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Blot on the landscape?

IN 1959 Samuel Beck began his review of the Rorschach inkblot test with the question: 'To Rorschach? Or not to Rorschach?' He observed an 'unresolved ambivalence' towards the Rorschach test. Universities were uncertain about teaching it and yet they were afraid *not* to teach it because of the test's popularity at the time (Beck, 1970/1959). Forty years later Huntsley and Bailey (1999) commented:

The Rorschach Ink Blot test has the dubious distinction of being, simultaneously, the most cherished and the most reviled of all psychological assessment tools. (p.266)

Although many of the original criticisms of the Rorschach have now been addressed, its use continues to touch a nerve with many psychologists.

Rorschach in the modern day

The Rorschach inkblot test has generated more literature in the field of psychology than any other psychometric test, and in recent years major scientific journals have dedicated special sections to it (e.g. *Clinical Psychology: Science and Practice*, 8(3); *Psychological Assessment*, 11(3); 13(4)). Indeed, the Rorschach debate is no longer contained solely within the scientific literature but has become a matter of public interest following an article in *Scientific American* (Lilienfeld *et al.*, 2001). Variations on Rorschach blots have also been used on television by sponsors of popular shows (e.g. *Frasier*) and have appeared in advertising campaigns (Swedish Rail used the original Rorschach designs until it was advised about breach of copyright).

In spite of all the research and publicity, the Rorschach has largely been ignored in the UK, with the exception of small groups of psychologists who share a particular or personal interest in the test. At the International Rorschach Society Summer Seminars and Dialogues in Switzerland in July 2001, delegates expressed surprise that there was any representation (two psychologists) from the UK (16 other countries were represented), as there has

been little interest here in the test. This is certainly not in line with the rest of Europe or the US, where the Rorschach has been growing in influence.

Psychodiagnostics

Hermann Rorschach created the technique in the early 1900s. During his psychiatric training in Zurich (1904–09), Rorschach studied with Eugen Bleuler and, with Freud's new ideas being taught, he developed an interest in psychoanalysis. Rorschach, also an artist, began experimenting with inkblot designs, which led to his study of the interpretation of symmetrical accidental forms around 1911. The original designs and his other works are on display at the Rorschach archives in Bern, Switzerland.

Ten years later, after serious study in the field of the interpretation of non-specific forms, Rorschach published his book *Psychodiagnostics*. He stated that his experiment was a 'test of the perceptive power of the subject' (Rorschach, 1998/1921, p.18) and that '[t]he test does

not induce a "free flow from the subconscious" but requires adaptation to external stimuli' (p.123). He argued that the content of an interpretation could only be considered alongside all the other results – referred to as the *psychogram*. Rorschach believed that his test, although less profound than dream interpretation and tests of association, could be of particular benefit to psychoanalysts as it could distinguish a neurosis from a latent or manifest schizophrenia and so allow therapy to be modified accordingly.

Unfortunately, Hermann Rorschach died when he was only 37 years old. However, others continued to research his methods, and in the 1930s the test became popular in the US, where psychologists and psychiatrists who had been working in Europe continued to develop more ideas about interpreting the inkblots. This meant that Rorschach's inkblot test developed along different lines in Europe (e.g. Emil Oberholzer, Ewald Bohm) and the USA (e.g. Bruno Klopfer, Samuel Beck), and

alternative systems for the administration scoring and interpretation of it evolved. When Beck (1970/1959) asked his 'To Rorschach...' question, he was also referring to the number of different schools of thought regarding the test and yet all bearing the name Rorschach.

The Comprehensive System

In the late 1960s a more comprehensive system emerged through the work of John E. Exner. The publication of *The Rorschach: A Comprehensive System* (Exner, 1974), with further volumes right up to the present, resulted in the Comprehensive System (CS) becoming the dominant force in the Rorschach world. The CS has revived the Rorschach tradition and strengthened the psychometric status of the test; high inter-rater reliability was reported and test-retest reliability was good. The standardised approach and scoring system also allowed for norms to be developed. Since the development of the CS, interest in the Rorschach is again evident in the scientific journals.

