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THE SUSCEPTIBILITY OF THE RORSCHACH TO FAKING OF PSYCHOSIS BY NORMAL INDIVIDUALS.

THE UNIVERSITY OF ARIZONA, PH.D., 1978
THE SUSCEPTIBILITY OF THE RORSCHACH TO FAKING OF PSYCHOSIS BY NORMAL INDIVIDUALS

by

Samuel Albert

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF PSYCHOLOGY
In Partial Fulfillment of the Requirements
For the Degree of
DOCTOR OF PHILOSOPHY
In the Graduate College
THE UNIVERSITY OF ARIZONA

1978
I hereby recommend that this dissertation prepared under my direction by Samuel Albert entitled The Susceptibility of the Rorschach to Faking of Psychosis by Normal Individuals be accepted as fulfilling the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

Four related questions regarding faking of psychosis on the Rorschach and expert clinical judgment were investigated in this study: (1) Will normal individuals who fake psychosis be diagnosed psychotic? (2) Will these fakers also be considered disturbed on specific personality dimensions associated with psychosis? (3) Will those normals faking psychosis who possess more sophisticated knowledge about their target role be judged psychotic more frequently and seen as more disturbed than those with less sophisticated knowledge? (4) Is the ability of individual fakers to appear psychotic consistent or variable?

Rorschach protocols from normal students under a set to fake paranoid schizophrenia were compared to those from hospitalized paranoid schizophrenics (Psychotics). One group of fakers was relatively uninformed about paranoid schizophrenia (Uninformed Fakers), while another group faked after hearing a tape that described paranoid schizophrenia (Informed Fakers).

Results were based on blind evaluations by experienced Rorschach examiners. Concerning diagnoses, it was found that Uninformed Fakers were diagnosed Psychotic, Schizophrenic and Paranoid Schizophrenic as frequently as the Psychotics, while the Informed Fakers were given these three diagnoses more frequently. Concerning specific personality dimensions associated with psychosis, it was found that Uninformed Fakers and Psychotics were rated as essentially equally disturbed, whereas the
Informed Fakers were judged more disturbed. Concerning individual fakers, it was found that Informed Fakers were consistently judged psychotic, whereas Uninformed Fakers showed greater variability. It was concluded that psychosis was successfully faked on the Rorschach, and that information about the psychotic role significantly increased the ability of fakers to appear psychotic. Implications of the findings and suggestions for future research were discussed.
INTRODUCTION

From a number of practical and theoretical standpoints it is worthwhile to consider whether psychosis can be faked on the Rorschach. The investigation of this question has implications for a number of conceptual issues, including the extent to which the Rorschach is susceptible to malingering of psychological disturbance, the degree to which individuals can consciously control their projections, the relationship between the faker's knowledge about psychological disturbance and his ability to fake, and issues related to the reliability and validity of the Rorschach as a psychometric tool.

Whether psychosis can be faked on the Rorschach also has practical importance. Since it is common in clinical settings to assess psychological disturbance in part with the use of the Rorschach, it would be helpful clinically to know whether and to what extent this instrument is susceptible to malingering. Whether psychosis can be malingered on the Rorschach provides information about the upper limits of this test's fakability. It is known that under certain circumstances a person may be motivated to simulate psychosis. Several examples come to mind: when a person charged with a serious crime pleads insanity (Kahn, 1960; Atkin, 1951; Ossipov, 1944); when military personnel seek discharge for psychological reasons (Krout, 1950; Benton, 1945; Ross, 1944; Rosenberg and Feldberg, 1944); when a veteran applies for potentially lifelong governmental assistance based on psychiatric disability;
or when it is unclear whether a client's test results reveal a "plea for help" or genuine disturbance. In making clinical decisions in these situations it would be useful to Rorschach examiners to know how suscep­
tible their technique is to malingering.

Despite being one of the oldest personality tests currently in use, the Rorschach has continued to maintain a high level of popularity both in clinical settings and in research. Recent surveys show it to be second only to the Wechsler Adult Intelligence Scale (WAIS) in terms of respondents mentioning use of a particular psychological test in their practice (Klopfer and Taulbee, 1976), and second only to the Minnesota Multiphasic Personality Inventory (MMPI in yearly average research references) (Buros, 1972).¹ Due to its widespread esteem one would think that its fakability would be of considerable research interest. Yet, a review of the large body of general research on the Rorschach indicates that only a handful of studies have looked at this question. This compares to a great deal of research regarding the fakability of objective personality inventories.²

Perhaps the paucity of research in this area, in contrast to the large number of studies dealing with other Rorschach issues, has been

¹ In the words of Klopfer and Taulbee (1976, p. 543), "if research on the Rorschach is like beating a dead horse, a lot of people want to get in on the flogging."

² It is generally accepted now that objective tests can be faked. Current research seems aimed largely at developing methods to detect faking reliably on objective tests, rather than demonstrating anew that faking is possible (see, for example, Gayton, Ozmon and Wilson, 1973; Irvine and Gendreau, 1974; Braun and LaFaro, 1969; Power and O'Donovan, 1969; Wales and Seeman, 1968; Dies, 1968; Braun and Gomez, 1966).
due in part to the belief by many clinicians that the Rorschach, together with other projective techniques, is for the most part immune to faking. Historically, a number of theoretical arguments have been made as to why individuals should not be able to significantly alter their projections on the Rorschach. One argument against the potential fakability of the Rorschach has been that, in contrast to objective personality inventories, which provide items whose meaning to the testee is intentionally as clear-cut as possible, the Rorschach is deliberately structured to be as ambiguous as possible, in order to maximize the projective quality of the test responses, and thereby provides few clues to the faker as to the nature of the test stimuli. For example, while fakers who might attempt to appear psychotic on the MMPI could probably easily fake items such as "Someone has been trying to influence my mind," or "I hear strange things when I am alone" (Dahlstrom, Welsh and Dahlstrom, 1972), no analogous items exist on the Rorschach to aid the malingerer. This "ambiguity of stimulus material," it has been suggested, makes the Rorschach and other projectives "valuable instruments in personality assessment, especially under motivational conditions conducive to dishonest responses" (Davids and Pildner, 1958, p. 4).

A second argument as to why the Rorschach should not be vulnerable to faking has been that, because its scoring and interpretation are unknown to testees, fakers cannot know which aspects of their test responses are the relevant ones to malinger. Test responses on the Rorschach are scored and interpreted by a variety of subtle, elaborate

3. The arguments that follow can also be applied to other projective techniques.
and esoteric criteria, including, for example, "color shock," "contaminated" responses, or a number of indices, ratios and zones. It has been pointed out that fakers are unlikely to be successful since they do not know what these criteria are, or what the relationships would be between their responses and the criteria.

A third argument is based on the premise that the source (or latent) content of projections is largely or entirely unconscious (particularly if this content is threatening, such as violent or sexual impulses). Projection is seen as protecting the individual from thoughts or feelings which cannot be allowed by the ego to reach consciousness due to their anxiety-arousing nature. If one assumes that the source content of projections is unconscious, and is thus directly unavailable to awareness, it follows that significant conscious control over the arousal of this content and the projections that consequently result is an impossibility. A fourth, related argument has been that the process of projection itself is unconscious or automatic, and thus not subject to conscious control. The Rorschach, by relying on and maximizing projective responses, should therefore not be susceptible to faking. Either of these viewpoints, that the source content of projections or the process of projection itself is unconscious, has led a number of authors to assert that projective techniques in effect force the individual to reveal himself accurately and honestly. For example, Frank (1939), who apparently originated the term, compared projectives to X-rays, obtaining from the subject "what he cannot or will not say." Murray (1951), who developed the Thematic Apperception Test (TAT),
similarly suggests that "whatever peculiar virtue the TAT may have, if any, it will be found to reside . . . in its capacity to reveal things that the patient is unwilling to tell or unable to tell because he is unconscious of them" (Murray, 1951, p. 577). Also reflecting this view is Rohde (1946, p. 173), who discusses malingering on projectives and states that "attempts at deception . . . are not less revealing than those of others who give full, free responses, because the subject projects his true personality, regardless of his intentions."4

A discussion of these arguments should demonstrate that (a) they are subject to various criticisms; (b) a number of projectives, including the Rorschach, have been shown empirically to be fakable; and (c) the range of roles which can be malingered successfully on projectives appears to be rather wide.

While it is clear that the projective stimuli on the Rorschach, in the form of ink blots, are ambiguously structured, and that the scoring and interpretation of the Rorschach is complex and unknown to most individuals, these two points overlook the possibility that fakers who know very little about the Rorschach might nevertheless be successful if they instead have an adequate understanding of the role they are trying to simulate. This issue apparently has never been considered either in discussions or research concerning the fakability of the Rorschach or other projectives. However, a few studies using objective personality inventories have demonstrated that the success or failure of

4. Emphasis added.
the malingeringer can depend heavily on the sophistication of his knowledge about the faked role.

For example, Kroger (1967) and Kroger and Turnbull (1970) manipulated social expectancies to indirectly induce college students to respond to several personality tests as either a military officer or artist might, and found that highly reliable, role-specific responses occurred. Further, the test responses were more clearly role-specific in those subjects who had a clear understanding of their role. Expanding on this, Kroger and Turnbull (1975) asked subjects directly to fake the role of "typical working artist" on the MMPI. It was found that subjects who inaccurately understood this role were detected by the MMPI's validity scales, whereas those who clearly understood the artist role were able to produce both clinical and validity profiles that were indistinguishable from those of a criterion group of actual artists. That is, subjects who clearly understood their role were not detected by the validity scales of the MMPI. Lawton (1963) asked subjects to fake their responses on the Psychopathic Deviate scale of the MMPI after presenting them with a description of a typical juvenile delinquent. It was found that this scale was subject to manipulation, both in terms of raw scores and in comparison to lesser changes on a measure of anxiety and on the K scale. Foulds and Warehime (1971), interestingly, found that subjects were unable to fake "good" on the Personal Orientation Inventory, apparently due to their lack of understanding of the particular self-actualizing model of man which underlies this test. Thus, a
few studies have shown that the fakability of personality tests is related to the role sophistication of the fakers.

The findings in these studies tentatively suggest the possibility that a number of roles can be malingered on personality tests if the faker is sufficiently knowledgeable about the role. The implication regarding the specific question of faking of psychosis on the Rorschach is that it may be more important for fakers to understand the nature of psychosis than the nature of the Rorschach.

Regarding the argument that the source content of projectives is unconscious and hence that the projections themselves are not subject to manipulation, while it is possible that this long-held assertion is true, it appears questionable whether it has ever been demonstrated empirically, despite a number of attempts to do so. In a comprehensive review of the concept of projection (involving approximately 40 studies), Holmes (1968) found no empirical support for the concept of unconscious projection, whereas strong support was found for the existence of projection of traits of which the individual is aware he possesses. In his review, Holmes points out a number of statistical artifacts and methodological errors which invalidate the apparent demonstration in a few studies of the existence of unconscious projection. This conclusion has also been reiterated by Holmes (1974) in a more recent study demonstrating that individuals can consciously control their projections. While Holmes' (1968) review clearly suggests that a projective process does exist, there appears to be little reason to assume that projective tests force individuals to reveal personal material which they cannot
alter or inhibit. Since projection that arises from unconscious contents has not been demonstrated empirically, this would appear to partially weaken the foundation for the claim that projections cannot be falsified consciously.

As to the argument that the Rorschach cannot be faked because the process of projection itself is unconscious or automatic, there now are a number of studies which demonstrate that individuals can in fact consciously alter their projections on projective tests in a wide range of directions. These studies show that individuals can present an especially "good" picture of themselves on projectives when asked to do so deliberately (Young, 1972; Braun, 1967; Goldstein, 1960; Cassel and Brauchle, 1959; Silverstein, 1957; Meltzoff, 1951); that projections can deliberately be suppressed to conceal certain personality traits (Holmes, 1974; Hamsher and Farina, 1967; Jones, 1956); and that false projections can be manufactured which distort or alter certain traits (Redmore, 1976; Bieliauskas, Miranda and Lansky, 1968).

Of even more direct relevance to the present study are the results of a number of studies in which individuals were asked to deliberately appear psychologically disturbed on various projectives. In reviewing psychological research studies for the period 1927-1977 the author found 16 studies directly concerned with faking by normals of varying degrees of psychological disturbance, on all projectives combined. Five of these studies involve the Rorschach, and will be considered separately. The remaining 11 studies involving projectives other than the Rorschach have demonstrated that fakers can alter a surprising
range of responses. Instructions to subjects to "pretend you are an aggressive, very hostile person" on the TAT resulted in stories with significantly different emotional tone, distortions and outcome than under standard instructions (Kaplan and Eron, 1965); instructions to "imagine that you are a crazy person" produced increased numbers of bizarre and out-of-place responses as well as heightened emotional reactions to objects on the Kahn Test of Symbol Arrangement (Craddick, 1967, 1966); instructions to "fake bad" led to somewhat increased global pathology ratings by judges on the Draw-A-Person (Neubeck, 1971), while on the same test instructions to subjects to draw pictures as they thought a "crazy" person would resulted in increased size of drawings (Craddick, 1964); on the Incomplete Sentences Blank, instructions to appear mentally or emotionally disturbed resulted in an increased percentage of maladjusted responses (Wallon and Webb, 1957; Meltzoff, 1951) and in more pathological ratings by judges (Neubeck, 1971); instructions to make a "bad personality impression" (Wilson, 1975) or to appear "extremely emotionally disturbed" (Brozovich, 1970; Cassel and Brauchle, 1959) led to a number of more pathological scores on the Group Personality Projective Test; and instructions to subjects to make the "very worst" impressions of their personalities led to changes in scores in all the major scoring categories of the Rosenzweig Picture-Frustration Study (Silverstein, 1957).

It can be seen in the above studies that some limitations are apparent. While a number of projectives have been investigated, most have been studied only once or twice. The instructions given to subjects
have varied in their specificity and in the degree of psychological disturbance intended by the experimenter. Generally, only objective scores have been used as dependent measures, while evaluations of faked responses by clinical judges have been the exception. Despite these limitations, however, it can be seen that the data have consistently pointed to a general finding that instructions to fake psychological disturbance have led to a wide range of more disturbed-appearing responses by subjects on projective tests.

The findings that individuals can alter a variety of response scores when instructed to appear psychologically disturbed, that they can make their personalities appear especially "good," and that they can deliberately withhold or manufacture projections on projective tests all indicate that individuals are not passive responders who are unable to influence the responses elicited by projective techniques, but that actually they have a great deal of flexible conscious control over the kinds of projections they give. It is provocative, then, to ask to what extent individuals can consciously malinger their projections so as to appear psychologically disturbed. Specifically, can normal individuals malinger psychosis on the Rorschach? Woltmann (1950) has suggested that this is not possible, since projective tests tap perceptual processes which are fundamentally different in psychotics and non-psychotics. In discussing malingering on the Bender-Gestalt he states (note that his comments are easily transposed to the Rorschach):

Various types of deviations may occur, but real destruction of the Gestalt forms and their conversion into new configurations occurs in psychotic individuals only. In other words, a non-psychotic person cannot react to reality in an unreal way. He
cannot deny or destroy the basic principles that enable him to function as an individual who is in contact with reality. In this way the cards and the stimuli they represent are valid and nondestructive in their reality-testing functions (Woltmann, 1950, p. 347, emphasis added).

