The Utility of Rorschach in Forensic Psychiatric Evaluations – A Case Study

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Abstract
The use of the Rorschach Comprehensive System (RCS) in forensic psychiatric evaluations has evoked criticism. This study examined the use of the RCS in forensic psychiatric evaluations by studying to what extent a valid interpretation and an assessment can be made on information based solely on the RCS. Psychological assessments (N = 34) based solely on RCS information were compared with the responses made by a forensic psychiatrist who had evaluated one offender. Agreement was found in 14 of 19 statements, which were related to the capacities and personality characteristics underlying criminal responsibility and mental state at the time of offense. The findings support the use of the RCS in forensic psychiatric evaluations, although no explicit conclusion can be drawn from one case. Further studies with more cases are needed.

The Utility of Rorschach in Forensic Psychiatric Evaluations – A Case Study

The Rorschach Inkblot Method which was considered as a projective test has been criticized as subjective and pseudoscience. The method has since been reconstructed as the Rorschach Comprehensive System (RCS; Exner, 2003), and is now regarded as a perceptual and cognitive problem-solving task (Viglione, Perry, & Meyer, 2003; Weiner, 1994). The RCS is widely used in forensic psychological practice, especially in the assessments for courts (Piotrowski, 1996; Weiner, Exner, & Sciara, 1996). However, the use of the RCS in psychological assessments has aroused criticism, particularly in forensic contexts, because the psychological assessment in legal settings requires a higher level of accuracy in the process and a higher standard of psychological assessment instruments than in traditional clinical assessment settings (Board of Trustees of the Society for
Personality Assessment, 2005; Heilbrun et al., 2003; Zillmer, 2003). The central issues of criticism of the RCS have been the norms, reliability and validity as well as the use of the test in connection with forensic decisions (Garb, 1999; Garb, Wood, Lilienfeld, & Nezworski, 2005; Trygg et al., 2001).

The RCS test has been used extensively in expert opinions in court proceedings in the United States (Piotrowski, 1996; Weiner et al., 1996) in spite of disagreement among scholars on whether the RCS meets the legal and professional standards for admissibility of scientific evidence in court (Grove & Barden, 1999; Wood, Nezworski, Garb, & Lilienfeld, 2001; Wood, Nezworski, Stejskal, & McKinzey, 2001). Analysis of the research status of the RCS has shown that the method meets the variety of the criteria for admissibility, including validity, publication in peer reviewed journals, and acceptance within the relevant scientific community (Board of Trustees of the Society for Personality Assessment, 2005; McCann, 1998; Ritzler, Erard, & Pettigrew, 2002).

Traditional clinical tests are used widely in forensic psychological assessments despite concerns regarding their use. The Minnesota Multiphasic Personality Inventory (MMPI) is by far the most commonly used personality test in forensic assessments. Surveys of professional test usage have documented that the RCS is one of the most frequently used clinical assessment instruments in forensic evaluations of adults (Archer, Buffington-Vollum, Stredny, & Handel, 2006; Borum & Grisso, 1995). However, the use of the RCS in evaluations of mental state at the time of the offense was rated as equivocal or unacceptable by more than half of a US national sample of board-certified forensic psychologists (Lally, 2003). Meloy, Hansen and Weiner (1997) studied legal citations based on the Rorschach test during a period of fifty years and found that in almost in 90% of the cases the admissibility and weight of Rorschach data were not questioned and the test had been given legal weight by appellate courts.

A substantial body of research attests to acceptable psychometric properties of the RCS (Hilsenroth & Stricker, 2004; Ritzler et al., 2002; Viglione & Hilsenroth, 2001; Weiner, 1997; Weiner, 2005). The Official Statement by the Board of Trustees of the Society for Personality Assessment (2005) provides information from meta-analytic reviews and individual studies, which show that the RCS can be scored reliably; that it measures important psychological functions and shows good incremental validity. The test thus gives information that cannot be obtained from other relevant instruments or clinical interviews. Meta-analytic data show that the validity of the RCS is at least equivalent to other instruments in psychological and cognitive assessments (Meyer & Archer, 2001). A considerable amount of current research and theory further suggests that the RCS is suitable for assessing personality disorders (Huprich, 2005; Weiner, 1992).

