincingly malingering. He used 29 nondepressed undergraduate students under standard instructions and provided training on depression to 29 nondepressed undergraduates instructed to feign severe depression, with a \$50 incentive for the most convincing feigning performance. The investigator also used the Beck Depression Inventory (BDI) in order to verify that participants were able to convincingly feign depression. He analyzed a number of Rorschach variables related to depression and anxiety, and although lacking a patient comparison group, the author found that simulators scored higher on morbid content ( $MOR$ ), and lower on blood ( $Bl$ ) and  $R$ .

Several studies in the 1990s investigated malingered psychosis on the Rorschach. Netter and Viglione (1994) compared honest Rorschach protocols of 20 schizophrenic inpatients and 20 nonpatients with those of 20 nonpatients instructed to simulate schizophrenia. Simulators were provided training on schizophrenia and were told that successful simulation would result in the reward of two movie tickets. The authors were interested in numerous standard Rorschach variables, as well as *modified responses* (i.e., responses that have a circumstantial quality, those that call attention to personal distress or the bizarreness of a response, or spoiling or modifying a response with poor form quality). Compared to schizophrenic patients, simulators had longer reaction times. Patients and simulators did not differ on the schizophrenia index ( $SCZI$ ), with nearly half of the simulators scoring 4 or higher on  $SCZI$ , indicating a moderate likelihood of schizophrenia. When eliminating modified responses from  $SCZI$ , simulators did differ significantly from patients. Additionally, simulators scored lower on modified distorted form ( $MOD X - \%$ ) than schizophrenic patients.

Perry and Kinder (1992) also investigated the simulation of schizophrenia on the Rorschach using a between-groups simulation design. The authors provided 20 undergraduate males with a description of schizophrenia and instructed them to simulate the disorder on the Rorschach, without making their simulation appear obvious. Their protocols were compared with a control group of 20 male undergraduates instructed to complete the test under standard directions. Nonparametric analyses were conducted on Rorschach variables that lacked normal distributions. After finding that the simulation group produced a significantly smaller number of responses, the authors attempted to control for these differences by equating groups on *R*. Although lacking a schizophrenia patient comparison group, Perry and Kinder demonstrated that of a number of variables, the simulators yielded a significantly greater reaction time, more *dramatic* responses, and scored higher on the weighted sum of special scores (*WSum6*), *SCZI*, distorted form ( $X - \%$ ), and human responses with poor form ( $M -$ ). However, simulators scored lower on *P*, *Easy P*, and conventional form ( $X + \%$ ).

Ganellen, Wasyliv, Haywood, and Grossman (1996) conducted a known-groups comparison of malingered psychosis on the Rorschach. The authors tested 48 forensic patients referred for competency and/or sanity evaluations and divided them into groups based on Minnesota Multiphasic Personality Inventory (MMPI) *F* scale T-scores of greater than 90 ("malingered" group), and 90 or less ("honest" group). Results indicated that from a variety of Rorschach variables, only *dramatic* content differed significantly between groups, with the "malingered" group scoring higher. However, this study relied solely on *F* scale scores to classify individuals as malingerers and honest reporters, and a T-score cutoff of 90 may result in classifying too many honest responders as malingerers (Greene, 1997).

Simulated depression on the Rorschach was investigated by Caine, Kinder, and Frueh (1995). Using a between-groups simulation design, the authors instructed 20 depressed (non-psychotic) female inpatients and 20 nondepressed female undergraduates to complete the Rorschach under standard instructions. An additional 20 nondepressed female undergraduates were provided a description of depression and were instructed to simulate the disorder on the Rorschach, without making their simulation appear too obvious. The authors used the MMPI-2's Depression (*DEP*) scale as a manipulation check to ensure that simulators had the ability to feign depression. Nonparametric analyses were used for nonnormally distributed Rorschach variables. *R* was not revealed to differ between groups. Using a variety of Rorschach depression-related variables, the authors did not find any significant differences between simulators and patients, revealing only that

simulators and patients scored significantly higher on *MOR* than controls.

Frueh and Kinder (1994) explored simulated combat-related post-traumatic stress disorder (PTSD) in a between-groups simulation design. They instructed 20 male undergraduates and 20 male Vietnam combat veterans diagnosed with PTSD to complete the Rorschach in an open and honest manner. An additional group of 20 male undergraduates were provided with information about combat PTSD and were asked to feign combat PTSD on the Rorschach, with a cash incentive promised to successful simulators. Groups did not differ on *R*. Nonparametric analyses were implemented for nonnormally distributed variables. Of the standard scores and the *dramatic* score, simulators scored significantly higher than patients and controls on *dramatic*, pure color total (*Sum C*),  $CF + C$ , and  $X - \%$ . Simulators scored higher than patients, but not higher than controls, on  $M -$ . Simulators scored lower than controls on  $\Lambda$  (the ratio of pure form responses with all other responses) and  $X + \%$ .