While Woltmann probably reflects the common-sense belief that normal individuals cannot appear psychotic, the wide range of experimental conditions under which subjects have demonstrated an ability to malinger on personality tests, both projective and objective, raises an alternative possibility that the elastic ability of individuals to assume roles might also extend to the faking of psychosis, particularly if fakers have a clear understanding of the role being faked.

The Rorschach appears to be a particularly appropriate instrument for investigating the faking of psychosis, not only due to its popularity and respect as a projective test, but because it is considered by many to be especially sensitive to psychological disturbance that is of psychotic proportions. The variety and intricacy of the Rorschach diagnostic criteria and scoring systems suggest that experienced examiners should be able to make well-founded, amply evidenced judgments about genuine versus malingered psychosis. Despite the apparent attractiveness of this instrument for this kind of research, very few Rorschach studies have been reported in which malingering of any degree of disturbance was investigated. Even more interesting is the fact that these studies have almost completely been confined to measuring objective changes in response frequencies by malingerers, while no study has ever examined whether Rorschach examiners can be deceived by fakers into believing they are disturbed. For these and other reasons, previous
Rorschach faking studies have told us very little about this instrument's fakability.

It would be useful to look now at these studies, since they provide insights into previous methodologies, outcome measures, results and limitations, and lay the groundwork for the design used in the present investigation.

Five studies have looked at faking of disturbance on the Rorschach. Fosberg (1941, 1938) first investigated the Rorschach's fakability by administering it to 50 professors, graduate students and undergraduates of two university psychology departments. Subjects each took the Rorschach under standard instructions, instructions to "make the best possible impression of your personality," and instructions to "make the worst possible impression of your personality." Fosberg's earlier study (1938) was a report based on only 2 of the 50 subjects. Comparing the frequencies of various categories of responses in each set of three Rorschach records, Fosberg found no differences due to instructional set for either subject. The later study (Fosberg, 1941) included all 50 subjects and was based on correlations of responses for the three instructional sets, using various response categories as outcome measures. The correlations between the "best" and "worst" impression response sets ranged from .72 to .91. These findings led Fosberg (1938, p. 30) to conclude that "the Rorschach test does not lend itself to manipulations . . . but faithfully traces the more permanent picture."

Several criticisms, however, bring Fosberg's results into question. In his 1938 study the two subjects he analyzed were not randomly
selected, but were chosen for the dubious reasons that "there were not too many responses to make the protocols bulky," and, "as an added attraction," because the subjects were married. This method for selecting subjects appears arbitrary. A more serious problem has been discussed by Cronbach (1949), who has indicated that the type of statistical procedures used by Fosberg resulted in "unique but entirely unsound studies" which contained spuriously high correlations between Rorschach records obtained under the different instructional sets.

Another problem with Fosberg's methodology has also characterized a number of other faking studies, and has apparently not been noted previously. Asking subjects without elaboration to fake a "best impression" or a "worst impression" is quite ambiguous; it is like asking them to fake "different" or "unusual." There is no reason to believe that these kinds of instructions will produce consistent or meaningful results. Fosberg's own follow-up (1943) illustrates the difficulties his instructions created. In this report he discusses how subjects had attempted to fake their responses in the 1941 study. From the self-reports of the subjects it seems evident that they were confused by the experimenter's intentions and consequently approached their task from a wide variety of subjective hypotheses about the meaning of their instructions. In attempting to make a bad impression, for example, some subjects used fantasy, while others inhibited the use of fantasy; some focused on small details, while some eliminated the use of details; several tried to give only obvious responses, while another deliberately misinterpreted the obvious. Others relied on strategies unrelated to their test
responses, such as paying little attention, or looking humorous (others tried to make a good impression by looking humorous). What apparently resulted, then, were a number of divergent attempts to alter responses based on the open-ended instructions subjects received. Certainly if Fosberg had in mind by "good" and "bad" impressions something like optimal versus disturbed psychological functioning, this was not conveyed to the subjects, and his results therefore seem uninterpretable.

Carp and Shavzin (1950) performed a modified replication of Fosberg's study, using 20 undergraduate students as subjects. This study represented an improvement in methodology because subjects were given somewhat more detailed and specific instructions. In the "fake good" condition subjects were asked to imagine that they were in a hospital for the mentally ill, and that a favorable report on their test would result in their release; in the "fake bad" condition they were told to imagine they had been drafted into the army and that an unfavorable report on their test would keep them out. Carp and Shavzin (1950) as had Fosberg, found the Rorschach resistant to faking when "good" and "bad" response group scores were compared for a number of Rorschach scoring categories. However, they also observed that "the direction (of faked responses) taken was so diverse among the individual subjects that they were balanced out in the analysis." Each subject was

5. Studies involving other projectives have also used unclarified instructions to "fake good" (Stellern, 1966; Neubeck, 1971; Younng, 1972; Silverstein, 1957; Wallon and Webb, 1957; Braun, 1967) and "fake bad" (Neubeck, 1971; Silverstein, 1957). One example involving faking on an objective personality inventory is that of Skinner (1973), who asked subjects to fake "awful" and "nice."
then compared with himself regarding his "fake good" versus his "fake bad" responses. It was found that 3 out of 20 subjects had been able to alter their responses. Recognizing that these results were merely suggestive, the authors concluded that at least "there are some subjects who can manipulate their responses, who can vary their personality picture as reflected by the Rorschach, under instructions to make 'good' or 'bad' impressions" (Carp and Shavzin, 1950, p. 233).

Feldman and Graley (1954) also investigated the Rorschach's fakeness, by means of a study that is more sophisticated than others that have looked at faking on projectives. Desirable features of their study included reasonably specific instructions to subjects; an attempt to induce faking of psychosis; measurement of the effects of test repetition; and the use of clinical judges to sort faked and normal protocols. Seventy-two undergraduates served as subjects. One group was administered the Rorschach twice, first under standard instructions (pretest I) and then with a set to fake abnormality (posttest I). A second group was given the test only under the set to fake abnormality (group II). The Rorschach was administered in group form, using a slide projector and self-recorded responses. Instructions to fakers, which the authors believed "amounted to an invitation to produce a psychotic record," were to respond as they thought a "very emotionally disturbed person would . . . so that a psychiatrist would have trouble in distinguishing your record from that of a person in a mental institution. Another example: take the test as if you wanted to be disqualified from military service for psychiatric reasons" (Feldman and Graley, 1954, p. 327).
The groups were compared on 35 Rorschach formal scoring criteria. It was found that there were 10 differences between pretest I and post-
test I, whereas only 2 differences were found between pretest I and group II. In addition, posttest I subjects differed from group II sub-
jects on nine criteria. The results suggested that the Rorschach was fakable, although apparently its fakability was largely reduced if the individual had not had previous experience with it.

Feldman and Graley also asked four expert judges to sort Rorschach records into faked and normal piles. Two of these judges were also informed of the exact proportions of faked and normal records. All judges achieved a sorting accuracy above chance expectation, ranging from 65% to 83% correct and, as expected, the judges who knew the exact proportions did better than those who were not given this information.

At first glance the high percentage of accurate sortings by the judges suggests that the fakers were unsuccessful. However, note that all judges were told in advance that the protocols were either normal or faked. Presumably, then, any protocol that appeared faked to a judge would be classified by him as faked. However, we can also infer that any protocol that appeared to be genuinely disturbed would also be classified by him as faked, since he knew beforehand that the protocol was either normal or faked. It is therefore impossible to say to what extent fakers were successful in appearing disturbed. In fact, the high degree of accurate sortings by the judges could reflect the ability of the fakers to appear abnormal. Feldman and Graley's study indicates therefore that fakers were able to alter their responses to some extent,
when based on formal scoring criteria, and that previous test experience helped fakers, but it is not determinable from the study whether they were able to convince clinical judges that they were psychologically disturbed.

The effects of testing experience on the fakability of the Rorschach have also been investigated by Easton and Feigenbaum (1967). Subjects were 22 undergraduates. Half were administered the Rorschach twice under standard instructions, while half were given the Rorschach once under standard instructions and a second time with instructions to imagine that they "had just been drafted into the army and wanted very much to stay out." Outcome measures included a number of Rorschach response categories. The effects of repetition and instructions were analyzed separately and it was found that both variables affected faked responses. When the effects of repetition and instructions were examined together, however, "the instructions clearly carried more weight in determining change." In contrast to Feldman and Graley's (1954) study, then, it was found that a set to fake "bad" on the Rorschach can influence a number of Rorschach scores even without previous test experience.

Thus, previous investigations of the Rorschach's fakability have produced data that ranged from a finding of no fakability to a finding that a number of Rorschach response categories can be altered.

Criticisms of Previous Rorschach Studies

A number of criticisms of previous Rorschach faking studies have already been suggested. These and other criticisms are summarized below.
Ambiguous Instructions to Subjects

If faking of psychological disturbance or psychosis has been the target of investigation, this has generally not been indicated clearly to subjects. As discussed earlier, instructions to fake a "bad" impression are ambiguous. Even instructions to subjects to fake a bad impression "in order to get out of the army" seem too vague, since to be discharged one could also fake homosexuality or pacifism, for instance, rather than psychological disturbance. Such instructions may therefore mask the true fakability of the Rorschach.

Comparisons of "Good" versus "Bad" Responses

It seems questionable whether one should compare scores from a "fake good" instructional set with those from a "fake bad" set on the assumption that these two sets will produce "opposite" kinds of responses. Stellern (1966) has shown that subjects who were asked to fake "good" on the Rorschach actually looked "more psychologically brittle" due to the anxiety arising from their attempts to look good. It was found that this anxiety interfered with their perceptual organizing abilities and associative processes. This is the only study to look at the psychological direction of faked responses on the Rorschach; if the findings represent a general phenomenon that occurs when subjects are asked to fake good, then one would expect studies that compare "good" versus "bad" responses to show relatively few differences, since in both instances the subjects may be projecting deteriorated responses. This would have the effect of minimizing the apparent fakability of the
Rorschach. In this connection it is suggestive to note that in the
Rorschach studies reported earlier in which "fake good" and "fake bad"
responses were compared against each other, relatively few or no differ­
ences were reported (Carp and Shavzin, 1950; Fosberg, 1941, 1938),
whereas in studies comparing "fake bad" responses to those given under
standard instructions, a relatively greater number of outcome measures
yielded significant differences (Easton and Feigenbaum, 1967; Feldman
and Graley, 1954).

Use of Objective Scores Rather
than Clinical Judgments

Even though it has been shown that certain Rorschach formal
scoring criteria, signs, indices and ratios can be manipulated under a
set to "fake bad," there has been no attempt to demonstrate whether
faked responses can lead experienced judges into errors in assessment.
It is therefore unknown whether fakers can convince Rorschach examiners
that their protocols are disturbed. 6

The Need to Consider the Role
Sophistication of Fakers

As suggested earlier, a few studies have demonstrated that role
sophistication is related to the success of fakers on objective tests.
However, this variable has not been considered in faking studies
involving projective techniques. This is important because clear-cut
statements about a personality test's fakability cannot be made unless

6. This problem has also been widespread among studies of other
projectives. In only 2 out of 10 studies have judges been used (i.e.,
Holmes, 1974; Neubeck, 1971).
it is known that the fakers used in a particular study had an adequate understanding of their role. Consider the hypothetical situation in which we experimentally ask fakers to simulate the responses that a Zen Buddhist monk might give on the Rorschach. A faker approaching this task would probably attempt to give responses based on his understanding of the traits of Zen Buddhist monks. However, without adequate information about this role, the faker would almost certainly be unable to fake successfully. It would clearly be unwarranted to credit the Rorschach in this situation, since the faker's failure might have been due to the Rorschach's immunity to faking, or to his lack of understanding of his role. We could credit the Rorschach only if we first demonstrated that the faker understood his role, yet nevertheless was unable to malinger successfully.

A similar argument can be made for any number of other roles of which individuals probably have superficial, incomplete or mistaken information -- e.g., aborigines, shamans, psychotics, etc. If individuals were asked to fake psychosis on the Rorschach, we would not expect them to do so successfully on this test, or on any other personality test, if their understanding of psychosis were limited. If, however, they had adequate knowledge about a specific form of psychosis -- for example, paranoid schizophrenia, in which they had information about the nature of schizophrenic thought disturbance, paranoid delusional beliefs, bizarre thought content, etc. -- might they then be able to fake psychosis convincingly, even though their knowledge about the Rorschach were quite limited?
Purpose

The present study was designed to look at whether experienced Rorschach examiners could detect faking of psychosis on the Rorschach by normal individuals. The questions addressed in this study included:
(1) Will experienced examiners diagnose fakers as psychotic? (2) Will fakers be rated as being disturbed on personality dimensions associated with psychosis? (3) Will fakers who possess more sophisticated knowledge about psychosis be judged psychotic more frequently than those with less sophisticated knowledge? (4) Is the ability of individual fakers to appear psychotic consistent or variable?

To investigate these questions the author made use of blind Rorschach evaluations by experienced examiners; screened testees before using them in the study; chose a specific psychotic role to be faked (paranoid schizophrenia); and manipulated level of knowledge of paranoid schizophrenia among testees.

Hypotheses

A number of hypotheses were developed regarding differences the investigator felt would result when the subjects (Rorschach experts) evaluated Rorschach protocols from (a) individuals who had independently been diagnosed paranoid schizophrenic (Psychotics); (b) fakers who were psychologically normal, who had no prior experience with the Rorschach, and who were relatively uninformed about paranoid schizophrenia (Uninformed Fakers); and (c) fakers who were psychologically normal, who had no prior experience with the Rorschach, but who were relatively informed about paranoid schizophrenia (Informed Fakers).
The hypotheses were related to a number of judgments rendered by the Rorschach experts. These judgments included psychiatric diagnoses of varying specificity; ratings on psychological dimensions associated with both psychotic and non-psychotic disturbances; and an assessment of the likelihood of malingering of the protocols.

Hypothesis 1: Concerning Psychiatric Diagnoses

Hypotheses 1a-1c. Subjects will diagnose the Rorschach protocols of the Uninformed Fakers as Psychotic, Schizophrenic and Paranoid Schizophrenic less frequently than the protocols of the Psychotics.

Hypotheses 1d-1f. Subjects will diagnose the Informed Faker protocols as Psychotic, Schizophrenic and Paranoid Schizophrenic equally as often as those of the Psychotics.

Hypotheses 1g-1i. Subjects will diagnose the Informed Faker protocols as Psychotic, Schizophrenic and Paranoid Schizophrenic more frequently than those of the Uninformed Faker.

Hypothesis 2: Concerning Psychological Dimensions Associated with Psychotic Disturbance

Hypotheses 2a-2f. Subjects will rate the Uninformed Faker protocols as less disturbed than the Psychotic protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.