The RCS, despite a lack of face validity, not only provides information related to
many aspects of the psychological functioning and personality characteristics, but also facilitates decision-making in a forensic setting by identifying psychological characteristics commonly associated with various patterns of psychopathology relevant to psycholegal issues (Viglione & Hilsenroth, 2001; Weiner, 2005). Furthermore, the instrument provides reliable and valid assessments of personality characteristics beyond what is available from interview and self-reports (Gacono, Evans, & Viglione, 2002). The test is particularly well-suited for the assessment of forensic offenders because it allows for the appraisal of psychological variables outside the individual’s awareness (Gacono & Meloy, 1994; Jumes, Oropeza, Gray, & Gacono, 2002; Weiner, 2005). Because the issue of deception and malingering is of great concern in assessments made in forensic settings, it is important to find instruments that provide a technique for detecting this kind of manipulation (Heilbrun et al., 2003; Sageman, 2003). Empirical studies have demonstrated that it may be difficult to attempt to conceal psychological disturbances and psychopathology or to mangle psychosis on the RCS (Ganellen, 1994; Ganellen, Wasyliew, Haywood, & Grossman, 1996; Grossman, Wasyliw, Benn, & Gyerkoe, 2002).

In the present study we were interested in studying the use of the RCS in a forensic evaluation of the mental state at the time of the offense, because of the differences in opinion regarding the use of the test in forensic settings. We wanted to examine to what extent a valid interpretation and an assessment can be made on information based solely on the RCS of a person’s personality in forensic psychiatric evaluation. The specific aim of the present study was to examine the agreement between the assessments based solely on the RCS and the assessment made by a forensic psychiatrist with access to all relevant information on the assessed person, except the RCS data.

Material and Methods

Forensic Psychiatric Evaluation in Finland

In Finland, the forensic psychiatric evaluations are performed by a forensic psychiatrist in collaboration with a multi-professional team. The forensic psychiatrist is an expert appointed by the court and who therefore cannot act as an expert on behalf of either party. The aim of the evaluation, which is hospital-based and lasts five to six weeks on average, is to assess the criminal responsibility and putative insanity at the time of the offense as well as the current mental health and the need for involuntary psychiatric treatment. The evaluation is extensive, including comprehensive gathering of background information from a variety of sources. The thorough psychiatric evaluation is based on clinical and structured
interviews as well as the psychological assessment using multiple methods and tests, interviews by a social worker, evaluation of physical condition with laboratory testing, and observations of the offender by the hospital staff (Eronen, Repo, Vartiainen, & Tiihonen, 2000). In Finnish criminal law, there are three degrees of criminal responsibility: full responsibility, diminished responsibility, and lack of responsibility. The psychologist’s task is to assess the cognitive level and the personality of the offender with focus on the capacities that underlie the demands of criminal responsibility and insanity at the time of the offense and the evaluation. The psychologist does not answer the ultimate legal question of criminal responsibility.

Participants
The participants in this study were 34 psychologists, who were qualified to interpret the RCS, having completed a course of 165 hours in class and practice. The average time since graduating as a psychologist was 16.9 years (SD 11.5, range 2–34 years) and of clinical experience 14.1 years (SD 10.5, range 2–33 years). On average, the psychologists had used the RCS for 5.2 years (SD 3.3, range 1–11 years). Of the psychologists, five (14.7%) had conducted fewer than 20 RCS assessments, five (14.7%) between 20 to 40, and 24 (70.6%) more than 40 RCS assessments. Eight (23.5%) had no experience in psychological assessment with persons undergoing forensic psychiatric evaluation, 21 (61.8%) had used RCS in 1 to 5 forensic psychological assessments, three (8.8%) in 5 to 14, and two had used RCS in more than 45 forensic psychological assessments. A total of 22 (64.7%) were working with adults and nine (26.5%) with children or adolescents. Information on three participants was missing.

Background information on the offender
The offender was a 44-year-old male being prosecuted for murder. He had shot a male person whom he did not know. He was accompanied by a man, who was later prosecuted for instigation of the crime because he had planned revenge on the deceased person. The childhood and adolescence of the offender were unproblematic. He had graduated and had a vocational training. He provided for his family, but was periodically unemployed. He had been married for approximately ten years and had two children. He had been suffering from depression, which had apparently worsened because of his increased alcohol consumption. He had behaved aggressively when intoxicated and had been increasingly antisocial during the past few years. He had had problems in his relationships with the women he had been dating. He had been sentenced twice for drunk driv-
ing and once for an assault. The offender had, at the time of the offense, been depressed and his reality testing was affected. He had taken antidepressants until the beginning of the evaluation in the hospital. Neither depressive nor psychotic symptoms were established during the forensic psychiatric evaluation. In the forensic evaluation, the offender was diagnosed as having alcohol dependence and personality disorder, not otherwise specified, with obsessive and paranoid features. The offender was assessed to have diminished responsibility for his crime by the forensic psychiatrist. The offender gave his informed written consent for this study.