In general, researchers and reviewers of the Rorschach CS portray it in a favourable light. Weiner (2001) argues that the empirical evidence shows that the Rorschach inkblot method is 'standardized, normed, made reliable and validated' (p.431). Viglione (1999) highlights the Rorschach's good temporal stability. Meyer (in press) outlines the evidence confirming

WHAT DOES THE RORSCHACH MEASURE?

The Rorschach is a test of perception that measures how an individual assigns meanings to 10 symmetrical inkblots. These are presented one-by-one to an individual with the question: 'What might this be?' Responses are recorded verbatim, and each response is further probed and scored according to three categories: *content* ('What is it?'), *location* ('Where on the card do you see that?') and *determinants* ('What makes it look like that?'). The responses are scored and combined into various indices that form the basis for interpretative hypotheses (e.g. the possibility of schizophrenia, or a deficit of interpersonal resources to handle stress). Hypotheses can then be cross-validated and refined using other test data and clinical information.

Administration of the Rorschach is simple, but the scoring is complex and the calculation of the indices can be time-consuming without a computer-based program. The end result is a profile of personality and psychological functioning covering the areas of information processing, cognitive mediation, impulse management, affect, self- and interpersonal perception. There are also measures of psychopathology such as depression, disturbances in thinking and hypervigilance.

the Rorschach's reliability and validity coefficients 'that appear indistinguishable from those found for alternative personality tests, for tests of cognitive ability, and for many medical assessment procedures'. Meyer and Archer (2001) conclude from the empirical evidence that 'there is no reason to single out the Rorschach for praise or criticism' (p.499).

Rorschach norms have been a contentious issue even amongst proponents of the Rorschach. Shaffer *et al.* (1999) sent shockwaves around the Rorschach world when their scores in a study of non-patient adults were found to deviate significantly

from the published CS norms. The outcome of this study resulted in a call to develop new norms. Initial results from recent research by Exner (2002) into the development of a new non-patient sample are encouraging and suggest that data from the new sample are similar to data from earlier samples, some of which were collected 20 years ago.

Proponents of the Rorschach do however advise caution when interpreting results of protocols, particularly in relation to some of the indices. For example, Meyer and Archer (2001) suggest that 'psychologists should not use the depression index (DEPI) on its own to diagnose a major depressive disorder from the *Diagnostic and Statistical Manual of Mental Disorders*'. At the same time, Viglione and Hilsenroth (2001) point out that the research demonstrates that the schizophrenia index (SCZI) is significantly related to schizophrenia (false positive SCZI elevations do not appear to occur frequently in adults) and that the suicide index (S-CON) is a particularly strong predictor of suicide.

Psychoanalytical perspectives

Some proponents of the Rorschach test (e.g. Aronow, 2001) believe that any method of scoring the Rorschach is secondary to a subjective analysis and that it should be a projective technique (although Hermann Rorschach himself had stated that his test was not a projective measure of the unconscious). The practice of content analysis has been contentious over the years and has fuelled the debate about the legitimacy of the test. Lerner (1991) comments that content analysis used to consist of 'a poorly trained, beleaguered examiner unsystematically offering his or

her own associations to the patient's response and then regarding the personal associations as meaningful inferences' (p.107). However, he believes that advances in the empirical application of psychoanalytical theory to content could now encourage psychologists to adopt a more experiential approach to the Rorschach and so obtain a broader understanding of personality functioning (e.g. drives, defence mechanisms). For example, Gacono and Meloy (1994) have integrated both a structural and a content approach to the Rorschach in their studies of aggressive and psychopathic personalities. This allowed them to use the CS to examine the psychostructure as well as psychoanalytic methods to examine psychodynamics such as primitive interpersonal modes of relating (Kwawer, 1980).