Hypotheses 2g-2l. Subjects will rate the Informed Faker protocols as equally disturbed as the Psychotic protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.
Hypotheses 2m-2r. Subjects will rate the Informed Faker protocols as more disturbed than the Uninformed Faker protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.

Hypothesis 3: Concerning Psychological Dimensions Associated with Non-Psychotic Disturbance

Hypotheses 3a-3c. Faking will have no effect regarding ratings of Depression, Organic Impairment, or Anxiety.

Hypothesis 4: Concerning Judgment about the Likelihood of Malingering of the Protocols

Hypothesis 4a. Subjects will rate the Uninformed Faker protocols as more Likely To Have Been Maligned than the Psychotic protocols.

Hypothesis 4b. Subjects will rate the Informed Faker protocols as equally Likely To Have Been Maligned as the Psychotic protocols.

Hypothesis 4c. Subjects will rate the Informed Faker protocols as less Likely To Have Been Maligned than the Uninformed Faker protocols.
METHOD

Criteria for Selection of Rorschach Testees

The Rorschach protocols used in this study were obtained from 6 psychiatric inpatients and from 18 college students who were selected on the basis of certain criteria.

Psychiatric Inpatients

The patients were white males who were hospitalized at a midwestern Veterans Administration Hospital. Each had been diagnosed as paranoid schizophrenic by both a staff physician on the Psychiatry Service and by a staff psychologist who was either personally acquainted with the patient or who had access to his case record and psychological test results. All patients were less than 30 years old (ranging from 20 to 28, with a mean of 24.8). In addition to the criteria of sex, race, psychiatric diagnosis and age, patients were selected whose intelligence appeared to be at least somewhat above average. With the aid of a staff psychologist, six patients were identified from two psychiatric wards who met all of the above criteria. To confirm their level of intellectual functioning, these patients were tested with either the WAIS or the Henmon-Nelson, from which WAIS-equivalent scores were determined (Watson and Klett, 1975). Full-scale IQ scores ranged from 109 to 127, with a mean of 115.5 (s.d. = 7.6). The six patients had been hospitalized a mean of 8.5 times, ranging from 2 to 24 admissions, and on the average
had been hospitalized for 13 weeks prior to testing (ranging from 2 to 43 weeks).

Students

Students were solicited at a midwestern university by means of student newspaper advertisements, campus posters and requests at classes. As in the case of patients who were selected, students had to be white males under the age of 30. Three additional criteria were used.¹ No student was used who had had previous testing experience with the Rorschach or any formal coursework regarding personality tests. This criterion eliminated any student who had had previous exposure to testing theory in general or the Rorschach in particular. Secondly, no student was used who had taken upper division psychology courses. This criterion eliminated any student who had had advanced coursework in areas such as abnormal psychological disturbance. Thirdly, no students were used who scored outside normal limits on an MMPI screening. K-corrected T-scores above 70 or below 30 on any scale eliminated a student.² This criterion eliminated students who might be psychotic or otherwise severely disturbed.

Eighteen students were found who met all of the above criteria. They ranged in age from 18 to 24, with a mean of 20.7. Included were three freshmen, five sophomores, seven juniors and three seniors. Only

1. Due to time demands already being placed on students, no intelligence testing was done. It was assumed that their IQ scores would have approximately those of the patient testees.

2. An exception was made on the Mf scale, which as a rule does not imply disturbance if scored high by a college student.
one was a psychology major. The students were randomly assigned to one of three conditions for Rorschach testing.

**Types of Protocols**

Four types of protocols were developed for this study, each requiring six testees. A total of 24 Rorschach protocols was therefore collected.

**Psychotic Protocols**

Patients were tested individually by the author in his office at a midwestern Veterans Administration hospital. All were in individual or group therapy with the author during this period and as a result rapport was good during testing. After describing the experiment to each patient and assuring him that his responses would not become a part of his hospital record, the author administered the Rorschach using standard instructions.

**Uninformed Faker Protocols**

All students were tested by the author in the same room in the university library. The procedure for collecting the Uninformed Faker protocols was as follows. Each student listened to a brief audio tape which explained the study in general terms and which told him about his task:

First of all, we want to thank you for participating in our experiment, and we want to tell you in some detail what our study involves and what we are asking of our subjects. We are investigating whether normal and typical college students such as yourself can *fake your responses on a popular psychological test* so that you can fool psychologists who look over the test results. The question of faking on psychological tests is important
because in real life people do sometimes try to present a false picture of themselves when they are being tested. For example, sometimes people who have been charged with murder try to appear psychotic or crazy in order to escape punishment for their crimes. Obviously, it would be useful to know if psychological tests are able to detect this kind of faking.

We believe that the test we are going to give you can probably be faked. Specifically, we want to find out whether you and our other subjects can make yourselves appear psychotic or crazy on this test, so that a psychologist who looked at your responses later on would not be able to tell that they came from a normal college student. We realize that you may feel you don't know very much about psychosis, but don't be concerned about this. Past research with other college students who are similar to you has shown that many psychological tests can be faked. In this experiment we are exploring the issue further by looking at a popular psychological test on which very little research on faking has been done.

To add realism to our experiment, please pretend that you are in jail on a charge of murder. The judge has ordered you to take a test to determine your psychological condition. Whether or not you are guilty, you have decided that your only real hope to avoid punishment is to try to look psychotic or crazy on this test, by making yourself look paranoid schizophrenic.

While in jail you have been informed that the psychologist's assistant will give you the test and that he will then give the results to the psychologist himself who will decide whether or not you are paranoid schizophrenic, completely on the basis of this test. Thus, you want the test results to show that you are paranoid schizophrenic and not show that you are faking.

Let's review your task as a subject one more time. We would like you to try to appear paranoid schizophrenic on our psychological test to help us find out if this test can be faked. To add realism to your situation imagine that you are being tested because of a murder charge against you, and that you want to look paranoid schizophrenic to avoid punishment. Imagine that the psychologist's assistant will be giving you the test and that the psychologist in charge will see only your test results, and on that basis alone will decide whether or not you are paranoid schizophrenic.

Based on previous research, we feel confident that you and our other college subjects can do a good job of faking your test responses, and we encourage you to do your best. Now because in real life a person who planned to fake paranoid schizophrenic would probably have some time while in jail to think about how
he wanted to play his role, we would like to give you some time too to develop for yourself how you want to do this. The nature of the experiment allows us to give you ten minutes alone to think about it before we begin. I would like to remind you that your results will be completely anonymous, and that subjects always have the right in any experiment to withdraw from participating at any time if they choose. Are there any questions?

The student was then left alone to develop his strategy and/or review the written transcript of the tape. After the author returned he reminded the student to respond as he thought he would if he were paranoid schizophrenic. Following the first Rorschach card the student was given this reminder a second time. Testing then proceeded without further reminder. At the completion of testing he then answered the Psychosis Questionnaire (see pp. 29-30).

Informed Faker Protocols

Each student in this condition listened to an audio tape essentially identical to that presented to the Uninformed Fakers -- however, this tape went further by also describing to the student in some detail the meaning of the psychiatric term paranoid schizophrenia. Approximately 27 minutes long, it included sections entitled Misconceptions, The Meaning of Schizophrenia, The Meaning of Paranoid, Excessive Use of Projection, Projection of Aggression, Projection of Sex, and Summary. The tape gave the student examples of paranoid delusional thinking and schizophrenic thought processes to illustrate the points being discussed, and was developed from a number of standard works about psychopathology (Arieti, 1974; Weiner, 1966; Chapman, 1976; Rosenbaum, 1970; Swanson, Bohnert and Smith, 1970), as well as a taped interview with a
schizophrenic patient that was obtained at the University of Arizona Medical Library. It should be stressed that at no time did the tape discuss the Rorschach or indicate "how to fake" (see Appendix A).

As students listened to this tape they also followed along with a written transcript. They were then given 10 minutes alone to develop a strategy and/or review the written text. The author then returned and proceeded as with the Uninformed Fakers -- i.e., a reminder to keep his role in mind, standard Rorschach instructions, a second reminder after the first card, and administration of the Psychosis Questionnaire after testing was completed.

Normal Protocols

Students providing Normal protocols served as Controls for the study. They were told in general the nature of the study, and that they were serving as Controls. They were then told to simply "be yourself" and were administered the Rorschach using standard instructions. Following this they completed the Psychosis Questionnaire.

Psychosis Questionnaire

The Psychosis Questionnaire was developed by the author to assess the knowledge that students had about paranoid schizophrenia. It was his intention to select students for testing who were relatively naive about psychopathology and to educate the Informed Fakers about paranoid schizophrenia by means of the audio tape. The Psychosis Questionnaire provided a method for testing whether this intention was carried out successfully.
The Psychosis Questionnaire contained 17 multiple-choice items dealing largely with paranoid schizophrenia, and also to some extent with psychosis in general (see Appendix B). To obtain criterion scores and reliability estimates the author administered it to 23 second-, third-, fourth- and fifth-year Clinical Psychology graduate students at The University of Arizona on two different occasions. Test-retest varied from 21 to 38 days, with a mean of 25 days. Test-retest reliability was .80, while split-half reliability was .64. The mean number of correct responses out of a possible 17 was 15.8 (SD = 1.2), which was used as the criterion against which comparisons were made.

As expected, Uninformed Fakers scored significantly lower on the Questionnaire than the graduate students, with a mean score of 9.2 \([t(27) = 9.05, p < .001]\). Normals, with a mean score of 9.0, did not score differently than the Uninformed Fakers \([t(10) = .14, \text{n.s.}]\), suggesting that the experimental procedure used in obtaining faked Rorschach protocols from the Uninformed Fakers did not inadvertently increase their knowledge of paranoid schizophrenia. In contrast, Informed Fakers had a mean score of 16.2, which was indistinguishable from that of graduate students \([t(27) = .75, \text{n.s.}]\), and their scores were also significantly higher than either the Uninformed Fakers \([t(10) = 7.88, p < .001]\) or the Normals \([t(10) = 8.22, p < .001]\). These results indicate that the audio tape served its purpose of increasing the Informed Fakers' knowledge of paranoid schizophrenia.
Subjects

The subjects were 46 Fellows of the Society for Personality Assessment. The Society's membership consists largely of experts in the use of projective techniques for personality assessment (it was formerly called the Society of Projective Techniques). The subjects included 39 men and 7 women who had been Fellows for an average of 11.8 years and who had been members in the Society an average of 20.6 years.

Selection

Two hundred sixty-one Fellows in the United States and Canada were located and contacted by means of the Directory of Members of the Society (1976). The introductory letter indicated that the study required expert Rorschach interpreters. Fellows were told only that their task would consist of four Rorschach evaluations (see Appendix C). Of 203 Fellows who replied via an enclosed postcard, 72 indicated a willingness to participate and were sent research materials. Of this group 48 returned completed data within the two months allowed. Two Fellows subsequently withdrew their data after receiving a full explanation of the study. Thus the number of subjects upon which the data analysis was based is 46.

3. The majority of Fellows who gave reasons for not participating said either they did not have the time or were out of practice with the Rorschach.

4. One Fellow had reservations about one of the experimental conditions and the other felt her previous experience with the Rorschach was inappropriate to the experimental task that had been asked of her.
Treatment Procedure

Subjects were sent a packet of research materials which included an information and instruction letter, four types and unscored Rorschach protocols, each accompanied by identifying location sheets and an Evaluation Form, and an addressed envelope for the return of the four Evaluation Forms to the investigator.

Information and Instruction Letter

Subjects were informed in non-specific terms that the study was "investigating certain hypotheses about the kinds of information which highly experienced Rorschach interpreters are able to derive from this instrument," and that some of the questions of concern were "those having to do with judgments about psychopathology, diagnostic issues, and questions of possible malingering." They were told that the Rorschach records were obtained from more than one source of white males who were in their 20's, that the protocols had been randomized, and that they had been left unscored "since we do not want to limit in any way your preferred method of scoring and evaluating the data."^5

Subjects were asked to evaluate the protocols in any order they wished, to provide a psychiatric diagnosis and to indicate the degree of certainty of this diagnosis, and to complete all rating scales (see Appendix D).

5. It seemed preferable to let subjects score the protocols themselves due to the great variety of approaches among Rorschachers. Exner and Exner (1972) surveyed 750 members of the Society for Personality Assessment and of Division 12 of the American Psychological Association and found that approximately one-fifth use no scoring whatsoever and of the others, four out of five use a personalized system.
Rorschach Protocols

Each subject received a set of four Rorschach protocols which included one from each of the treatment conditions. Because there were six protocols for each treatment condition, six sets of four protocols could be randomly created. The sets were numbered 1 through 6 and assigned to subjects after they had been arranged alphabetically. Completed location sheets accompanied each protocol to assist the subject in scoring the responses. Also included was an Evaluation Form for each protocol that the subject completed and returned to the author.

Dependent Measures

The Evaluation Form contained a number of items that constituted the dependent measures of the study. They included (a) a psychiatric diagnosis to be chosen from a number of alternatives, (b) a scale measuring the subject's degree of certainty of his diagnosis, (c) a space in which the subject could provide a more specific diagnosis (d) a number of scales measuring level of functioning along a number of psychological dimensions, and (e) a scale measuring the subject's assessment of the likelihood of malingering of pathology on the protocol. Please refer to Appendix G.
RESULTS

Each of the 24 Rorschach protocols in this study was evaluated by 6 to 9 judges. The data generated involved psychiatric diagnoses, the degree of certainty of these diagnoses, ratings of psychological disturbance along a number of dimensions (including those associated with psychotic disturbance and those not associated), and a measure of perceived likelihood of malingering of the protocols.

Table 1 provides a breakdown of the general diagnoses that were given to the protocols by the judges. As can be seen, Psychotic diagnoses were the most common one given to the Psychotic (48%), Informed Faker (72%), and Uninformed Faker (46%) protocols. While the Normal protocols also received a somewhat large number of Psychotic diagnoses (24%), the diagnosis given most frequently to this group was Neurotic (37%).

Of the various diagnoses that the judges gave to the protocols, the numbers of Psychotic diagnoses were of primary interest. Most judges also provided more specific diagnoses, and of these, hypotheses had been made specifically regarding the Schizophrenic and Paranoid Schizophrenic diagnoses. Table 2 presents the frequencies of these diagnoses.

1. Throughout this paper, the terms "subjects" and "judges" are used interchangeably.
Table 1. Frequencies of general diagnoses given to each type of protocol.

<table>
<thead>
<tr>
<th>Diagnosis Given</th>
<th>Type of Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychotic</td>
</tr>
<tr>
<td>Psychosis^a</td>
<td>22 (48%)</td>
</tr>
<tr>
<td>Organic Brain Syndrome</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Character Disorder</td>
<td>8 (17%)</td>
</tr>
<tr>
<td>Neurosis</td>
<td>8 (17%)</td>
</tr>
<tr>
<td>T.S.D. b</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Essentially Normal</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Malingered</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
</tbody>
</table>

^a Functional or organic.

b Transient Situational Disturbance.
Table 2. Specific diagnoses given to protocols judged Psychotic, according to type of protocol.

