THE MUNROE CHECK LIST: A NOTE ON ITS VALIDITY IN CLINICAL RESEARCH

By

L. R. C. HAWARD, B.Sc., M.A., D.Psy.(Leyden)
Senior Clinical Psychologist
Winterton Hospital, Sedgefield, Co. Durham

and

K. MARSZALEK, Dip.Psych.(London)
Clinical Psychologist
St. Luke's Hospital, Middlesbrough, Yorks

INCREASING use of the Rorschach Inkblots Test is being made in medical diagnosis, not only in psychiatry, but in neurology as well. Bibliography is too extensive to quote here, and the reader is referred to the standard work by Klopfer *et al.* (1956) which lists nearly 3,000 references specific to Rorschach literature. The inclusion of a long chapter on the clinical use of this test in the latest research monograph of the Association for Research in Nervous and Mental Diseases (1954) is evidence of the increasing esteem in which this test is held by specialists in neurology and psychiatry, supported by the growing use of the test in diagnosing intracranial organic pathology. It is interesting to note that in the latter field the Rorschach has proved superior in diagnostic accuracy to any other single neurological test, such as EEG, lumbar puncture, ventriculography, etc., and is often as good as the complete battery together.

Such level of accuracy can only be attained by the skilled user, and diagnostic interpretations by individuals possessing an inadequate background in basic psychology and limited clinical experience are not only of questionable validity but can prove extremely dangerous.

Because of this, a trend has been noted in recent years towards the adoption of short-cut methods of analysis, usually of the "check list" or "diagnostic indices" type of scoring. Attempts have been made to justify these contractions of the standard scoring procedure on the grounds of greater objectivity, and for large samples the inter-examiner reliability is certainly higher than that obtained in full Rorschach studies; nevertheless, we can expect increasing inaccuracy (and therefore decreasing validity) proportional to the severity of the contraction, so that what is gained in objectivity is more than lost in other, and possibly more important, respects.

Among these short-cut methods, the Munroe Check List has been a particularly popular choice. Designed by Munroe (1945) specifically for the prediction of adjustment and academic performance of college students—in which role it has proved a useful, reliable, and valid psychometric tool—it has since been utilized in a variety of clinical investigations in a context quite disparate from its intended function, and on a completely different sample from that which formed the standardizing population.

https://doi.org/10.1192/bjp.104.435.483 Published online by Cambridge University Press

Small wonder then, that such investigations produce anomalous, inconsistent, or even contradictory results. Linford Rees and Jones (1951), for example, have shown that in the prognosis for physical treatment in schizophrenia, a number of individual Rorschach determinants were significantly different between the recovered, improved and non-improved groups, whereas on the basis of the Munroe scores, there was no difference, at a statistically significant level, between these groups for physical treatment in general, or for specific treatments such as insulin coma therapy, E.C.T., electronarcosis, or psycho-surgery. This work of Linford Rees and Jones has been useful on two counts, firstly in showing the value of certain Rorschach indices for prognosis in schizophrenia, and secondly for revealing the inability of a check list to discriminate between the grades of improvement.

The authors have felt the need to establish whether or not the Munroe Check List had any validity in psychiatric diagnosis, and chose the three reasonably well-defined categories of normal, neurotic and psychotic states. A sample of 300 was used. The criterion for normality was that the individual had never been a psychiatric patient and showed no anamnestic evidence of psychiatric symptomatology. Most of the normal records (100 in all), were obtained extra-murally. One hundred neurotic and 100 psychotic patients were selected from among the in-patients of a county mental hospital, the diagnosis being confirmed by two consultant psychiatrists. The Rorschach test was administered to each of these patients by the first author, and subsequently scored "blind" by the second author with reference to the Munroe notation. Munroe scores were obtained for each record, and when re-grouped into the correct diagnostic categories, produced the following means and standard deviations: Normal controls $13 \cdot 1 \pm 6$, Neurotics $14 \cdot 2 \pm 7 \cdot 5$, Psychotics $17 \cdot 0 \pm 7 \cdot 0$.

These differences, while lying in the expected direction, are insufficiently discriminating at a satisfactory level of statistical significance. From these results it can therefore be concluded that the Munroe Check List is an unsuitable instrument for use in psychiatric personality assessment.

ACKNOWLEDGMENTS

The authors wish to thank Dr. G. E. Duggan-Keen, Medical Superintendent, Winterton Hospital, for making available the case material, and Dr. G. M. Gibb and the late Dr. S. Johnson, consultant psychiatrists, for their invaluable help in diagnostic classification.

REFERENCES

A.R.N.M.D., *Neurology and Psychiatry in Childhood*, 1954. Baltimore: Williams and Wilkins.
KLOPFER, *et al.*, *Developments in the Rorschach Technique*, 1956. London: Harrap.
MUNROE, R. L., *Applied Psychology Monographs No. 7*, 1945. California: Stanford University Press.
REES, LINFORD and JONES, A. M., *J. Ment. Sci.*, 1951, **97**, 686.

https://doi.org/10.1192/bjp.104.435.483 Published online by Cambridge University Press