Criticisms of the Rorschach

A vocal minority remains critical of the Rorschach's reliability and validity. Wood and Lilienfeld (1999) argue that the test-retest reliability of the Rorschach has not been demonstrated, as results are not available for approximately 60 per cent of

the variables. Lilienfeld *et al.* (2000) reported studies where inter-rater reliability fell below an acceptable level in half of the cases under consideration. Garb (1999) examined 10 meta-analyses conducted on the validity of the Rorschach and concluded that some of these analyses were flawed by omissions or inconsistencies within existing data. Garb also argued that the Rorschach had little validity as a diagnostic test as the variables do not correlate significantly with a number of mental health indices (e.g. depression, anxiety).

The controversy about the CS norms is perhaps the most serious issue at present. Critics argue that Exner's early norms are out of date and unrepresentative of the general population; interpretations using these may over-pathologise an individual's response. Indeed, Lilienfeld *et al.* (2001) cite one North American study where one in six of the adult volunteers attending a blood bank showed Rorschach scores indicative of schizophrenia.

A moratorium has even been called for on the use of the Rorschach in all but research settings until valid scores have been distinguished from invalid scores

(Garb, 1999). However, several of the critics acknowledge the limitations of the studies they cite in support of their claims, and there are difficulties in reaching firm conclusions on issues concerning reliability and validity from studies that precede the development of the CS. Furthermore, whilst much controversy surrounds the CS, even its main critics concede that much valid information can be obtained using the Rorschach and that the scores are not meaningless (e.g. Wood & Lilienfeld, 1999).

Why use the Rorschach?

I have been a user of the Rorschach test for a couple of years, I keep an eye on the literature and correspond regularly with other Rorschachers. I have occasional doubts about the soundness of the test, and I have found the controversy concerning norms to be particularly unsettling. At the

same time it is encouraging to observe that more critical reviews of validity studies are being carried out, more research is being done, the collection of new and updated norms is being addressed, administration and scoring procedures are standardised and there are large sample databases for clinical and forensic populations.

Interpreting a

Rorschach protocol is not simply a case of assigning fixed attributes to someone, but of assessing an individual's personal style of relating to the world at large; an individual is not simply given a diagnosis, although the findings do translate into clinical dynamics. In my view, the extra information gleaned from a Rorschach protocol can make the difference between forming a hypothesis based solely on an individual's case history and forming one that takes into consideration the dynamic variables, conflicts and interpersonal relationships in an individual's life. The Rorschach test can extract information that is difficult to obtain using other psychological tests; self-report tests, for example, are very structured and can limit information to how people see themselves and wish to be seen by others. In difficult-to-assess individuals, the Rorschach can be an icebreaker. In forensic populations, where self-report measures can be unreliable and where tests with high face validity should be avoided (Gacono & Meloy, 1994), the Rorschach can provide valuable clinical information. However, as with any psychological test, caution is needed when using the Rorschach alone as a diagnostic tool.

I have found the Rorschach to be a useful instrument to assist care planning and treatment in complex cases. For example, assessment of a 22-year-old male patient found limited evidence of ongoing mental illness and a traditional psychometric assessment battery failed to highlight any specific needs despite

continuing concerns. I then administered the Rorschach and the protocol data identified cognitive disruption and perceptual distortion (e.g. high SCZI index) indicative of a schizophrenic process. The protocol also identified very low self-esteem (e.g. low egocentricity index; scores on a more traditional psychometric measure were within the average ranges), emotional distress (e.g. high number of morbid responses) and a tendency to screen out particular aspects of his environment in order that he can perceive it as more manageable (very low information-processing efficiency). Information obtained from the Rorschach in this case allowed a more tailored treatment programme to be initiated (using the RORSCAN interpretative programme) to allow for a wider range of treatment considerations, including enhancing coping skills and building positive self-esteem.

Time to learn more

Many graduate psychologists and trainee clinical psychologists whom I have met in recent years have expressed an interest in learning more about the Rorschach. However, clinical training courses rarely

refer to the test and supervisors are unlikely to encourage trainees themselves to pursue training. I was introduced to the Rorschach test whilst on a placement during my clinical psychology training in 1990. A psychologist there who had worked in the US and had trained in the Rorschach technique was keen to pass on her knowledge of the test. However, it was a further nine years before I eventually managed to find formal training in the Rorschach technique and so be in a position to use it as part of my clinical work.