<table>
<thead>
<tr>
<th>Diagnosis Given</th>
<th>Psychotic</th>
<th>Informed Faker</th>
<th>Uninformed Faker</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Psychotic</td>
<td>22</td>
<td>33</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Paranoid Schizophrenic</td>
<td>9 (41%)</td>
<td>19 (58%)</td>
<td>16 (76%)</td>
<td>5 (45%)</td>
</tr>
<tr>
<td>Other Schizophrenic</td>
<td>9 (41%)</td>
<td>8 (24%)</td>
<td>4 (19%)</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>Total Schizophrenic</td>
<td>18 (82%)</td>
<td>27 (82%)</td>
<td>20 (95%)</td>
<td>7 (63%)</td>
</tr>
<tr>
<td>Other Psychotic</td>
<td>4 (18%)</td>
<td>6 (18%)</td>
<td>1 (5%)</td>
<td>4 (36%)</td>
</tr>
</tbody>
</table>

Hypotheses

Hypothesis 1 was concerned with a number of predictions regarding the diagnoses given to the Psychotic and Faked protocols. However, since comparisons between these protocols would be pointless if the judges were unable to accurately discriminate genuinely psychotic protocols, Psychotic protocols were first compared to Controls (Normals). As in the case of all comparisons to follow that involved diagnoses, Chi-square analyses were performed based on frequencies for a first set versus a second set of responses from the same individuals (McNemar, 1969).

As expected, Psychotic protocols were diagnosed Psychotic more frequently than Controls \( [X^2(1) = 6.37, p < .05] \). They were also judged Schizophrenic more often than Controls \( [X^2(1) = 6.67, p < .01] \). These results demonstrate that the judges were able to differentiate genuinely
psychotic protocols from non-psychotic, non-faked protocols, although the rate of false-positives among the Control group appears rather high. Owing in part to the small number of Paranoid Schizophrenic diagnoses given to the Psychotics and Controls (9 versus 5), however, no significant differences were found concerning this diagnosis [$\chi^2(1) = 1.13$]. Table 3 summarizes these results. Also included in this table are comparisons that were made between each Faking condition and the Controls. While these play no part in the hypotheses that were made, they clearly indicate that Fakers were diagnosed differently from Normals.

Table 3. Chi-square comparisons between each type of protocol versus Controls regarding diagnoses.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Control Protocols versus:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychotic</td>
</tr>
<tr>
<td>Psychotic</td>
<td>6.37*</td>
</tr>
<tr>
<td>Schizophrenic</td>
<td>6.67**a</td>
</tr>
<tr>
<td>Paranoid Schizophrenic</td>
<td>1.13a</td>
</tr>
</tbody>
</table>

Note: All significant differences denote that the treatment condition received the diagnosis in question more frequently.

*Includes Yates' correction.

*p < .05.
**p < .01.
***p < .001.
We now look at the first of the hypotheses to see how the Fakers did vis-à-vis the Psychotics.

Hypothesis 1: Concerning Psychiatric Diagnoses

Hypotheses la-lc. Subjects will diagnose the Rorschach protocols of the Uninformed Fakers as Psychotic, Schizophrenic and Paranoid Schizophrenic less frequently than the protocols of the Psychotics.

Chi-square analyses revealed no differences in frequencies of Psychotic, Schizophrenic or Paranoid Schizophrenic diagnoses \[X^2(1) = .04, .17 \text{ and } 2.58, \text{ respectively}\]. That is, Uninformed Fakers were given these diagnoses as frequently as the Psychotics, exceeding the predicted behavior of this Faking condition.

Hypotheses ld-lf. Subjects will diagnose the Informed Faker protocols as Psychotic, Schizophrenic and Paranoid Schizophrenic equally as often as those of the Psychotics.

Chi-square analyses indicated that the Informed Fakers were diagnosed Psychotic, Schizophrenic and Paranoid Schizophrenic more frequently than the Psychotics \[X^2(1) = 6.37, 4.26 \text{ and } 4.50, \text{ respectively; all } p < .05\]. Again, this exceeded the prediction.

Hypotheses lg-li. Subjects will diagnose the Informed Faker protocols as Psychotic, Schizophrenic and Paranoid Schizophrenic more frequently than those of the Uninformed Fakers.

Informed Fakers were found to be diagnosed Psychotic more frequently than Uninformed Fakers \[X^2(1) = 6.56, p < .05\]. No differences, however, were found between the two regarding Schizophrenic or Paranoid
Schizophrenic diagnoses \( [X^2(1) = 2.58 \text{ and } .80, \text{ respectively}] \). Thus, as predicted the Informed Fakers were able to appear Psychotic more often than the Uninformed Fakers but, contrary to expectation, were not able to appear Schizophrenic or Paranoid Schizophrenic more frequently.

The results of the specific predictions made in Hypothesis 1 are shown in Table 4.

Table 4. Chi-square comparisons between types of protocols regarding diagnoses.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Between-Type Comparisons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uninformed Faker</td>
</tr>
<tr>
<td></td>
<td>versus</td>
</tr>
<tr>
<td>Psychotic</td>
<td>( X^2 )</td>
</tr>
<tr>
<td></td>
<td>.04</td>
</tr>
<tr>
<td>Schizophrenic</td>
<td>.17</td>
</tr>
<tr>
<td>Paranoid Schizophrenic</td>
<td>2.58</td>
</tr>
</tbody>
</table>

Note: All significant differences involve Informed Faker protocols and denote that they received the diagnosis in question more frequently.

\( ^a \)Includes Yates' correction.

\( *p < .05 \).

A diagnosis of Malingered was also included on the Evaluation Form to provide subjects one means (though not the only one) of indicating their suspicions about possible faking. However, because this
diagnosis was chosen so infrequently by subjects no analysis was attempted (see Table 1).

Subjects indicated how certain they were of their diagnoses by means of the Degree of Certainty scale, an 8-point scale ranging from "highly certain" to "highly uncertain." Because not all Rorschachs were evaluated by all subjects (there were six groups of four Rorschachs), this scale (as well as all other rating scales) was analyzed with a two-factor ANOVA, in which one factor was the treatment effect (four treatment levels) and the second was the subjects' group effect (six group levels). No treatment effect was found on the certainty with which subjects provided diagnoses \[F(3,117) = .51\]. That is, subjects were equally certain of the diagnoses they gave to the Psychotic, Informed Faker, Uninformed Faker and Normal protocols.

As well as diagnoses, the outcome measures included a number of dimensions of psychopathology. Subjects evaluated these dimensions by means of 8-point rating scales. Six of the scales involved psychopathological dimensions associated with psychosis (Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity and Overall Incapacity due to Psychological Disturbance), while three involved psychopathological dimensions associated with non-psychotic disturbance (Depression, Organic Impairment and Anxiety).

A number of predictions were made regarding these psychotic and non-psychotic dimensions. Before these predictions were examined,
however, ANOVA's were performed on all rating scales based on the null hypothesis that all four treatments led to the same mean ratings. Specific predictions were subsequently tested only for those dimensions in which an overall treatment effect was first found. As expected, significant treatment effects were found for each of the six psychotic dimensions (these are summarized in Table 5). Specific hypotheses were then examined.

Hypothesis 2: Concerning Psychological Dimensions Associated with Psychotic Disturbance

**Hypotheses 2a-2f.** Subjects will rate the Uninformed Faker protocols as less disturbed than the Psychotic protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.

Individual t-tests of the differences between the mean ratings of the Uninformed Faker and Psychotic protocols revealed no differences on any of the psychotic dimensions, with the exception of Paranoid Ideation. Surprisingly, Uninformed Fakers were judged as more pathological on this dimension \([t(44) = 2.41, p < .05]\). None of the hypotheses were confirmed, therefore, since in each instance the Uninformed Fakers were evaluated as at least equally pathological as the Psychotics.

**Hypotheses 2g-2l.** Subjects will rate the Informed Faker protocols as equally disturbed as the Psychotic protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.
Table 5. Means, standard deviations and F ratios for all rating scales.

<table>
<thead>
<tr>
<th>Type of Protocol</th>
<th>Psychotic</th>
<th>Informed Faker</th>
<th>Uninformed Faker</th>
<th>Normal</th>
<th>Treatment (A)</th>
<th>Rorschach Set (B)</th>
<th>A X B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>F Ratios</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome Measure</strong></td>
<td><strong>Psychotic Dimensions</strong></td>
<td><strong>Non-Psychotic Dimensions</strong></td>
<td><strong>Psychotic</strong></td>
<td><strong>Informed</strong></td>
<td><strong>Uninformed</strong></td>
<td><strong>Normal</strong></td>
<td><strong>F Ratios</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychotic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>4.44</td>
<td>1.94</td>
<td>5.71</td>
<td>1.84</td>
<td>5.48</td>
<td>2.08</td>
<td>4.68</td>
</tr>
<tr>
<td>Thought Process</td>
<td>5.00</td>
<td>2.01</td>
<td>5.97</td>
<td>1.46</td>
<td>4.62</td>
<td>1.92</td>
<td>3.84</td>
</tr>
<tr>
<td>Thought Content</td>
<td>5.36</td>
<td>2.01</td>
<td>6.43</td>
<td>1.37</td>
<td>5.16</td>
<td>1.91</td>
<td>4.43</td>
</tr>
<tr>
<td>Reality Testing</td>
<td>5.03</td>
<td>1.94</td>
<td>5.67</td>
<td>1.71</td>
<td>4.49</td>
<td>2.09</td>
<td>4.38</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>4.92</td>
<td>2.08</td>
<td>5.65</td>
<td>1.68</td>
<td>4.92</td>
<td>2.09</td>
<td>4.45</td>
</tr>
<tr>
<td>Overall Incapacity</td>
<td>5.54</td>
<td>1.76</td>
<td>6.16</td>
<td>1.55</td>
<td>5.32</td>
<td>1.89</td>
<td>4.85</td>
</tr>
<tr>
<td><strong>Non-Psychotic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>3.13</td>
<td>1.76</td>
<td>3.66</td>
<td>1.83</td>
<td>4.40</td>
<td>2.25</td>
<td>4.28</td>
</tr>
<tr>
<td>Organic Impairment</td>
<td>2.85</td>
<td>1.80</td>
<td>2.52</td>
<td>1.68</td>
<td>2.27</td>
<td>1.67</td>
<td>2.23</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4.64</td>
<td>1.82</td>
<td>5.08</td>
<td>2.06</td>
<td>5.08</td>
<td>1.80</td>
<td>5.13</td>
</tr>
<tr>
<td><strong>Likelihood of</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malingering</td>
<td>3.26</td>
<td>1.98</td>
<td>3.82</td>
<td>2.26</td>
<td>3.02</td>
<td>1.82</td>
<td>2.75</td>
</tr>
<tr>
<td><strong>Certainty of</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>5.46</td>
<td>1.90</td>
<td>5.57</td>
<td>1.80</td>
<td>5.31</td>
<td>1.71</td>
<td>5.26</td>
</tr>
</tbody>
</table>

Note: For each mean, N = 45, except for Likelihood of Malingering and Certainty of Diagnosis, for which N = 46. All means above based on 8 = more pathological end of scale (also, 8 = highly likely to have malingered and highly certain of diagnosis).

*p < .05.
**p < .01.
***p < .001.
T-tests disclosed that Informed Fakers were rated as more pathological on the dimensions of Paranoid Ideation \([t(44) = 3.35, p < .01]\), Thought Process \([t(44) = 2.61, p < .05]\) and Thought Content \([t(44) = 3.28, p < .01]\). Suggestive, although non-significant trends \((p < .10)\) in the same direction were also found on Reality Testing, Impulsivity and Overall Incapacity. Thus three hypotheses were rejected since the Informed Fakers exceeded the prediction, and three were confirmed, although the trend in these instances was also toward more pathological ratings of the Informed Fakers.

**Hypotheses 2m-2r.** Subjects will rate the Informed Faker protocols as more disturbed than the Uninformed Faker protocols regarding Paranoid Ideation, Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity due to Psychological Disturbance.

T-tests comparing the two Faking conditions confirmed all but one hypothesis. Informed Fakers were rated more disturbed on Thought Process \([t(44) = 3.64, p < .001]\), Thought Content \([t(44) = 3.74, p < .001]\), Reality Testing \([t(44) = 3.15, p < .01]\), Impulsivity \([t(44) = 2.10, p < .05]\), and Overall Incapacity \([t(44) = 2.14, p < .05]\). Only on Paranoid Ideation were no differences found \([t(44) = .56]\).

The results of the specific predictions made in Hypothesis 2 are shown in Table 6. As additional information for the reader, Table 7 provides the results of comparisons between each of the treatment conditions and the Control condition. While no hypotheses were made concerning these results, they are nevertheless interesting. They suggest that the Informed Fakers were highly successful in altering their
Table 6. T-test comparisons between types of protocols regarding dimensions of psychopathology.\(^1\)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Between-Type Comparisons</th>
<th>Uninformed Faker vs. Psychotic</th>
<th>Informed Faker vs. Psychotic</th>
<th>Informed vs. Uninformed Faker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Ideation</td>
<td></td>
<td>2.41*</td>
<td>3.35**</td>
<td>.56</td>
</tr>
<tr>
<td>Thought Process</td>
<td>.90</td>
<td>2.61*</td>
<td>3.64***</td>
<td></td>
</tr>
<tr>
<td>Thought Content</td>
<td>.46</td>
<td>3.28**</td>
<td>3.74***</td>
<td></td>
</tr>
<tr>
<td>Reality Testing</td>
<td>1.24</td>
<td>1.84(^a)</td>
<td>3.15**</td>
<td></td>
</tr>
<tr>
<td>Impulsivity</td>
<td>.00</td>
<td>1.98(^a)</td>
<td>2.10*</td>
<td></td>
</tr>
<tr>
<td>Overall Incapacity</td>
<td>.40</td>
<td>1.84(^a)</td>
<td>2.14*</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>2.99**</td>
<td>1.32</td>
<td>2.13*</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)Performed only on dimensions in which overall treatment effect had been found.

Note: All significant differences involving Psychotic protocols denote that they were rated _less_ pathological than the Faked protocols. Significant differences between the Informed and Uninformed Faker protocols denote that the Uninformed Faker protocols were rated _less_ pathological, except for Depression.

*\(p < .05\).
**\(p < .01\).
***\(p < .001\).
\(^a\)\(p < .10\).
Table 7. T-test comparisons between each type of protocol versus Control protocols regarding dimensions of psychopathology.\(^1\)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Psychotic</th>
<th>Informed Faker</th>
<th>Uninformed Faker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Ideation</td>
<td>.75</td>
<td>2.60*</td>
<td>1.78(^a)</td>
</tr>
<tr>
<td>Thought Process</td>
<td>3.22**</td>
<td>6.90***</td>
<td>1.85(^a)</td>
</tr>
<tr>
<td>Thought Content</td>
<td>2.58*</td>
<td>5.14***</td>
<td>1.73(^a)</td>
</tr>
<tr>
<td>Reality Testing</td>
<td>2.17*</td>
<td>3.68***</td>
<td>.26</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>.97</td>
<td>2.95**</td>
<td>1.01</td>
</tr>
<tr>
<td>Overall Incapacity</td>
<td>1.92(^a)</td>
<td>3.53**</td>
<td>1.30</td>
</tr>
<tr>
<td>Depression</td>
<td>3.31**</td>
<td>1.80(^a)</td>
<td>.29</td>
</tr>
</tbody>
</table>

\(^1\)Performed only on dimensions in which overall treatment effect had been found.