Measures

For the present study, a questionnaire with a set of 19 statements (Table 1) was constructed to measure the capacities and characteristics relevant to the determination of criminal responsibility and putative insanity at the time of the offense as well as at the time of the forensic evaluation. The statements were derived from the guidelines for psychological assessments in cases of forensic evaluations proposed by the National Authority for Medicolegal Affairs in Finland. The statements regarding the personality characteristics and capacities were selected by a group of experienced forensic psychologists as relevant to the RCS and to comprise information which could be derived from the RCS. The responses to the statements had two fixed categories: “there is an indication that the characteristic is present” and “there is no indication that the characteristic is present”. The respondents were also given the possibility to write comments in their own words.

The questionnaire comprised background information on the psychologists with regard to the number of years since graduating as a psychologist and since completing the RCS training. Furthermore, information was gathered on their experience as a clinician, on using the RCS, and on conducting assessments with offenders undergoing forensic psychiatric evaluation, as well as whether the psychologist had worked with adults or children and adolescents.

Procedure

The Rorschach Inkblot test was administered according to the RCS guidelines by one of the authors, who is an experienced practitioner of the RCS and forensic psychological assessments. The offender tested was randomly selected from among those sent to the hospital for forensic psychiatric evaluation.

Three psychologists, who had extensive experience in using and teaching the RCS, coded the RCS protocol independently of each other. They had no information whatsoever on the person being assessed. The coding of these three raters
was utilised for assessing the inter-rater reliability and for getting a consensus coding of the protocol for the structural summary and indexes of the protocol. The inter-rater agreement between the three coders showed an iota (kappa) of .78 by Multivariate Agreement Statistics for Whole Responses (Janson & Olsson, 2001; 2004), while Multivariate Agreement Statistics for Coding Segments showed an iota (kappa) of .87 on Location and Space, .73 on Determinants, .90 on Contents, .57 on CS special Scores, and .89 on Additional Codes. Values between .40 and .59 were regarded as fair, between .60 and .74 as good, and over .74 as excellent (Cicchetti, 1994).

The questionnaire and the verbatim RCS protocol with the consensus coding as well as the Structural Summary, Sequence of Scores and the Indexes based on the consensus coding were sent to all the 122 psychologists in Finland, who had finished the RCS training. The psychologists were asked to interpret the protocol and to give their assessment of the offender by answering the 19 statements on the questionnaire. The psychologists were informed that the aim of the study was to examine to which degree reliable interpretations relevant for forensic psychiatric evaluation can be made solely on the RCS information based on a consensus precoded protocol. Because none of the psychologists had access to the background information of the offender, they had to base their assessments solely on the given information, which included, in addition to the RCS information, a note that the offender was a 44-year-old male offender undergoing a forensic psychiatric evaluation.

The assessment by the psychologists was based solely on the RCS in order to measure the test’s ability to provide information on the personality of the offender. The purpose was to control for the impact of the clinical skills of the psychologist as well as the impact of information from other sources: other tests, interviews, observations and various reports. The questionnaire was completed by 34 (28.6%) psychologists. Of the 88 psychologists who did not complete the questionnaire, 26 (21.8%) informed the research team that they had not used the test for a long time or did not have the time to interpret the protocol and complete the questionnaire. The forensic psychiatrist with many years of experience with forensic examinations evaluated the same offender and answered the questionnaire. He had had access to all relevant information regarding the offender, including the observations and reports by others in the multi-professional team. The psychological report integrated information from interviews, observations, collateral information and 10 psychological tests, of which RCS was one. The responses to the questionnaire by the 34 psychologists were compared to the responses given by the forensic psychiatrist. The opinion of the psychiatrist was chosen as the criterion measure, because the opinion of the forensic psychiatrist is crucial for the ultimate legal decision of criminal responsibility made by the court.
Data analysis