I believe that this absence of training in the Rorschach results in psychologists in the UK being denied access to an assessment instrument that is as valid as other personality tests and that opens the door to important areas of clinical study and scientific research. Perhaps, in an environment of mainstream and seemingly inflexible protocol-based assessments, the Rorschach represents an overdue return to innovative and engaging clinical psychology practice.

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References

- Aronow, E. (2001). CS norms, psychometrics, and possibilities for the Rorschach technique. *Clinical Psychology: Science and Practice*, 8, 383–385.
- Beck, S.J. (1970). [Review of the Rorschach]. Personality tests and reviews. The 5th Mental Measurements Yearbook review: Projective. In Buros, O.K. (Ed.) *Personality: Tests and reviews* (pp.894–897). Highland Park: NJ: The Gryphon Press. (Original work published 1959)
- Exner, J.E. (1974). *The Rorschach: A comprehensive system* (Vol. 1). New York: Wiley.
- Exner, J.E. (2002). A new non-patient sample for the Rorschach comprehensive system: A progress report. *Journal of Personality Assessment*, 78, 391–404.
- Gacono, C.B. & Meloy, J.R. (1994). *The Rorschach assessment of aggressive and psychopathic personalities*. Hillsdale, NJ: Lawrence Erlbaum.
- Garb, H.N. (1999). Call for a moratorium on the use of the Rorschach ink blot test in clinical and forensic settings. *Assessment*, 6, 313–315.
- Hunsley, J. & Bailey, J.M. (1999). The clinical utility of the Rorschach: Unfulfilled promises and an uncertain future. *Psychological Assessment*, 11, 266–277.
- Kwawer, J. (1980). Primitive interpersonal modes, borderline phenomena and Rorschach content. In J. Kwawer, A. Sugarman, P. Lerner & H. Lerner (Eds.) *Borderline phenomena and the Rorschach test* (pp.89–109). New York: International Universities Press.
- Lerner, P.M. (1991). *Psychoanalytic theory and the Rorschach*. Hillsdale, NJ: Analytic Press.
- Lilienfeld, S.O., Wood, J.M. & Garb, H.N. (2000). The scientific status of projective techniques. *Psychological Science in the Public Interest*, 1, 27–66.
- Lilienfeld, S.O., Wood, J.M. & Garb, H.N. (2001, May). What's wrong with this picture? *Scientific American*, pp.81–87.
- Meyer, G.J. (in press). The reliability and validity of the Rorschach and TAT compared to other psychological and medical procedures: An analysis of systematically gathered evidence. In M. Hersen (Series Ed.) & M. Hilsenroth & D. Segal (Vol. Eds.) *Comprehensive handbook of psychological assessment: Vol. 2. Objective and projective assessment of personality and psychopathology*. New York: Wiley.
- Meyer, G.J. & Archer, R. (2001). The hard science of Rorschach research: What do we know and where do we go? *Psychological Assessment*, 13, 486–502.
- Rorschach, H. (1998). *Psychodiagnostics* (10th edn, P. Lemkau & B. Kroonenberg, Trans.). Verlag Hans Huber: Berne, Switzerland. (Original work published 1921)
- Shaffer, T.W., Erdberg, P. & Haroon, J. (1999). Current nonpatient data for the Rorschach, WAIS-R, and MMPI-2. *Journal of Personality Assessment*, 73, 305–316.
- Vigione, D.J. (1999). A review of recent research addressing the utility of the Rorschach. *Psychological Assessment*, 11, 251–265.
- Vigione, D.J. & Hilsenroth, M.J. (2001). The Rorschach: Facts, fictions and future. *Psychological Assessment*, 13, 452–471.
- Weiner, I.B. (2001). Advancing the science of psychological assessment: The Rorschach ink block method as exemplar. *Psychological Assessment*, 13, 423–432.
- Wood, J.M. & Lilienfeld, S.O. (1999). The Rorschach inkblot test: A case of overstatement? *Assessment*, 6, 341–351.

WEBLINKS

The International Rorschach Society:

www.rorschach.com

The classical Rorschach:

www.phil.gu.se/fulro.html