Note: All significant differences denote that the Control protocols were rated less pathological, except for Depression.

\(^*p < .05.\)
\(^{**}p < .01.\)
\(^{***}p < .001.\)

\(^{a} p < .10.\)
responses along a number of dimensions, whereas the ratings given the
Uninformed Fakers do not differ significantly from those of the Controls.
There are non-significant trends, however, on Paranoid Ideation, Thought
Process and Thought Content, which are usually considered key elements
of disturbance in paranoid schizophrenia. It is also curious that
Psychotics did not differ from Controls on Paranoid Ideation or
Impulsivity, and were only suggestively more disturbed on Overall
Incapacity. Possible implications of this pattern will be taken up in
the Discussion.

Hypothesis 3: Concerning Psychological Dimensions
Usually Associated with Non-Psychotic Disturbance

Hypotheses 3a-3c. Faking will have no effect regarding ratings
of Depression, Organic Impairment or Anxiety.

F-tests were performed for each of the three non-psychotic dimen­sions to examine these predictions (see Table 5). It was found that the
hypotheses were confirmed for two of the three dimensions, Organic
Impairment \[F(3,117) = 2.00, \text{n.s.}\] and Anxiety \[F(3,117) = .83, \text{n.s.}\].
Depression, however, exhibited an overall treatment effect \[F(3,117) = 7.21, p < .001\]. Individual t-tests were then performed to specify the
nature of this effect. They showed that the Uninformed Fakers were
rated as more depressed than both the Psychotics and the Uninformed
Fakers (Table 6), and that the Normals were also rated more depressed
than the Psychotics (Table 7).

In addition to the option of diagnosing a protocol as Malingered,
subjects could also indicate any skepticism they harbored over the
validity of any of the protocols by means of the Likelihood of Malingering scale, an 8-point scale ranging from "highly likely" to "highly unlikely." Certain hypotheses were made regarding this scale.

Hypothesis 4: Concerning Judgments about the Likelihood of Malingering of the Protocols

Hypothesis 4a. Subjects will rate the Uninformed Faker protocols as more Likely To Have Been Malingered than the Psychotic protocols.

Hypothesis 4b. Subjects will rate the Informed Faker protocols as equally Likely To Have Been Malingered as the Psychotic protocols.

Hypothesis 4c. Subjects will rate the Informed Faker protocols as less Likely To Have Been Malingered than the Uninformed Faker protocols.

An F-test comparing the treatment conditions overall suggested a trend but was not significant \( [F(3,117) = 2.48, p < .10] \). Individual comparisons were therefore not attempted.

Analyses of Individual Fakers

Table 8 groups all 24 Rorschach testees according to type of protocol and provides a breakdown of the Psychotic, Schizophrenic, Paranoid Schizophrenic and Malingered diagnoses they received. It can be seen that each of the Informed Fakers received a Psychotic diagnosis over half of the time. If we compare the frequencies of Psychotic and Schizophrenic diagnoses that the Informed Fakers received, it can also be seen that 82% of the subjects who diagnosed an Informed Faker protocol as Psychotic also considered it to be Schizophrenic. Individually, the figures for the Informed Fakers ranged from 67% to 100%.
Table 8. Diagnoses given to protocols according to type of protocol.

<table>
<thead>
<tr>
<th>Type of Protocol</th>
<th>Protocol Number</th>
<th>N</th>
<th>Psychotic n (%)</th>
<th>Schizophrenic n (%)</th>
<th>Paranoid Schizophrenic n (%)</th>
<th>Malingered n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic</td>
<td>P1</td>
<td>6</td>
<td>3 (50)</td>
<td>3 (50)</td>
<td>2 (33)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>P2</td>
<td>9</td>
<td>4 (44)</td>
<td>4 (44)</td>
<td>2 (22)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>P3</td>
<td>9</td>
<td>4 (44)</td>
<td>3 (33)</td>
<td>3 (33)</td>
<td>2 (22)</td>
</tr>
<tr>
<td></td>
<td>P4</td>
<td>7</td>
<td>6 (86)</td>
<td>4 (57)</td>
<td>1 (14)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>P5</td>
<td>6</td>
<td>5 (83)</td>
<td>4 (67)</td>
<td>1 (17)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>P6</td>
<td>9</td>
<td>0 (00)</td>
<td>0 (00)</td>
<td>0 (00)</td>
<td>0 (00)</td>
</tr>
<tr>
<td>Informed Faker</td>
<td>IF1</td>
<td>6</td>
<td>4 (67)</td>
<td>4 (67)</td>
<td>3 (50)</td>
<td>1 (17)</td>
</tr>
<tr>
<td></td>
<td>IF2</td>
<td>9</td>
<td>6 (67)</td>
<td>4 (44)</td>
<td>2 (22)</td>
<td>1 (11)</td>
</tr>
<tr>
<td></td>
<td>IF3</td>
<td>9</td>
<td>6 (67)</td>
<td>4 (44)</td>
<td>4 (44)</td>
<td>2 (22)</td>
</tr>
<tr>
<td></td>
<td>IF4</td>
<td>7</td>
<td>7 (100)</td>
<td>7 (100)</td>
<td>5 (71)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>IF5</td>
<td>6</td>
<td>5 (83)</td>
<td>4 (67)</td>
<td>1 (17)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>IF6</td>
<td>6</td>
<td>5 (56)</td>
<td>4 (44)</td>
<td>4 (44)</td>
<td>0 (00)</td>
</tr>
<tr>
<td>Uninformed Faker</td>
<td>UF1</td>
<td>6</td>
<td>2 (33)</td>
<td>2 (33)</td>
<td>1 (17)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>UF2</td>
<td>9</td>
<td>7 (78)</td>
<td>6 (67)</td>
<td>4 (44)</td>
<td>0 (00)</td>
</tr>
<tr>
<td></td>
<td>UF3</td>
<td>9</td>
<td>3 (33)</td>
<td>3 (33)</td>
<td>2 (22)</td>
<td>1 (11)</td>
</tr>
<tr>
<td></td>
<td>UF4</td>
<td>7</td>
<td>1 (14)</td>
<td>1 (14)</td>
<td>1 (14)</td>
<td>1 (14)</td>
</tr>
<tr>
<td></td>
<td>UF5</td>
<td>6</td>
<td>2 (33)</td>
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Table 8, Continued.

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</table>

Note: N = total number of times protocol was evaluated; n = number of times protocol received diagnosis in question. Protocols arranged so that P1, IF1, UF1 and N1 were all seen by same subjects, as were P2, IF2, UF2 and N2, and so on for all six sets of protocols.
Table 8 also indicates that the pattern for the Uninformed Fakers was less consistent. While two Uninformed Fakers were diagnosed Psychotic over half the time, the other four individuals met with much less success, ranging from 33% down to 14%. It is remarkable, however, that 20 out of 21, or 95% of all subjects who diagnosed an Uninformed Faker protocol as Psychotic also judged it to be Schizophrenic.

Figure 1 presents the same data for the Psychotic diagnoses from a different perspective. The data are arranged according to the six sets of Rorschach protocols that were sent to the subjects, enabling one to compare individual Psychotic, Informed Faker, Uninformed Faker, and Normal protocols that were evaluated by the same group of subjects.

It can be seen in Figure 1 that all six Informed Fakers were diagnosed Psychotic at least as often as the corresponding Psychotics in their Rorschach sets, and almost always more frequently. This seems to reflect the consistent belief of each group of subjects that their Informed Faker protocol was more disturbed than its corresponding Psychotic protocol.

The picture for individual Uninformed Fakers in Figure 1 is less consistent. It can be seen that in two instances the Uninformed Faker protocol was diagnosed Psychotic more frequently than its Psychotic counterpart, whereas in the other four cases the results were reversed. This appears to reinforce from a somewhat different perspective the findings of a relative lack of consistency by the Uninformed Fakers in appearing psychotic.
Figure 1. Psychotic diagnoses given to protocols according to Rorschach set.
Comparisons of Informed Fakers with their corresponding Uninformed Fakers indicates that in four cases the former were judged Psychotic more frequently, while in the other two instances the reverse was true. It should be noted that in these two latter instances, the "best" Uninformed Fakers were involved, and yet the difference in frequency of Psychotic diagnoses between themselves and the respective Informed Fakers was only one. Thus it appears that two Uninformed Fakers were able to somewhat outperform their Informed Faker counterparts, yet generally this was not the case.

Other Analyses

In addition to the main effect of treatment condition, the second main effect, Rorschach set, was also analyzed. The results, provided in Table 5, suggest that the ratings on three dimensions of psychopathology were influenced by the randomly determined combinations of four protocols that were sent to the subjects, such that some sets received on the whole relatively high ratings, while other sets received relatively low ratings. The three dimensions affected were Thought Process \( F(5,39) = 3.08, p < .05 \), Thought Content \( F(5,39) = 2.77, p < .05 \), and Depression \( F(5,39) = 4.52, p < .01 \). The importance of this finding seems to be minor, since the effect on these scales was weak in comparison to the corresponding treatment effect, and because there was no similar effect on the other 8 rating scales.

The ANOVA's for each of the rating scales also produced a number of significant interactions between treatment conditions and Rorschach sets, as depicted in Table 5. There does not appear to be a way to
readily interpret this result, however. These interaction effects probably resulted from a combination of variables, all of which were summed in the overall interaction variance.
DISCUSSION

Contrary to a number of predictions that were made, it was found that experts in the interpretation of the Rorschach were unable to detect faking of psychosis by normals who had no previous experience with the Rorschach and who knew relatively little about psychosis. This conclusion is based on the fact that the Uninformed Fakers received as many Psychotic, Schizophrenic and Paranoid Schizophrenic diagnoses as the hospitalized paranoid schizophrenics tested in this study; that in addition, the experts were equally certain of their diagnoses across all treatment conditions; and that, further, the judges expressed no differences across treatment conditions concerning the likelihood that the protocols were malingered. The consistent results among these three separate dependent measures all point to the inability of the judges to discriminate diagnostically the faked from the psychotic protocols.

A closely related finding concerned the ratings given to the Uninformed Fakers on a number of traits that are associated with psychosis. Surprisingly, no differences were found between the Uninformed Fakers and the Psychotics on the dimensions of Thought Process, Thought Content, Reality Testing, Impulsivity, or Overall Incapacity due to Psychological Disturbance, while on Paranoid Ideation the Uninformed Fakers were rated more disturbed. This indicates that the subjects' inability to detect the faked protocols extended beyond the criterion of psychiatric diagnosis to include, in addition, specific dimensions of
disturbance that are characteristic of psychosis. Stated somewhat differently, the Uninformed Fakers were as able to appear disturbed on specific dimensions of disturbance as they were able to alter the global diagnoses they received. These findings in general did not support the opinion that projective techniques provide "a largely foolproof means of detecting attempted distortion" by Rorschach-naive subjects (Davids and Pildner, 1958).

Considering the relative lack of information about paranoid schizophrenia possessed by the Uninformed Fakers, as well as their lack of previous experience with the Rorschach, it is intriguing that they received Psychotic diagnoses nearly half the time (46%), with correspondingly large numbers of Schizophrenic and Paranoid Schizophrenic diagnoses. It is possible that in part this resulted from the apparent tendency of the judges to "see" psychological disturbance somewhat readily in the protocols, as reflected by the 24% of Psychotic diagnoses they gave to the Normal protocols. This tendency by the judges supports the point made by some authors that it is comparatively easy to "read" disturbance into Rorschach responses (Murstein and Wolf, 1970).

While this explanation may partially account for the overall large number of Psychotic diagnoses that were given to the protocols by the judges, it does not explain why the Uninformed Faker protocols were diagnosed Psychotic, Schizophrenic and Paranoid Schizophrenic more frequently than the Normal protocols, and were given these diagnoses as often as the Psychotic protocols. The interpretation of this finding is made more difficult by the fact that the Uninformed Faker protocols did
not receive significantly different ratings than the Normal protocols on any of the psychotic dimensions of disturbance.

A partial explanation may be that, although significant differences between the Uninformed Faker and Normal protocols did not emerge on any of the psychotic dimensions of psychopathology, non-significant trends \((p < .10)\) did occur on Paranoid Ideation, Thought Process, and Thought Content (see Table 7). Since these three dimensions can be considered as the "core" elements of paranoid schizophrenia, it is conceivable that the cumulative disturbance that was faked on these dimensions may have convinced the judges that the protocols were psychotic.

There is also the question of how significantly the judges may have been influenced by the disturbance they perceived on the specific dimension of Paranoid Ideation. This dimension appears to have been the one most easily faked by the Uninformed Fakers; on it they were rated as disturbed as the Informed Fakers, and were judged more disturbed than the Psychotics. A look at the Psychosis Questionnaire provides a possible reason for this. Concerning the item, "The term paranoid refers primarily to . . . (excessive feelings of suspiciousness and of being mistreated)," all Uninformed Fakers and Normals responded correctly.\(^1\) The meaning of paranoia thus appears to have been understood without exception by the sample of "psychologically naive" students used in this study, and perhaps contributed to their success in faking paranoid

\(^1\) The likelihood of this occurring by chance is \(5^{12}\), or less than 1 out of 100,000,000.
schizophrenia. To this extent the Uninformed Fakers were not as uninformed about their role as was desired. However, based on the conservative selection procedure used, as well as the relative scores they received on the Psychosis Questionnaire, it seems unlikely that they were well-informed about their role in a fuller sense.

Another possible reason for the generally comparable diagnoses and ratings received by the Uninformed Fakers and the Psychotics is that the hospitalized schizophrenics in this study, to whom the Uninformed Fakers were compared, were not as overtly disturbed as might have been the case if other selection criteria had been used. All patients who were chosen had been placed on psychotropic medications upon admission to the hospital, as was routine at this VA hospital, and by the time of testing (ranging from 2 to 43 weeks after admission) may have been less behaviorally disturbed than would have been the case if they had remained unmedicated, or if the medications had been started more recently. One should also consider that the patients selected were relative young (under 30), and that on the average severely deteriorated functioning is more common among older schizophrenics. Further, paranoid schizophrenics tend on the average to be more integrated behaviorally and in more contact with the environment than other types of schizophrenics (Arieti, 1974).