## OTHER PROJECTIVE ASSESSMENTS USED TO DETECT MALINGERING

Clearly, a number of studies have explored malingering using the Rorschach. Next, we discuss the handful of malingering studies that have employed other types of projective tests.

### Thematic Apperception Test (TAT)

Several studies have used the TAT to detect malingering. Kaplan and Eron (1965) conducted a between-groups simulation study with 36 undergraduate students who were naive to projective testing and were instructed either to complete the TAT with standard directions or with directions to simulate being an aggressive and hostile person. An additional 36 graduate students in clinical psychology (with projective test experience) were instructed to complete the TAT with either standard or aggressive/hostile directions. Although no patient comparison group was implemented, results indicated that of six TAT variables, simulators scored significantly lower on emotional tone (*ET*) and outcome (*O*), and scored higher on aggressive themes. Additionally, graduate students with projective training obtained significantly more unusual formal characteristics (*UFC*) than naive subjects when under simulation instructions.

Hamsher and Farina (1967) implemented a between-groups simulation design with the TAT. The authors instructed 61 undergraduate students to complete the TAT (abbreviated version) with instructions to either simulate openly seeking

psychological treatment or simulate being guarded in completing the test. On TAT ratings of openness, subjects in the open condition were rated as significantly more open than those in the guarded condition (especially for the blank card). For females, the open and guarded groups differed more than that seen in males.

Holmes (1974) conducted the most recent malingered TAT study, presenting findings from two simulation experiments. In Experiment #1, 29 undergraduate students were asked to respond honestly to the TAT, and then in a subsequent test administration they were instructed to simulate high achievement and motivation. An additional 31 students were given the same instructions but in reverse order. Using analyses of variance, Holmes found significant between- and within-group differences, concluding that subjects could alter their responses accordingly on the TAT. In Experiment #2, the author instructed 27 students to complete the TAT honestly on two successive test administrations. Thirty-one students were instructed to first complete the TAT honestly and then with directions to conceal their personalities as much as possible on a subsequent test administration. Based on results indicating a very small degree of association between the honest and faking conditions, the author concluded that the simulation group was able to inhibit their personality projections.

### Group Personality Projective Test (GPPT)

Two studies (Brozovich, 1970; Cassel & Brauchle, 1959) have explored malingered on the GPPT. The GPPT is a 90-item multiple-choice test in which the examinee is presented stick figure drawings and must select an answer choice that describes what he or she believes is taking place. It should be noted that neither of these studies included a patient comparison group.

Cassel and Brauchle (1959) implemented a repeated measures simulation design, instructing 50 high school seniors to complete the GPPT on three successive test administrations with (1) standard directions, (2) directions to fake a poor and disturbed personality, and last, (3) directions to feign a good personality with minimal disturbance. Based on *t* tests, of six of the GPPT's part scores, when simulating a poor-disturbed personality students scored significantly higher on the tension reduction quotient, withdrawal needs, succorance needs, and total score, while scoring lower on nurturance needs and affiliation-psychosexual needs. Under directions to simulate a good personality, participants were also able to alter their responses.

Brozovich (1970) conducted a similar repeated measures simulation study with the GPPT, including 38 graduate students in introductory group testing courses. The author imple-

mented three successive GPPT administrations with standard directions and counterbalanced directions to either feign well-adjustment or emotional disturbance. Using analyses of variance, when faking an emotional disturbance students scored significantly higher on the tension reduction quotient, succorance needs, and total score, while scoring lower on nurturance needs, affiliation-psychosexual needs, and withdrawal needs. When faking well-adjustment, students scored significantly lower on tension reduction quotient, neuroticism needs, and the total score. Thus, it appears that the GPPT is susceptible to malingered response sets.

### Sentence Completion Test-136 (SCT-136)

Timmons, Lanyon, Almer, and Curran (1993) developed the SCT-136 and examined the protocols of 51 patients in litigation for personal injury, social security disability, or worker's compensation claims. From previous literature, the authors developed a scoring system based on signs that distinguish malingerers from nonmalingerers in disability settings. Implementing a factor analysis, three factors were found to represent malingered signs and were named "angry negativity/no fair deal," "disability exaggeration/overinvestment," and "excessive honesty/virtue." When correlated with MMPI indices of somatization and overreporting, although small correlations were found, the authors claimed that the results "give strong support to the validity of the total malingered score and Factor I, and some support to Factor II" (p. 30).