The SPSS 11.5 statistical software package was used in the analyses. To assess the chance-corrected agreement for the RCS responses in the protocol, Multivariate Agreement Statistics for Whole Responses and Coding Segments were calculated using the Rorschach Research Utility (Janson & Olsson, 2001; 2004). Differences among groups were tested by the Chi-square goodness-of-fit test. The Pearson’s Product Moment Correlation (r) was used in the analyses of correlations, but in the case of the dichotomous variables the Point biserial correlation ($r_{pb}$) was employed. The agreement between the forensic psychiatrist and the individual psychologists was calculated by Cohen’s Kappa. Kappa levels were interpreted according to the guidelines provided by Cicchetti (1994) and findings were considered significant if $p < .05$ (Siegel & Castellan, 1988).

Results

The percentages of the assessments of the dichotomous responses on the 19 statements and the significance of agreement between the assessment of the psychologists and the forensic psychiatrist are presented in Table 1. Significant agreement between the group of psychologists and the forensic psychiatrist was found in 14 of the 19 statements.

The agreement calculations between the assessment made by the forensic psychiatrist and the 34 individual psychologists gave kappa coefficients <.40 in 13 (38.2%) comparisons, which are poor according to the Ciccetti’s (1994) guidelines. The coefficients were .40–.59, or fair, in 13 (38.2%) comparisons, .60–.74, or good, in seven (20.6%), and ≥.75, or excellent, in one.

The number of responses, where the psychologists’ and the psychiatrist’s assessments were in agreement did not correlate with experience measured in years as a psychologist or a clinician, or with the experience of forensic psychological and RCS assessments. Working as a forensic psychologist or with adults did not correlate with the assessments either.

Discussion

The Rorschach Inkblot Test has been criticized on a variety of scientific and statistical grounds, although it is one of the most widely used tests in clinical settings, particularly in the United States and has ranked third to MMPI/MMPI-2 and the NEO in a number of research citations (Kaplan & Saccuzzo, 2005). According to Kaplan & Saccuzzo the reasons for the criticism have to be looked for in the rationale for and the nature of projective tests. The Rorschach Comprehensive System, which was developed by Exner (1978) is a perceptual and cognitive
<table>
<thead>
<tr>
<th>Rorschach characteristics</th>
<th>Assessment by the forensic psychiatrist</th>
<th>Study group assessment (N=34)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Indications</td>
<td>No indications</td>
<td>Indications</td>
<td>No indications</td>
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<td></td>
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<tr>
<td><strong>Capacity for control and stress tolerance</strong></td>
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<td></td>
</tr>
<tr>
<td>1. Capacity for control and tolerance is limited</td>
<td>no indications</td>
<td>4</td>
<td>(11.8)</td>
<td>30</td>
<td>(88.2)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>2. Difficulties in dealing with everyday stress</td>
<td>no indications</td>
<td>3</td>
<td>(8.8)</td>
<td>31</td>
<td>(91.2)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>3. Client has difficulties in controlling his impulses</td>
<td>no indications</td>
<td>0</td>
<td>(0.0)</td>
<td>34</td>
<td>(100.0)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<td><strong>Affects</strong></td>
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<tr>
<td>1. Client is confused by emotional situations</td>
<td>indications</td>
<td>31</td>
<td>(91.2)</td>
<td>3</td>
<td>(8.8)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>2. Client’s capacity for control of feelings is weak</td>
<td>no indications</td>
<td>3</td>
<td>(8.8)</td>
<td>31</td>
<td>(91.2)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>3. Client overcontrols his feelings</td>
<td>indications</td>
<td>28</td>
<td>(82.4)</td>
<td>6</td>
<td>(17.6)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>4. Client is depressive</td>
<td>no indications</td>
<td>10</td>
<td>(29.4)</td>
<td>24</td>
<td>(70.6)</td>
<td>&lt; .02&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>5. Client has a tendency for self-destructive behaviour</td>
<td>indications</td>
<td>3</td>
<td>(8.8)</td>
<td>31</td>
<td>(91.2)</td>
<td>&lt; .001</td>
<td></td>
<td></td>
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<tr>
<td>6. Client’s attitude is negative and oppositional</td>
<td>no indications</td>
<td>1</td>
<td>(2.9)</td>
<td>33</td>
<td>(97.1)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td><strong>Reality testing</strong></td>
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<tr>
<td>1. No insight into consequences of behaviour</td>
<td>no indications</td>
<td>10</td>
<td>(29.4)</td>
<td>24</td>
<td>(70.6)</td>
<td>&lt; .02&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>2. Reality testing is psychotic</td>
<td>no indications</td>
<td>1</td>
<td>(2.9)</td>
<td>33</td>
<td>(97.1)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td><strong>Client tries to malingering</strong></td>
<td>no indications</td>
<td>5</td>
<td>(14.7)</td>
<td>29</td>
<td>(85.3)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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<td><strong>Self perception</strong></td>
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<tr>
<td>1. Client has an inflated sense of personal worth</td>
<td>no indications</td>
<td>0</td>
<td>(0.0)</td>
<td>34</td>
<td>(100.0)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
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</tr>
<tr>
<td>2. Client’s sense of personal worth is negative</td>
<td>indications</td>
<td>16</td>
<td>(47.1)</td>
<td>18</td>
<td>(52.9)</td>
<td>ns</td>
<td></td>
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<tr>
<td>3. Capacity for realistic self-examination is limited</td>
<td>indications</td>
<td>8</td>
<td>(23.5)</td>
<td>26</td>
<td>(76.5)</td>
<td>&lt; .002</td>
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<tr>
<td><strong>Interpersonal relationships</strong></td>
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<tr>
<td>1. Client shows no interest in other people</td>
<td>no indications</td>
<td>2</td>
<td>(5.8)</td>
<td>32</td>
<td>(94.1)</td>
<td>&lt; .001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
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<tr>
<td>2. Client has difficulties in interpersonal relationships</td>
<td>indications</td>
<td>26</td>
<td>(76.4)</td>
<td>8</td>
<td>(23.5)</td>
<td>&lt; .002&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>3. Client is dependent on others</td>
<td>no indications</td>
<td>14</td>
<td>(41.2)</td>
<td>20</td>
<td>(58.8)</td>
<td>ns</td>
<td></td>
<td></td>
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<tr>
<td>4. Client’s attitude to others is suspicious</td>
<td>indications</td>
<td>14</td>
<td>(41.2)</td>
<td>20</td>
<td>(58.8)</td>
<td>ns</td>
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*Note*  
<sup>a</sup> *p* was calculated by Chi-square goodness-of-fit test for testing if a significant number of psychologists agreed with the forensic psychiatrist  
<sup>b</sup>The significant agreements in right directions.
problem-solving task with an integrated system of scoring and interpretation requiring advanced training.