The above average I.Q.'s of the Psychotics, as well as the pattern of ratings they received, lends some support to the possibility that on the average they were relatively intact psychologically. Contrary to usual expectation, when their ratings were compared to those of
the Normals, significant differences did not emerge on Paranoid Ideation, which is of course a central feature of paranoid schizophrenia, or on Impulsivity. It is also unexpected to find that there were no differences on Overall Incapacity (see Table 7). Yet, the Psychotics received more Psychotic and Schizophrenic diagnoses than the Normals. This combination of data seems to reflect the subjects' opinion that the Psychotics were schizophrenics, yet had a relatively non-fixed paranoid process, were not particularly impulsive, and overall appeared able to function relatively adequately within their recognized psychotic level of functioning. Assuming that these ratings of the Psychotics were essentially accurate, it would appear that the Psychotics represented a less difficult criterion of psychosis to which the Uninformed Fakers were compared than might have been the case if a different sample of paranoid schizophrenics had been selected. This, together with the Uninformed Fakers' apparent partial understanding of their role (i.e., "paranoia"), may have accounted for the unexpected performance of this group of fakers.

A second major finding of this study was that the ability of fakers to malinger psychosis on the Roschach was related to the extent of information they possessed about psychosis. This conclusion is based on results of comparisons between the Informed Fakers, who listened to an informational tape prior to faking that discussed paranoid schizophrenia, and the Uninformed Fakers, to whom no information about

2. There was, however, a non-significant trend (p < .10) indicating that the Psychotics appeared somewhat more incapacitated.
paranoid schizophrenia was given. The data analysis revealed that the impact of this information was considerable. The Informed Fakers were diagnosed Psychotic more frequently than the Uninformed Fakers and were judged more disturbed regarding Thought Process, Thought Content, Reality Testing, Impulsivity, and Overall Incapacity. The more disturbed evaluations given to the Informed Fakers were not without exception, however, as no differences were found for the frequencies of Schizophrenic or Paranoid Schizophrenic diagnoses or for ratings on Paranoid Ideation.

A second indication of the influence of information about paranoid schizophrenia on the Informed Fakers' ability to fake is suggested by the analysis of their performance as compared to the Psychotics. It had been hypothesized that the Informed Fakers would be able to match actual psychotics in terms of Psychotic, Schizophrenic and Paranoid Schizophrenic diagnoses and ratings of disturbance. The Informed Fakers actually exceeded these predictions. They were given all three criterion diagnoses more frequently than the Psychotics, and were considered more disturbed (or suggestively so) on all six psychotic dimensions of psychopathology. With the exception of Paranoid Ideation, the Uninformed Fakers were unable to duplicate this performance in comparison to the Psychotics. This again suggests that the Informed Fakers malingered psychosis more effectively than the Uninformed Fakers.

Just as it was unexpected to discover that the Uninformed Fakers had generally matched the Psychotics in terms of disturbance, so too was it surprising to find that the Informed Fakers were judged to be even
more disturbed than the criterion group of paranoid schizophrenics. A common explanation probably accounts in part for both findings, in that the Psychotics appear to have been a less difficult criterion than might otherwise have been the case.

In addition, however, the highly disturbed evaluations of the Informed Fakers may have resulted from their exceptional assimilation of the contents of the informational tape. This tape, it will be recalled, was developed as a distillation of the classical features of paranoid schizophrenia, and provided the Informed Fakers with a number of clear-cut examples of paranoid delusional beliefs and illustrations of various characteristics of schizophrenic thought disturbance, all of which would rarely, if ever, be seen in any one individual. Thus, it presented a version of paranoid schizophrenia that was replete with symptomatology; i.e., acute paranoid schizophrenia. This approach was chosen in order to provide a model of paranoid schizophrenia in simplified form that the Informed Fakers would be able to draw upon while faking. Based on their scores on the Psychosis Questionnaire, however, which matched those of a group of graduate students in clinical psychology, the Informed Fakers were able to absorb the taped material exceedingly well. While there is no way to determine directly, we can infer indirectly that the assimilation of the contents of the tape, which presented a model of paranoid schizophrenia characteristic of an acute state, contributed to the severely disturbed evaluations the Informed Fakers achieved.

It is clear that the evaluations given to the Informed Fakers strongly indicate that role sophistication is an important variable
affecting the fakability of the Rorschach. This finding supports similar results by Kroger (1967), Kroger and Turnbull (1970, 1975), Lawton (1963), and Foulds and Warehime (1971), who also found that role sophistication affects the fakability of personality tests. It appears that more consideration should be given to this variable in the future when faking of disturbance is investigated, or when there is reason to suspect malingering in clinical practice.

This point is further bolstered by the finding that the inability of the subjects to detect malingering by the Informed Fakers was not limited to one or two fakers, but was a widespread phenomenon. All six Informed Fakers were diagnosed Psychotic over half the time, and five were diagnosed Psychotic at least two-thirds of the time. This compared with three Psychotics out of six, and two out of six, respectively. When each Informed Faker was compared to the Psychotic counterpart in his Rorschach set, in five out of six instances he received Psychotic diagnoses more frequently. This indicates the consistent ability of the Informed Fakers to appear psychotic. On the other hand, while two Uninformed Fakers were judged Psychotic with a frequency comparable to that of the Informed Fakers, the poorer performance of the other Uninformed Fakers suggests that faking of psychosis is more difficult on the Rorschach without relatively detailed information about the psychotic role. It should be noted, however, that the results of this study do not demonstrate that the Uninformed Fakers were more readily detected, but rather that the severity of disturbance they were able to malinger
was less pronounced. Malingering by both the Informed and Uninformed Fakers went undetected for the most part.

Further evidence of the inability of the judges to detect faking of psychosis involves data from individual judges, which were examined to assess whether some judges, perhaps, might be more adept at detecting faking than others. Three groups of judges were identified whose responses indicated at first appearance that possibly they were more sensitive diagnosticians: (a) those who gave Malingered diagnoses to at least one faked protocol, (b) those who diagnosed neither of their faked protocols as Psychotic, and (c) those who correctly diagnosed both their Psychotic and Normal protocols:

a) Five judges were found who had diagnosed one of his faked protocols as Malingered, and a sixth who had diagnosed both faked protocols as Malingered. If one looks at the other diagnoses given by these judges, however, it can be questioned whether they were particularly sensitive in comparison to the other judges since, for example, one believed his Psychotic protocol was also Malingered, one diagnosed his second faked protocol as Psychotic, and three felt their Normal protocol was Psychotic. Also, the judge who diagnosed both his faked protocols as Malingered gave this diagnosis to his Psychotic and Normal protocol as well, and commented that he felt all four of his protocols had been faked by college students. Because of these major diagnostic errors, it is unclear whether this group arrived at
their Malingered diagnoses due to special diagnostic skills or perhaps due to chance, attitudinal sets, or other factors.

b) A second, less powerful criterion for diagnostic sensitivity was whether a judge diagnosed his faked protocols as Psychotic. It was found that 38 judges, or 82.6%, diagnosed at least one of their faked protocols as Psychotic. Only eight judges, or 17.4%, gave neither protocol this diagnosis. Of these judges, however, only three, or 37.5% (as compared to 50% of the other judges), correctly diagnosed their Psychotic protocol as Psychotic, suggesting to some extent that this group's avoidance of Psychotic diagnoses for the faked protocols may simply have reflected a personal tendency not to use this diagnosis.

c) A third group of potentially sensitive judges was made up of those individuals who had correctly diagnosed both their Psychotic and Normal protocols. This group was compared to those judges who had misdiagnosed one or both of these protocols, by looking at the proportions of Psychotic diagnoses each group gave to the faked protocols. It was found that the two groups did not differ as to the proportions of Psychotic diagnoses given to either the Informed Faker \( \chi^2(1) = 0.23 \) or the Uninformed Faker \( \chi^2(1) = 0.32 \) protocols. Overall, the group of potentially more sensitive judges diagnosed 57.1% of their faked protocols as Psychotic, compared to 59.2% for the less sensitive group, a minor difference.
These results point to an inability to discover individual judges who were more able to detect faking of psychosis than others, or whose detection of faking could be readily related to any evidence of superior diagnostic skills on their part concerning non-faked protocols. This suggests that faking of psychosis on the Rorschach is quite difficult to detect, regardless of one's diagnostic proficiency, and further implies the use of extreme caution in Rorschach interpretation when faking is suspected.

Great caution in clinical practice is also suggested by indications that the Fakers as a whole were able to malinger the paranoid schizophrenic role with a high degree of specificity. Eighty-two percent of the Informed Fakers and 95% of the Uninformed Fakers who were diagnosed were also more specifically labelled Schizophrenic by the subjects. Further, of those diagnosed Schizophrenic, 71% of the Informed Fakers and 80% of the Uninformed Fakers were also judged Paranoid Schizophrenic. These relatively high percentages of Schizophrenic and Paranoid Schizophrenic diagnoses suggest that the Fakers who appeared psychotic to the subjects were highly specific in their responses with respect to the particular role that was chosen for this study.

A second indication of psychotic role-specificity can be seen in the differences in treatment effects between the psychotic and the

3. The term "Fakers" here and in the following refers to the Informed and Uninformed Fakers collectively.

4. To some extent, on the other hand, the high percentages of these diagnoses could be accounted for by the fact that, statistically, schizophrenia is the most commonly given psychotic diagnosis, and of the several schizophrenias, paranoid schizophrenia is perhaps more frequently diagnosed.
non-psychotic dimensions of psychopathology. Whereas the treatment conditions affected the ratings for all six psychotic dimensions, only one of three non-psychotic dimensions (Depression) was affected. This suggests that the Rorschach responses of the Fakers formed a cohesive pattern based on a number of personality dimensions which are related to psychosis rather than to neurosis (i.e., Anxiety, Depression) or organicity (i.e., Organic Impairment).

The results of this investigation extend and refine the evidence from other studies that projectives can be faked to appear psychologically disturbed. While, strictly speaking, 16 of the 30 hypotheses were confirmed and 14 were not, if we take into account the instances in which the Fakers actually malingered more convincingly than had been predicted, it is seen that 26 hypotheses were either met or exceeded and only 4 were disconfirmed. Woltmann's (1950) view that the reality-testing function of projective stimuli are "valid and non-destructive" by normals, and hence non-fakable, is not supported by the evidence. It would seem wise to question the outmoded belief that the Rorschach and other projectives are immune to faking simply due to unique properties they are said to possess because they are projectives. The situation appears to be more complex than that.

The author proposes that the projective testing setting be conceived as one wherein, under most conditions, the individual is relatively unaware of the nature of his projections, since the need to attend to them is largely absent because he is simply being himself. However, this lack of awareness is situationally related and is not an
inevitable outcome of the nature of projective techniques. Under conditions in which the individual chooses to fake his responses, he can deliberately alter his normal responses by assuming a different role and anchoring himself to this role as he responds to the projective stimuli. It is also proposed that the probable range of potentially deceptive roles is quite broad; that is, the number and kinds of traits consciously available for projection is probably very wide.

These two proposals not only derive from the results of the present study, but from the findings in other studies previously discussed that have shown that normal individuals have a great deal of flexible conscious control over the kinds of responses they give when tested with projective techniques, and that fakers are better able to alter their responses in a role-consistent manner if they understand their role more fully.

There are certain implications and directions for future research to which the results of this study point. Because highly experienced Rorschach examiners were unable to detect faking of psychosis in this study, there is little reason to believe that they would be able to detect malingering of lesser disturbance as well. Since previous investigations have not looked at faking of specific psychological disorders on projectives, but instead have relied on generalized faking instructions, the kinds of disturbances which could be investigated for the first time are numerous. It would be interesting, for example, to examine whether fakers could appear obsessive-compulsive, highly anxious, or depressed, since these disturbances, as well as others that can be
suggested, all have behavioral characteristics that could presumably be translated into Rorschach responses.

Due to the important influence of role sophistication upon faking ability demonstrated in this study and in others, as well as the logical necessity for controlling for this variable in fakability studies with any personality test (see pp. 19-20), it appears necessary to adequately inform fakers of the characteristics of their role prior to faking, if there is a reasonable possibility that the role itself is potentially a confusing one to the subjects.

In addition to role sophistication, other variables may relate to the ability of fakers to malinger disturbance effectively. These may include, for example, intellectual and verbal abilities, motivational factors, various psychological attributes of the faker, and certain qualities of the examiner, such as his or her experience with projectives, attitude toward the faker, etc. Previously cited studies, for instance, suggest that a faker's performance may be related to his general psychological sophistication (Lawton, 1963), ego involvement in the task (Redmore, 1976), and emotional "constrictedness" (Hartung, McKenna and Baxter, 1969). Specific data concerning these and other relevant variables would be valuable.

Although in the present study the faked protocols were evaluated by experienced judges, it would also be instructive to perform an objective content analysis directly on the faked responses themselves, using scoring by experienced Rorschachers who were unacquainted with the nature of the study. This might provide insight into the kinds of responses
the fakers produced, with particular regard to whether "psychotic material" was exhibited. There is some evidence that normal individuals produce varying amounts of "primary process" material under standard test conditions (Weiss, 1970), and also that under a "free-wheeling" instructional set Pathognomic Verbalization scores can be increased (Hartung et al., 1969). These data are consistent with Craddick's (1966, p. 569) point that conceivably "every normal person has within his response repertory, psychotic-like responses not usually expressed because of a relatively intact ego but which could emerge under ego-relaxing conditions." By comparing the Psychotics and the Fakers in this study regarding their Pathognomic Verbalization scores and/or other indices of disturbed functioning, for example, one could empirically examine the degree to which normals are able to produce psychotic content.

Alternately, it is conceivable that the Fakers were judged psychotic for reasons not having to do with the inherent content of their Rorschach responses. Murstein and Wolf (1970, p. 44) have suggested that "to some extent at least, scoring systems (of projectives) are so negatively oriented that the more an individual projects, the more his responses are classified as pathological regardless of his diagnostic status." In support of this contention they found that, although as expected psychiatric patients produced more projection and

more pathology than normal subjects, the correlation between projection and pathology was significant for both groups for five projective tests (including the Rorschach), and on the average was higher for the normals than for the psychiatric subjects. Thus, it is possible that the Fakers in the present study were judged psychotic, not because of their ability to actually appear psychotic, but because of the tendency of the Rorschach examiners to read pathology into their projections, regardless of their actual content. That is, the responses of the Fakers could conceivably have differed from the stimulus characteristics of the inkblots in a direction other than a psychotic one, yet be judged psychotic nevertheless, simply because they differed. A content analysis of the responses would, again, be a valuable method for determining whether the faked responses were "psychotic," "psychotic-like," or perhaps unrelated to psychosis yet unusual in some unforeseen way. Such an analysis is planned for the future.

A final direction for future research would be to undertake the kind of study reported herein with other projective tests as well. Although some studies on faking have been done previously with other projectives, it would be useful to reexamine these instruments along the same lines as in this study, particularly with reference to the use of specific and defined roles for fakers, and with regard to the manipulation of role sophistication. Because of the Rorschach's generally accepted superiority in discriminating between various kinds and degrees of disturbance as compared to other projectives, it would be surprising if other projective techniques proved more resistant to faking than the
Rorschach. Since the fakability of a personality test relates both to its validity and its reliability, it may be necessary as a result of further research to acknowledge that projective techniques can be faked over a broad range of disturbance, and to attempt to develop objective methods for detecting malingering, much the same as has been almost universally required for objective personality measures.
APPENDIX A

INSTRUCTIONS AND ROLE DESCRIPTION

FOR INFORMED FAKERS

Introduction: First of all, we want to thank you for participating in our experiment, and we want to tell you in some detail what our study involves and what we are asking of our subjects. We are investigating whether normal and typical college students such as yourself can fake your responses on a popular psychological test so that you can fool psychologists who look over the test results. The question of faking on psychological tests is important because in real-life people do sometimes try to present a false picture of themselves when they are being tested. For example, sometimes people who have been charged with murder try to appear psychotic or crazy in order to escape punishment for their crimes. Obviously, it would be useful to know if psychological tests are able to detect this kind of faking.