In the same paper, Timmons et al. (1993) presented cross-validation results, conducting a simulation experiment with 39 undergraduate students using an abbreviated version of the SCT-136 (called the SCT-39) that represented each factor. The SCT-39 was administered four times. First, students were instructed to simulate successful recovery from an accident. In the second, third, and fourth administrations, students were given a case vignette involving a minor accident in which the victim malingered to collect money. They were read descriptions of the three factors of malingered strategies on the SCT and asked to separately use those individual strategies to simulate on the successive test administrations. Students were successful in altering their factor scores based on the different malingered strategies. However, no patient comparison group was included, thus restricting the conclusions.

### SUMMARY

This paper reviewed malingered studies using projective tests, the vast majority of which used the Rorschach. Although the Rorschach studies differed in methodology, scor-

ing systems, and results, some overall conclusions can be made. Of the studies noting clinical signs of malingerers on the Rorschach (Benton, 1945; Hunt, 1946; Rosenberg & Feldberg, 1944), the majority suggests that malingered protocols include a small number of responses (*R*), frequent card rejections, and significant perseveration. Across the controlled studies, several indices resulted in significant differences between simulator and comparison groups. A number of investigations revealed that simulators obtained higher scores on *dramatic* responses, reaction time, *CF + C*, and *X - %*, while obtaining lower scores on *X + %*, *R*, and *P*. When examining specific types of simulation studies, those involving the simulation of psychosis revealed a trend of higher reaction time and higher *dramatic* scores, and lower scores on *Easy P* for simulators. However, the few remaining studies of specific psychopathology do not seem to yield comparable results.

Very few studies found have used projective tests other than the Rorschach in malingering detection. The few studies that have incorporated other projective tests are not easily comparable, as they examined different variables. The exception is the GPPT, for which two studies examined the same variables. Conclusions from these GPPT studies suggest that when simulating maladjustment, simulators tend to score higher on tension reduction, succorance needs, and the total score, while scoring lower on nurturance needs and affiliation-psychosexual needs.

## RESEARCH AND METHODOLOGICAL ISSUES

Several methodological issues should be mentioned with regard to projective assessment studies of malingering. First, the great majority of these studies use simulation designs. While simulation designs do provide more experimental rigor in the investigation of malingering, we do not know if simulators' malingering performances are similar to those of actual malingerers (Iverson, Franzen, & Hammond, 1995). Conducting more known-groups comparison studies should help elucidate this issue. In simulation studies, while malingering experts have encouraged researchers to offer incentives to simulators in order to improve motivation and better approximate the feigning performances of actual malingerers (Rogers, 1997), only the projective studies of Meisner (1988), Netter and Viglione (1994), and Frueh and Kinder (1994) have included incentives. Additionally, many projective studies have included healthy control groups rather than clinical comparison groups, limiting the meaningfulness of results.

Only a few projective malingering studies (Carp & Shavzin, 1950; Easton & Feigenbaum, 1967; Feldman & Graley, 1954; Hamsher & Farina, 1967; Holmes, 1974) have provided sim-

ulators with specific malingering scenarios or contexts in which they might malingering, in an attempt to put simulators in a "malingering frame" so they may more effectively simulate and to improve external validity. However, the provision of such scenarios has been criticized as it may likely lead to a decrease in the generalizability of results (Rogers, 1997).

Regarding the type of psychopathology that is malingered, projective test studies have rarely included instructions to feign a specific type of psychiatric disorder. Instead, ambiguous simulation instructions are often given, resulting in less experimental rigor and perhaps reduced generalizability. However, Albert et al. (1980), Caine et al. (1995), Frueh & Kinder (1994), Ganellen et al. (1996), Meisner (1988), Netter and Viglione (1994), Perry & Kinder (1992), and Pettigrew et al. (1983) all provided specific types of psychiatric disorders to be simulated. Of these studies, fewer have provided simulators with training on symptom information specific to the disorder being simulated.

Several projective studies (Caine et al., 1995; Holmes, 1974; Perry & Kinder, 1992) have included instructions to simulators to be believable in their feigning performance, without appearing too obvious as malingerers. However, it is unknown if actual malingerers attempt to attenuate their over-reporting style in order to appear believable, as many may simply attempt to feign global and severe psychopathology (Elhai, Gold, Sellers, & Dorfman, 2001).

Last, malingering investigations using projective tests have relied primarily on between-groups statistical tests in order to examine how well groups are separated on a projective test variable. However, none of these studies have used cutting scores to alert clinicians of scores that may indicate malingering. Additionally, discriminant analyses have not been used in projective studies in order to examine the effects of combinations of test variables in predicting malingered response sets (Rogers, 1997).