The purpose of the current study was to examine the use of the Rorschach Comprehensive System in a forensic setting. The findings support the use of the RCS in psychological forensic assessments, although no explicit conclusion can be drawn from one case. The RCS does not answer the legal question, but lends information when mental health is at issue before the court. Therefore we wanted to study to what degree interpretations and assessments based solely on the RCS provide valid information on the capacities and personality characteristics which directly or indirectly assist the forensic psychiatrist in evaluating criminal responsibility and mental state at the time of the offense and the evaluation. The assessments were based only on the RCS in order to control for the impact from other sources: information gathered from interviews, other tests, observations, and documentation as well as the clinical skills of the psychologist. This was done in spite of the fact that psychological assessments should be based on multiple tests and methods (Meyer et al., 2001). Furthermore, psychological forensic mental health testing should most appropriately be treated as hypotheses subject to verification through history, collateral information and third-party observation (Helibrun, 1992). Verification of testing-based hypotheses through historical information can reduce problems in relevance and accuracy of the data from different sources.

The findings of the present study are in agreement with the results of a study on interpretative reliability on the RCS, which was conducted by Meyer, Mihura, & Smith (2005), who examined how well psychologists agree on the interpretation of the RCS scores. They studied four data sets with 55 RCS protocols, which were interpreted by three to eight clinicians. The findings showed that experienced clinicians tended to draw similar conclusions from Rorschach protocols.

In the present study the agreement between the assessment made by the forensic psychiatrist and the 34 individual psychologists was satisfactory. In 62% of the cases the agreement was fair, good or excellent according to Cicchetti’s (1994) guidelines. Furthermore, significant agreement between the psychiatrist and the group of psychologists was found in 14 of the 19 statements, which were related to capacities that underlie the demands of criminal responsibility and sanity at the time of the offense and the evaluation. It may, however, be speculated that the knowledge that the assessed person had undergone a forensic psychiatric evaluation impacted the assessments of the psychologists, although the offender was not a typical forensic offender. It is general knowledge among psychologists that in Finland a forensic assessment is conducted in cases of a serious crime.