We believe that the test we are going to give you can probably be faked. Specifically, we want to find out whether you and our other subjects can make yourselves appear psychotic or crazy on this test, so that a psychologist who looked at your responses later on would not be able to tell that they came from a normal adult college student. We realize that you may feel you don't know very much about psychosis, but don't be concerned about this. Past research with other college students who are similar to you has shown that many psychological tests can be faked. In this experiment we are exploring the issue further by looking at a popular psychological test on which very little research on faking has been done.

To add realism to our experiment, please pretend that you are in jail on a charge of murder. The judge has ordered you to take a test to determine your psychological condition. Whether or not you are guilty, you have decided that your only real hope to avoid punishment is to try to look psychotic or crazy on this test, by making yourself look paranoid schizophrenic.

You have been informed that the psychologist's assistant will give you the test and that he will then give the results to the psychologist himself who will decide whether or not you are psychotic, completely on the basis of this test. Thus, you want the test results to show that you are psychotic and not show that you are faking.
We think that you'll be able to play the role of a paranoid schizophrenic more successfully if you first have a clear idea of the kind of person this is. Let's take a few minutes to go over what is meant by this psychological label. Our description will include many examples that will help you play your role a little later, so please listen carefully.

Misconceptions: First of all, the general public has many misconceptions about paranoid schizophrenics. Let's begin by telling you what some of these misconceptions are. A paranoid schizophrenic is not someone with several personalities, as in the famous movie, The Three Faces of Eve. Schizophrenics have only one personality. People with multiple personalities represent a different psychological condition entirely and are not paranoid schizophrenics. A paranoid schizophrenic is not usually retarded or brain-damaged, or unable to feed and dress himself. Actually, paranoid schizophrenics represent the whole range of IQ and often are above average in intelligence. Paranoid schizophrenics are not usually violent, dangerous or highly emotional. In fact, it is more usually the case that they are rather constricted emotionally. Thus the beliefs that paranoid schizophrenics have several personalities or are stupid, brain-damaged or unable to feed and dress themselves, or are unpredictably violent and highly emotionally, are mistaken stereotypes.

The Meaning of "Schizophrenic": Actually, there are two characteristics that identify a paranoid schizophrenic. One is his great difficulty in organizing and communicating his thoughts in normal ways. This difficulty in thinking and communicating in normal ways is what the word schizophrenic refers to. What do we mean when we say that the paranoid schizophrenic does not think or communicate in normal ways? For one thing, he uses peculiar and vague language. The following examples were taken from an interview with a man who was hospitalized with a diagnosis of paranoid schizophrenia. At one point, in talking about his feelings about people, he said the following: "Atmospherically speaking, I guess you just can't depend on the weather or on humanity." Notice how his sentence sounds odd: "Atmospherically speaking, I guess you just can't depend on the weather or on humanity." This is one example of the peculiar and vague language the paranoid schizophrenic uses. At another point in the interview, he was asked to explain why the deaf can't hear, and he gave this reply: "Well, because they aren't able to be familiar with the audible part of their anatomy." At still another point in the interview he was asked to explain how the eye and the ear are similar, and he said, "The eye and the ear ... well, they're members of the head ... they're also parts of the sensory system ... um, they're sensual parts of your being." Finally, notice how vague his language is in the following excerpt:

Interviewer: Uh, I was wondering if you would explain a little more about what you meant by 'negative space'.
Patient: Yeah, well, negative space is to the left of nothingness, and to the further left of positive space; it's space that's being used in a way that's not being used.

Besides using peculiar and vague language, paranoid schizophrenics sometimes also use absurd logic. One woman literally believed she was the Virgin Mary because both she and the Virgin Mary were virgins. Similar to this, a man believed that he must be Jesus, because he believed that both Jesus and he had been persecuted by their enemies. Another paranoid schizophrenic claimed that her swimming pool was really the ocean because the water in the ocean was blue and the water in her swimming pool was blue. One man decided that the tops of objects must always be cold because the tops of maps designate north and northern countries are always cold. Listen to this excerpt of an interview with a schizophrenic woman, and notice the absurd logic she uses:

Interviewer: You said earlier that your doll had a good sense of humor. I was wondering what you meant by that.

Woman: Well, her arms look so long, and one part of the arm is the humorous bone, and she has lots of humorous, and so I said lots of sense of humor.

This is a good illustration of the absurd logic of the paranoid schizophrenic, because you can see here that the woman mixed up the name of an actual bone in the arm, called the humorus, with the idea of humor, and literally believed that her doll had a good sense of humor because it had long arms! In this example and in the ones before it, please realize that even though paranoid schizophrenics sometimes use absurd logic, they literally believe the illogical conclusions they arrive at. They want to be taken seriously and are not trying to make jokes or to be silly.

Besides using peculiar language and using absurd logic, the paranoid schizophrenic also has trouble organizing his thoughts. Listen to the difficulty this young man has in concentrating when answering a question:

Interviewer: Alright. Now I'd like you to tell me what this saying means, okay? ... 'Shallow brooks are noisy.'

Young man: Shallow brooks are noisy ... because there's less to hide in a shallow brook; and more is obvious ... no, there's more to hide because it's more obvious, the amount of water, the amount of cover ... it's hard to explain.
As you can see, this man became very confused and couldn't organize his thoughts very well. This commonly occurs with paranoid schizophrenics.

Now listen to a somewhat longer excerpt of an interview with a woman who was hospitalized with a diagnosis of paranoid schizophrenia. Get a feeling for the odd quality to the language she uses, and the difficulties she has in expressing her thoughts. (You'll also notice she stutters occasionally, but please ignore this.)

**Patient:** (laughs) I, I'm a slut.

**Interviewer:** You're a slut!

P: Yes, sir.

I: How do you know?

P: Everybody says they can smell me.

I: You mean around the hospital?

P: Huh?

I: Is that how you can tell?

P: Oh, well, you see ...

I: What's a slut, what does that mean?

P: Well, the dictionary says it's a sloven, sluf, slofenly, slovenly woman, the, but the lingo on the street means prostitute.

I: Uh huh.

P: You see, everything is sectional, you understand that, the words that ...

I: Sectional, or sexual? Sectional?

P: Uh ...

I: What does that mean?

P: Well, everything is an escape from, escape from sexual intercourse. Some people wear themselves out to keep from doing it (laughs).

I: Is that like you?
Sir, I'm in good shape now.

You are?

Yes, sir.

You think about sex a lot?

Well, uh, I promoted it for you, sir.

For me?

Yes, sir.

How did you do that?

I brought it out into the open.

To tell you the truth, I'm not fit for anything but to work around dead people.

What do you mean?

Well, I was ... you won't believe it, but, but, all I knew was post-mortem and autopsy. I feel very comfortable around dead people.

How come? Why do you like the dead?

Well, we had them in our home all over the bathtub and everything.

Uh huh.

You see, I don't know my origin. You see, I was, they said my, they said the lady that might have been my grandmother, she had many children of her own, and she adopted ten.

Um hum.

Legally. They were quite wealthy people.

Were you one of the adopted children?

Well, I really don't know. There's ... as far as I know ... well, you see, they said they were Iriquois (laughs).
I: You mean, you're, you're an Indian maybe?

P: No sir, I'm not, sir. I'm not an Indian-giver either.

It was obvious in the interview that the woman communicated in a schizophrenic way. She exhibited all three of the schizophrenic communication problems we have talked about earlier: she used peculiar language, as when she said "everything is sectional," and "I promoted sex for you." She used absurd logic when she answered that she was a slut because everyone could smell her. And she had trouble organizing her thoughts, as when she jumped from talking about working with dead people to saying she didn't know her origin, and again when she was asked if she might be an Indian and she replied, "No sir, I'm not, sir. I'm not an Indian-giver either.''

The Meaning of "Paranoid": We said earlier that there are two characteristics that identify a paranoid schizophrenic. The one we have just discussed is his difficulty in organizing and communicating his thoughts in normal ways, which is what we mean by the word schizophrenic. The other is his extreme paranoia. What does it mean to be paranoid? A paranoid person is someone who has feelings of suspiciousness and of being mistreated. There are many shades or degrees of paranoia. For example, at first the paranoid person may believe that someone at his work dislikes him and is avoiding him. He may then begin to feel that he is being watched and secretly gossipped about and ridiculed. He may feel he is being accused and blamed for things that have nothing to do with him. As his paranoia deepens he may come to believe that various individuals or groups are trying to persecute him. As he drifts further and further from reality and as he becomes more and more convinced that he is being plotted against by enemies, his paranoia may reach psychotic proportions. It is at this point that we usually label such a person a paranoid schizophrenic.

The paranoid schizophrenic's suspiciousness and feelings of being mistreated become so intense that he develops a clear delusion that someone is trying to "get" him. He may be convinced that he is being persecuted by high government officials, or leaders of political parties, or notorious criminals, or agents of foreign governments, or even his own family, his friends, or the people with whom he works. He may believe that he is being poisoned or "doped" by chemicals put into his food or water by his enemies, that his house is "wired" by spies, or that secret messages about him are being sent on his television set and radio. He may believe that people are trying to control his thoughts or destroy his mind by x-rays or electronic devices. He may believe that his persecutors are trying to rob him, or kill him, or alienate his family from him, or dominate him for use in what he believes are vile and immoral ways. He may feel that his spouse is unfaithful to him, or is plotting with his persecutors against him. He is constantly
alert and watchful around people, to make sure he is not harmed or deceived by anyone. He is always reading things between the lines, seeing hidden meanings, looking for secret messages.

Here are two examples of actual paranoid schizophrenics: One man recently drove to the airport and approached some army officers to warn them that Japanese and Communist planes were flying overhead. He told them he had an urgent message about espionage activities that he needed to give to the President immediately. He felt that his thoughts were being "captured" by radio and television for use by the enemy. He had begun to hear voices which informed him that he was "brilliant," "strategically implanted," and a "tactical emissary," although he could not explain what these peculiar terms meant. He felt that people were calling him "The Monster" behind his back. Finally, he attempted to call the President to ask for Secret Service protection from his tormentors.

A second example is a young man who began to appear different to the members of his family. At first they thought he was probably worried about his job. He appeared distressed and absentminded and soon he grew very peculiar. He increasingly became preoccupied with certain thoughts, which he revealed to his parents and sister. On hearing the word "home," he understood "homo"; if he heard the word "fair," he felt "fairy" was the word that people really meant. He became more and more convinced that people thought he was homosexual. When he saw groups of people in his neighborhood, he was sure they were talking about him. He often "heard" them talking about him and making accusations. He became more and more preoccupied, upset, unable to attend to his work, and more and more involved in thoughts of being accused, spied on, spoken of and ridiculed.

Heavy Use of Projection: How does the paranoid schizophrenic come to feel so threatened, so persecuted by his imagined enemies? To explain this, we need to understand that, to differing degrees, all of us seem to believe as children that some of our thoughts or feelings are "bad" or "not O.K." Some of these thoughts and feelings carry over into adulthood. The paranoid schizophrenic overreacts to his taboo thoughts and feelings by making too much use of a psychological mechanism we call projection. By projections we simply mean that he tries to minimize his own unacceptable thoughts and feelings by convincing himself that they belong to other people and not him. For example, instead of admitting to himself that he dislikes someone at his work, he convinces himself that that person dislikes him. As you might guess, the areas where the paranoid schizophrenic is most likely to use projection are those where he feels most threatened, where he has the greatest need to protect himself. There are two areas where he feels most easily threatened and where the use of projection is consequently the greatest: these are aggression and sex.
Projection of Aggression: The paranoid schizophrenic shields himself from his own aggression and anger by projecting his aggressive thoughts and feelings onto others. This is how he comes to believe that he has enemies who want to hurt him, or that others are constantly watching him, or that people don't trust him. This is also how he may come to imagine that there is a war going on between countries or between supernatural forces, since he projects his own inner turmoil onto the world. Because he is psychotic he has lost a great deal of contact with reality and he distorts even harmless situations and reads danger or aggression into them. He overgeneralizes and jumps to wrong conclusions that people are out to get him, on the basis of only small or insufficient evidence.

Projection of Sex: The paranoid schizophrenic is also very threatened by his thoughts and feelings about sexual matters. Here again he shields himself by using projection. For example, a paranoid schizophrenic often appears to be anxious that he may be homosexual, even though he usually isn't. By using projection, however, he convinces himself that other people, not he, are homosexual. Because of his psychotic distortion of reality he may even believe that almost everyone he meets is homosexual. He may, for example, assume that two men who are shaking hands in friendship are secretly homosexual. Or, if someone should glance at him he may convince himself that that person is trying to seduce him into committing vile and immoral homosexual acts. He may appear excessively moralistic, claiming to see immorality and sinfulness in many situations which appear neutral to the normal person. Even when he is not completely successful at ridding himself of his sexual thoughts by projecting them onto other people, he may still claim that these thoughts were put into his mind by his enemies against his will, perhaps by the use of hypnosis, or secret chemicals in his food, or electronic rays.

Summary: Now let's summarize what has been said. As we do this imagine that you are a paranoid schizophrenic ... As a paranoid schizophrenic you don't experience things the way a normal person does. You are convinced you are being plotted against or persecuted by someone. You convince yourself of this by reading threatening messages into conversations you have with people and by seeing hidden intentions in the behavior of other people. You believe that people secretly talk about you and ridicule you. You may have aggressive and sexual thoughts and feelings from which you shield yourself by projecting them onto others. It is other people, not you, who are suspicious. It is other people, not you, who act as though you are enemies. It is also other people who think immoral sexual thoughts and who commit immoral sexual acts, and it is other people who may secretly be homosexual and who may want to seduce you for evil purposes. Because you are psychotic you are often misinterpreting and distorting reality and seeing aggressiveness and sex in situations which seem neutral or without any particular significance to the average person.
Your psychotic state also affects the way you think and talk. You use language that seems peculiar and vague to the normal person. You also think and talk illogically, sometimes mixing up two separate ideas so that they become one, and coming to absurd conclusions that you believe literally. You also have trouble organizing your thoughts, getting confused as you speak, or losing track of what you were talking about.

Review of Your Task: Before we begin the testing, let's review your task as a subject. You are going to try to appear psychotic on our psychological test to help us find out if this test can be faked. To add realism to your situation imagine that you are being tested because of a murder charge against you, and that you want to look psychotic to avoid punishment. Imagine that the psychologist's assistant will be giving you the test and that the psychologist in charge will see only your test results, and on that basis alone will decide whether or not you are psychotic.