A note should be made in reference to using projective versus objective personality tests in assessing malingered psychopathology. The objective assessment literature in malingering has grown at a much more rapid rate and has become better established than the projective malingering literature. For example, the MMPI-2 has grown to be considered a standard assessment of malingering (Greene, 1997), with a meta-analysis indicating strong effect sizes for its malingering scales (Rogers, Sewell, & Salekin, 1994). Future projective malingering investigations should therefore explore the incremental validity of projective measures over using objective measures alone.

Several limitations specific to Rorschach malingering studies should be mentioned. First, differences in *R* across conditions have been found in a number of studies. Since *R*

determines a number of other scores from the Rorschach Comprehensive System, it is important to either match subjects on *R* or to statistically control for the confounding effects of *R*, which few studies have done (Perry & Kinder, 1990). Second, while Rorschach variables typically involve nonnormal data distributions (Perry & Kinder, 1990), many Rorschach malingering studies have inappropriately used parametric tests in detecting malingering. However, in many cases, nonparametric tests would be more appropriate.

Future empirical studies using projective tests in detecting malingering should implement several strategies. First, simulation studies should continue using improved experimental rigor, by including patient comparison groups instead of solely using within-groups fake-honest conditions. Second, simulators should be instructed and trained to simulate specific psychiatric disorders. Specifically, disorders other than schizophrenia and psychotic disorders should be implemented, as these disorders are overrepresented by previous projective simulation studies (Perry & Kinder, 1990). Future studies should also implement cutting score analysis to examine the sensitivity and specificity of projective test variables in simulation detection. Discriminant analysis should be used to assess the effects of combinations of test variables in predicting simulated from honest clinical response sets. In terms of Rorschach studies, *R* should be controlled for, and nonparametric statistical tests should be used in situations where normal data are not present.

### MINIMIZATION OR CONCEALMENT OF PSYCHOPATHOLOGY

One important issue should be addressed. As stated earlier, this chapter's main focus was to review the research assessing malingered response sets on projective personality tests and to discuss methodological considerations. However, related to the topic of malingering, and under the rubric of dissimulation, is the issue of minimizing or concealment of psychopathology. Minimizing psychopathology is similar to malingering, in that both represent a form of misrepresenting one's emotional condition. Like malingering, the issue of minimized psychopathology is of great interest in clinical and forensic settings, and it may frequently occur in such settings as employment screenings, civil competency evaluations, and child custody evaluations, just to name a few. Thus from a clinical standpoint, while being able to detect genuinely healthy individuals who have overreported their psychiatric symptoms is important, it is also crucial to be able to detect genuinely disturbed patients who have underreported their psychiatric symptoms.

In recent years, several papers have explored whether projective tests can effectively detect the minimization of psy-

chopathology. These studies examined Rorschach variables in conjunction with MMPI/MMPI-2 validity scales in participants with a motivation to conceal their emotional problems. However, results from these investigations are mixed with regard to the Rorschach's ability to detect the minimization of psychopathology. Two of these studies revealed lower test scores on the MMPI but not the Rorschach for individuals with an incentive to minimize their emotional problems (Ganellen, 1994; Grossman, Wasyliv, Benn, & Gyoerkoe, 2002), suggesting that the MMPI-2 may be more susceptible to the minimizing of psychopathology. However, another study found no advantage in using the Rorschach over the MMPI in detecting such a response trend (Wasyliv, Benn, Grossman, & Haywood, 1998). The interested reader is referred to these articles for more information on this topic.

### IMPLICATIONS FOR CLINICAL PRACTICE

At the present time, no cutoff scores are available for projective tests in discriminating malingered from genuine protocols. Therefore, it would be inadvisable to provide clinical decision rules of malingering to clinicians who use projective tests. Schretlen (1997) also concluded that a clinical decision rule for conclusively detecting malingering using projective tests is inappropriate. However, he did provide signs that (although not conclusive) may arouse a suspicion of malingering when using the Rorschach, including a context in which the examinee has an incentive to malingere; Rorschach malingering signs involving few responses and/or frequent card rejections; marked paucity of popular responses; numerous dramatic, morbid, or bizarre responses; and repeated questions about the purpose of testing or pained compliance with testing. Last, it should be emphasized that there is no gold standard for detecting malingered psychopathology. Therefore, rather than using one assessment measure, numerous instruments should be used, including objective testing, clinical interviews, and physiological assessments, and the convergence of data should be used to speculate about possible malingering.

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