

OVERVIEW AND HISTORY OF THE RORSCHACH TECHNIQUE

Personality can be defined as a person's individual patterns of thinking, behaving, emoting, and interacting with his or her environment in both the short term and the long term. People are often surprised to find out that personality assessment does not focus solely on the assessment of personality traits, such as extraversion or introversion. Instead, personality assessment assesses both personality traits, which are considered to be stable characteristics (e.g., extraversion), and personality states, which are more short lived (e.g., depression, anxiety). In other words, personality assessment encompasses both personality (personality traits) and emotional functioning (personality states).

Many mental health professionals use personality assessment instruments as part of an evaluation of a client's personality and emotional functioning. There are multiple personality assessment instruments that are commercially available from a variety of publishers. Until relatively recently, these instruments were divided into objective measures and projective measures. *Objective* measures, on the one hand, were considered to be measures such as the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) (Butcher, Graham, Ben-Porath, Tellegen, & Dahlstrom, 2001) and the Millon Clinical Multiaxial Inventory, Fourth Edition (MCMI-IV) (Millon, Grossman, & Millon, 2015). These measures all use forced choice questions and rely on the ability of the clients to self-report their distress. *Projective* measures, on the other hand, were considered to be measures that presented clients with an ambiguous stimulus and asked them to use the stimulus to engage in a specific task (e.g., to tell a story about a picture). This category included measures such as the Rorschach (Rorschach, 1921, 1942) and the Thematic Apperception Test (TAT) (Murray, 1943). In theory, individuals would project their unconscious wishes, desires, and so forth onto the ambiguous stimulus and thus their needs would present themselves in their responses.

However, it became clear that this distinction was leading some mental health professionals to believe that the objective measures were superior, as the term

objective implied that the objective measures did not rely on subjective factors, such as clinical judgment and client introspection. In reality, however, clients can misrepresent themselves on the objective personality instruments, thereby affecting the interpretive value of the instruments. There is also the issue that clients can interpret questions differently, so the same question may mean different things to different people. As an example, the item “I often feel sad” requires the examinee to determine what *sad* is for them and what *often* means. For some, often may be multiple times per week and for others, often could mean once every two weeks. In other words, you could have two people responding to the item in the affirmative, one who feels sad multiple times per week and one who feels sad twice per month. Finally, it is important to note that *all* personality measures require clinical judgment and skill for interpretation. For these reasons, Meyer and Kurtz (2006) recommended that the mental health fields retire the term *objective* and start using a more appropriate term, such as *self-report*, to describe measures where clients report on their own behaviors, thoughts, and emotions. It is now common practice to refer to the objective measures as self-report measures.

The use of the terms *projective* and *objective* also negatively affected the measures that were classified as projective, as they were seen as being more subjective (Meyer & Kurtz, 2006). Additionally, there was another issue with the terminology, as some of the measures classified as projective did not rely purely on projection. The Rorschach is an excellent example of this. As will be discussed later in this chapter, the Rorschach, when administered using either the Comprehensive System (CS) (Exner, 2003) or the Rorschach Performance Assessment System (R-PAS) (Meyer, Viglione, Mihura, Erard, & Erdberg, 2011), is actually a problem-solving task. That is not to say that the Rorschach cannot be used as a projective measure; some clinicians do use it as a purely projective measure and do not use an administration, scoring, and interpretation system. It is also important to note that the stimuli used during the administration of the Rorschach are not actually ambiguous. As will be discussed in Chapters 3 and 6, there are common responses for nine of the ten cards, responses that occur in at least one third of protocols. In other words, the cards *pull* for some responses. This same pull for certain types of responses can be seen on other projective tests, such as the TAT. For example, one of the TAT cards that an examiner can choose to present is a picture of a man in a graveyard. There is a clear pull for death on this card. Some interpretive guides for the TAT provide a list of common themes that cards may pull for, again indicating that the test is not completely projective (Bellak & Abrams, 1996).