We want to assure you that you now have a much clearer understanding of paranoid schizophrenia than the average person. This is why we feel confident that with the information we have given you you will do a good job of faking your test responses.

Because in real-life a person who planned to fake paranoid schizophrenic would probably have some time while in jail to think about how he wanted to play his role, we would like to give you some time too to develop for yourself how you want to do this. The nature of the experiment allows us to give you ten minutes alone to think about it before we begin. I would like to remind you that your results will be completely anonymous, and that subjects always have the right in any experiment to withdraw from participating at any time if they choose. Are there any questions?
APPENDIX B

PSYCHOSIS QUESTIONNAIRE

Instructions: Please fill in the date in the space provided above. For each question below circle the best choice from among the alternatives.

1. The term psychosis primarily refers to
   a. childish and immature behavior.
   b. loss of psychological functioning due to brain damage.
   c. a marked loss of contact with reality.
   d. extreme outbursts of emotion.
   e. none of the above.

2. The term schizophrenic refers primarily to
   a. emotional changes ranging from extreme agitation to severe depression.
   b. the inability to feel guilt about wrongdoing or to accept social rules.
   c. feelings that one is "going crazy."
   d. a particular kind of disturbance in the ability to organize one's thoughts.
   e. being split into two or more personalities.

3. Schizophrenics are violent or destructive
   a. infrequently or rarely (in 0-20% of cases).
   b. fairly often (21-40%).
   c. often (41-60%).
   d. very often (61-80%).
   e. extremely often (81-100%).

4. The percentage of schizophrenics who are mentally retarded is probably
   a. small (0-20%).
   b. fairly large (21-40%).
   c. large (41-60%).
   d. very large (61-80%).
   e. extremely large (81-100%).
5. Schizophrenics are most likely to
   a. refuse to speak for days or even weeks.
   b. communicate through sign language or other odd nonverbal means.
   c. communicate verbally by yelling or singing.
   d. pretend they don't understand you.
   e. use peculiar words and sentences.

6. The percentage of schizophrenics with brain damage is probably
   a. small (0-20%).
   b. fairly large (21-40%).
   c. large (41-60%).
   d. very large (61-80%).
   e. extremely large (81-100%).

7. Which of the following is most like something a schizophrenic might actually say:
   a. "I feel tired and empty -- I don't have the will to live anymore."
   b. "Oh! If I could only spend a day with my favorite movie star my life would be complete!"
   c. "Lately I've been very nervous -- I even worry about going insane."
   d. "Sometimes I feel like going out and killing people."
   e. "In my impression my story tells a lifelong's worth of words."

8. If asked, "Why should we stay away from troublemakers?", a schizophrenic might say:
   a. "Because they can get us into trouble."
   b. "An honest man is known by his best friend."
   c. "They might influence us for the worse."
   d. "We might begin to learn their bad habits."
   e. "Our reputations could be damaged."

9. The term paranoid refers primarily to
   a. feeling depressed and lacking energy.
   b. a particular kind of disturbance in the ability to organize one's thoughts.
   c. excessively destructive or violent tendencies.
   d. excessive feelings of suspiciousness and of being mistreated.
   e. fear of "going crazy."

10. The paranoid person characteristically
    a. tells many people his problems in order to win sympathy.
    b. is able to form deep and trusting relationships.
    c. projects his own unacceptable thoughts and impulses onto other people.
    d. has a good sense of humor and can joke about his problems.
    e. blames himself for other people's problems.
11. A paranoid schizophrenic is most likely to believe that
   a. the world is a place of peace and tranquillity.
   b. there is no such thing as immorality or sinfulness.
   c. he is being watched or plotted against.
   d. he is going crazy.
   e. the only important thing in life is having a good time.

12. In appearance and manner a paranoid schizophrenic usually seems
   a. open, warm, friendly.
   b. retarded, dull, unresponsive.
   c. childish, silly, "goofy."
   d. guarded, watchful, emotionally constricted.
   e. depressed, tearful, sad.

13. The paranoid schizophrenic characteristically verbalizes beliefs and attitudes about sexual matters:
   a. innocent and childlike.
   b. very moralistic.
   c. very permissive.
   d. changing and unpredictable.
   e. mature and well-integrated.

14. Of the following, it is most common to find a paranoid schizophrenic express the belief that
   a. he is Napoleon.
   b. his thoughts or movements are being controlled by others.
   c. he is split into one or more personalities.
   d. he is literally dead.
   e. he is worthless.

15. Which of the following is a paranoid schizophrenic most likely to believe:
   a. the moon is made of green cheese.
   b. no one ever notices him.
   c. more people should laugh at their troubles.
   d. he is appreciated and well-liked.
   e. enemies are trying to harm him.

16. Of the following, which area is most often thought to be an underlying concern to the paranoid schizophrenic:
   a. fear of sexual impotence.
   b. fear of homosexuality.
   c. fear of committing incest.
   d. fear of his sexual attraction for the dead.
   e. fear of committing violent sexual crimes.
17. Paranoid schizophrenics are considered to be
   a. psychotic.
   b. neurotic.
   c. psychosomatic.
   d. sociopathic.
   e. split personalities.

   Answer Key: 1. c  7. e  13. b
               2. d  8. b  14. b
               3. a  9. d  15. e
               4. a  10. c  16. b
               5. e  11. c  17. a
               6. a  12. d
APPENDIX C

INTRODUCTORY LETTER TO SUBJECTS
We are writing to you as a Fellow of the Society for Personality Assessment with hopes of enlisting your aid in a research project involving the Rorschach test. We have been concerned by the fact that most Rorschach studies have used only moderately experienced interpreters (sometimes Clinical graduate students), which has thereby limited conclusions based on these studies. We would like to investigate the kinds of information which highly experienced Rorschach experts are able to derive from this instrument. Because our sample must represent those individuals who have reached the highest level of Rorschach proficiency, we are requesting participation only of Fellows of the Society for Personality Assessment. For this reason our potential source of experts is limited and we would therefore appreciate your careful consideration of our request.

Your evaluative task would consist of clinical judgments made on the basis of four Rorschach protocols, by means of several rating scales and a diagnosis. We have decided against scoring these protocols for you since we do not want to limit in any way your preferred method of scoring and evaluating the data. We have made every effort to minimize the time required for your participation. For example, you would receive no additional testing data and would be given a minimal amount of personal history with each protocol.

Due to the nature of the study we cannot go into more detail at this time. When participants return their data, however, they will be sent a full explanation of the project. You should also realize that we are not interested in identifying participants, so that all data will be kept strictly anonymous and confidential.

Please return the enclosed postcard indicating whether you will participate in our project. If you wish to participate we will immediately send you the necessary materials. We greatly appreciate your time and consideration.

Sincerely,

SAMUEL ALBERT, M.A.
Graduate Student

MARVIN W. KAHN, Ph.D.
Professor of Psychology
Fellow, Society for Personality Assessment
APPENDIX D

INSTRUCTIONS TO SUBJECTS
Dear Fellow:

Thank you for recently agreeing to participate in this research study. Enclosed are the research materials you will be using (these materials are being sent from the V. A. Hospital in St. Cloud, Minnesota, where the senior researcher is currently on internship). We are investigating certain hypotheses about the kinds of information which highly experienced Rorschach interpreters are able to derive from this instrument. For this reason, only Fellows of the Society for Personality Assessment are being asked to participate in this study. Among the issues with which we are concerned in our research study are those having to do with judgments about psychopathology, diagnostic issues, and questions of possible malingering.

Research Design

The Rorschachs used in this study were obtained from more than one source. All individuals involved are white males in their 20's. Because we want to know about your judgments based on this instrument alone, no personal information about these individuals (other than their ages) is being given to you. The Rorschach protocols have been randomized before being sent to you, and all Fellows are being sent four records. We have not scored these protocols for you since we do not want to limit in any way your preferred method of scoring and evaluating the data.

Instructions

1. You may score and evaluate the protocols in any order you wish.

2. Using the evaluation form that accompanies each protocol, please make a judgment on every rating scale, even though there may not be as much information as you might like. It is necessary that all scales receive a rating.

3. Indicate with a check mark in the appropriate part of the evaluation form the diagnosis you feel most accurately describes the individual. Again, it is necessary that all individuals receive a diagnosis. (Because we are aware of the hazards of making a diagnosis based on one instrument, we have also provided you with a scale by which we would like you to indicate your degree of certainty of your diagnosis.)

4. If you know of others who are participating in this study, please do not discuss the research task with them until both of you have returned your data, as this may bias the results.

5. Return only the Evaluation Forms, using the return envelope. You may keep or destroy the other materials.
Upon the return of your data we will send you a full explanation of the study. We greatly appreciate your participation.

Samuel Albert, M.A.
V. A. Hospital
St. Cloud, Minnesota 56301

Marvin W. Kahn, Ph.D.
University of Arizona
Tucson, Arizona 85721
APPENDIX E

NOTES ON BACKGROUND OF PSYCHOTIC TESTEES

N. E., age 25: Was admitted to hospital four weeks before testing. This was his second hospitalization over a two-year period. Had completed two years of college. When psychotic break occurred he reported delusions of a computer lodged in his toe; of his body being two cylinders held together by steel rods; of wanting to marry the Queen of Israel. Was committed by parents. Was discharged 35 weeks after testing. Henmon-Nelson I.Q.: 123.*

R. W., age 27: Was admitted to hospital six weeks prior to testing. Had 24 admissions over a 7-year period. High school graduate. On admission was acutely psychotic, as on previous admissions, apparently related to his use of psychedelic drugs. Believed he was Jesus and that he was being crucified by the world. Court-committed. Was discharged one week after testing; readmitted eight days later, again acutely psychotic. Henmon-Nelson I.Q.: 111.*

C. C., age 25: Was admitted to hospital eight weeks prior to testing. Had five previous admissions in past seven years, including one chemical dependency program. Considerable use of addictive drugs since 15. High school graduate. When admitted was very agitated, constantly pacing. Was convinced he was being chased and that people were

trying to kill him. Discharged two weeks after testing. WAIS VIQ: 123; PIQ: 91; FSIQ: 110.

R. F., age 20: Admitted to hospital two weeks prior to testing. Had four previous admissions over two-year period. One year of college. When admitted he stated he was the Prince of England; had honorary degrees from Harvard, Yale, Oxford and Cambridge; had had sex-change operation when very young. Discharged 22 weeks after testing. Henmon-Nelson I.Q.: 109.*

D. B., age 24: Admitted to hospital 43 weeks prior to testing. Had seven previous hospitalizations. High school graduate. When admitted he thought police were trying to kill him; radio and TV were controlled by his thoughts; that a cab would drive him away without a driver. During hospitalization was generally withdrawn. Failed to return from a pass and was discharged at this point, four weeks after testing. Henmon-Nelson I.Q.: 127.*

G. H., age 28: Admitted to hospital 16 weeks prior to testing. Had four previous admissions over a six-year period. Had completed one year of college. On admission was very agitated and confused. He stated he "related to symbols" and was hearing voices. History of self-mutilative behavior, including trying to shoot off finger "on the hand I masturbate with"; cutting his penis with a razor; applying caustic chemicals to his legs. Was discharged four weeks after testing. Henmon-Nelson I.Q.: 113.*
APPENDIX F

STUDENT'S INFORMATION AND CONSENT FORM
We are conducting a study to determine whether a certain personality test measures what it is reported to measure. This test is a popular one among psychologists and is generally known to the public to a certain extent. We are concerned about the validity of this test, and we need students who would be willing to help us look into this question by participating in our study.

There are two parts to this study. Part I involves taking a well-known personality test which usually requires less than one hour to complete. The purpose of this test is to match students for similar personality characteristics before assigning them to Part II. We expect having more volunteers for Part I than we will be able to use in Part II, and therefore we cannot guarantee that you will also be able to participate in Part II. However, whether or not you participate in Part II, you can still benefit in that the experimenter will be holding a group meeting to talk about the ways in which the personality tests you took are interpreted and used to evaluate people with personal problems.

Part II of the study involves taking a second (and different) individually administered personality test under one of three conditions, depending on which group you are assigned to. We will then be sending the anonymous results of these tests to psychologists throughout the country, to determine if they can recognize the conditions under which the tests were taken. It is not possible for us to tell you now the name of this personality test or the conditions under which the test will be taken, since this would potentially introduce a bias into the experiment. However, there is no deception involved, and you will in fact be told exactly what the study involves before participating in Part II. The study also does not involve placing a psychological stress on you to see how you will react. Depending on which condition a student is assigned to, he can expect that Part II will take from one to two hours.

You should understand that all data collected will be anonymous and confidential. We are not interested in knowing your name or other personal information about you, other than your age and year in school. All test results will be coded by number to preserve anonymity.

We feel that the major benefits to you of participating in this experiment are the opportunity to learn something about how psychological tests are given and used, and to find out what it is like to participate in psychological research. We also feel that the conditions under which you are tested in Part II of the study will be challenging to you.

You should be aware that you are under no obligation to participate in this study, and that once a subject has volunteered he always has the right at any time to change his mind and withdraw with no ill feelings on the part of the experimenter.
There are three limitations we must place on volunteers. First, we must limit volunteers to males only. Secondly, you must never have taken certain personality tests before (please ask the experimenter if you have any questions about this). Finally, you must not have any upper division units in psychology.

We think you will find the study interesting and personally challenging. We appreciate your cooperation.

I have read the above "Student's Information and Consent Form" and agree to participate in this study, with the understanding that I may ask questions and that I am free to withdraw from the study at any time without ill feelings on the part of the experimenter.

Student's Signature

Date

Experimenter's Signature (as witness)

Date
APPENDIX G

EVALUATION FORM
IMPORTANT: Please circle the number on each scale which you feel best describes this individual.

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
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<td>minimal indications</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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</tbody>
</table>

**Paranoid Ideation**

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</thead>
<tbody>
<tr>
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<td>4</td>
<td>5</td>
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<td>7</td>
<td>8</td>
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</tbody>
</table>

**Impulsivity**

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<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>minimal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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</tbody>
</table>

**Malingering of Pathology**

<table>
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<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
Overall Incapacity
Due to Psychological Disturbance

severe 1 2 3 4 5 6 7 8 minimal

We would now like to know what diagnosis you would give this individual. Please select from among the following diagnostic categories the one that seems most appropriate to you. If more than one category seems to apply, please number your diagnoses, with 1 being the primary diagnosis, 2 being the secondary diagnosis, etc. Otherwise, please indicate your diagnosis with a check mark.

___ Transient Situational Disturbance
___ Neurosis
___ Psychosis (either functional or organic)
___ Essentially Normal
___ Organic Brain Syndrome
___ Character Disorder
___ Malingered

Please indicate your degree of certainty of this diagnosis:

highly uncertain 1 2 3 4 5 6 7 8 highly certain

Now we would like you to be as specific as you can with your diagnosis, in terms of the DSM-II nomenclature:

Specific diagnosis: ________________________________

Finally, we encourage you to add any additional comments you would like to make concerning this individual, or other comments you feel are appropriate, including those about the study itself:
LIST OF REFERENCES


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