All but one psychologist agreed with the forensic psychiatrist and assessed the defendant as non-psychotic. This was an expected finding since the RCS has, in
previous studies, been found to differentiate non-psychotic patients from those with schizophrenia and thought disorder (Ganellen, 1996; Hilsenroth, Eudell-Simons, DeFife, & Chamas, 2007; Hilsenroth, Hibbard, Nash, & Handler, 1993; Ilonen et al., 1999; Jorgensen, Andersen, & Dam, 2000). The results indicate, moreover, that the RCS has good potential for identifying limitations regarding capacity for control and tolerance for stress as well as impulse control and control of feelings. All but a few psychologists agreed with the forensic psychiatrist on these issues. The majority of the psychologists also agreed with the psychiatrist that the offender’s insight into the consequences of his behavior was not limited. Nearly all the psychologists found that the defendant was not malingering or oppositional, as did the psychiatrist. This supports earlier findings that the RCS gives information which may be used to detect malingering (Ganellen et al., 1996; Grossman et al., 2002).

Both the psychiatrist and the psychologists found indications that the defendant was easily confused by emotional situations and had a tendency to overcontrol his feelings. Neither the psychiatrist nor the majority of the psychologists assessed the offender as depressed at the time of the forensic examination, although he had been severely depressed for a long time before the criminal act. The offender had taken antidepressants (Milnasipran) until one month before the administration of the RCS, which may have had some effect on him during the evaluation. The offender denied all self-destructive thoughts and intentions during the evaluation, but he had, according to collateral information, had self-destructive thoughts in the past. Some of the psychologists reported that the offender showed feelings of guilt, but the majority did not find any indication of self-destructive behaviour, although the RCS has shown potential in identifying suicide risk (Fowler, Piers, Hilsenroth, Holdwick, & Padawer, 2001; Viglione & Hilsenroth, 2001).

The variations in the assessments were greater regarding self-perception and interpersonal relationships than in the other characteristics. The offender’s self-perception had presumably been affected by the situational factors relating to his crime and guilt, and this complicated the assessment. The parties agreed that the offender did not have an inflated sense of personal worth. They agreed also on his interest in others, and that there were indications of the offender’s difficulties in his interpersonal relationships. Some of the psychologists concluded that the defendant did not have any problems in his superficial relations, but that there were difficulties in emotionally close relationships. Concerning a suspicious attitude, the forensic psychiatrist regarded the offender as accusatory toward others, rather than paranoid, which may explain the divergence in the assessments.

A limitation of the study was that the evaluation of one forensic psychiatrist was used as the criterion measure. It was not possible to have a number of other psychiatrists evaluate the offender due to the extensive forensic psychiatric...
evaluations made in Finland. The evaluation, which is hospital based may last a maximum of two months and includes teamwork. However, the examinations made by experienced forensic psychiatrists are thorough and are therefore considered reliable. Furthermore, the opinion of the psychiatrist is decisive for the ultimate legal decision of criminal responsibility made by the court. A shortcoming of the study was that it was based on only one precoded protocol instead of multiple protocols, which would have included the task of coding the protocols. This was not implemented because of an anticipated increase in dropouts due to the arduousness of the RCS method. Moreover, our intention was to examine the test’s ability to give information about issues related to criminal responsibility and to examine the interpretations based solely on the RCS information. For this reason we chose to use a precoded protocol and to have psychologists with varied experience participate in the study. The results indicate that experience of clinical psychological work and forensic mental health assessments as well as RCS assessments did not have any significant impact on the evaluations. Another limitation was the uneven distribution of answers, with a preponderance of “no indications” over “indications”. This was a consequence of the randomly selected subject for this study. The results may have been affected by the greater quantity of negative findings, because agreement about negative findings is less difficult to achieve than concordance for positive findings.

The findings of this study support the use of the RCS in forensic mental health assessments, although no explicit conclusions can be drawn from one case. Yet, the study indicates that accurate interpretations and assessments may be made based solely on the RCS regarding capacities and characteristics important in assessing criminal responsibility and mental state at the time of offense. But further studies with more cases are needed. Furthermore the experience of the psychologists may not be of crucial importance as long as they have completed the RCS training. It is by using the RCS together with methods evaluating conscious aspects of personality and observed behavior that a more complex and differentiated psychological assessment may be assured.
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