Meyer and Kurtz (2006) suggested a variety of other names for projective tests, including *free response* measures and *performance-based* measures. It is my

Rapid Reference 1.1

Self-Report Versus Performance-Based Measures

Self-Report Measures	Performance-Based Measures
• Forced choice. • Can be administered by computer. • Can be scored using software or cloud-based scoring. • Examinee must be able to read at a certain level to take the test. • Interpretation requires clinical judgment.	• Free response. • Need an examiner to administer. • Require the examiner to score before using software or cloud-based system. • Can be used with examinees who cannot read. • Interpretation requires clinical judgment.

experience that many in the field have adopted the term *performance-based* to describe tests where the examinee is not constrained by having to provide only one or two of a variety of circumscribed responses, such as is the case with self-report measures (e.g., the MMPI-2). Instead, *performance-based* measures permit examinees to provide any response they wish, allowing for more individualism in the response. Consistent with the recommendation of Meyer and Kurtz (2006), this book will use the term *self-report measures* to refer to tests where examinees are directly reporting on their own experiences in a forced choice format (e.g., multiple choice), and the term *performance-based measures* to refer to tests where the examinee is not constrained by having to select one of only a few choices and is assessed based on his or her individual performance. Rapid Reference 1.1 outlines the differences between self-report and performance-based measures.

THE RORSCHACH

There is no “one size fits all” personality assessment instrument. There are a variety of personality assessments commercially available, including highly structured interviews (e.g., the Structured Clinical Interview for DSM-5 Personality Disorders [SCID-5-PD]), self-report measures (e.g., the MMPI-2), and performance-based measures (e.g., CS, R-PAS). Each instrument has its own strengths and weaknesses. It is important for clinicians using personality

instruments to know the strengths, weaknesses, and psychometric information of the instruments they use. This will help the clinician to determine whether the instrument in question is appropriate for the examinee being assessed, given the referral question and the examinee's unique characteristics.

This book focuses on one of the oldest psychological assessment measures still commercially available: the Rorschach. Although many Rorschach systems are available, this book focuses on two administration, scoring, and interpretative systems: the Comprehensive System (CS) (Exner, 2003) and the Rorschach Performance Assessment System (R-PAS) (Meyer et al., 2011). These systems were chosen because they appeared to be the most commonly used systems in the United States at the time this book was being written. Although this book describes both systems, it is not designed to replace John Exner's three-volume set on the CS (Exner, 2003; Exner & Erdberg, 2005; Exner & Weiner, 1994) nor the R-PAS manual (Meyer et al., 2011). Instead, it is designed to provide an overview of both systems, to explain some of the technical language from both systems in simpler terms, and to serve as a resource on both systems. To this end, this book has chapters dedicated to the CS and to R-PAS, discussing administration, coding (scoring), and interpretation, and presenting a case sample for each system. Another goal of this book is to help clinicians bridge the gap between the CS and R-PAS. To achieve this goal, an additional chapter focuses on the similarities and differences of the two systems and also their strengths and weaknesses. Finally, this book uses the same sample case for both the CS and R-PAS, which will also allow the reader to see the similarities and differences between the systems in administration, scoring, and interpretation.

This chapter begins by discussing when the Rorschach can be useful in psychological assessment, including how often it is used. It also discusses referral questions for which the Rorschach may not be an appropriate part of the battery. The remainder of the chapter focuses on the history behind the Rorschach test, beginning with its inception by Hermann Rorschach and progressing through the development of the Comprehensive System and R-PAS. It also discusses significant factors in the creation of R-PAS, including the common belief that Exner's estate had decided to halt work on the Comprehensive System.

Frequency of Use

In recent years, survey research has attempted to ascertain the instruments mental health professionals rely on the most in their practice. Much of this research has focused on discrete subgroups of professionals rather than the mental health profession as a whole. For example, among clinical neuropsychologists, the MMPI-2 is the most commonly used personality assessment measure. Still,

approximately one third (32.7%) of the clinical neuropsychologists surveyed reported using the Rorschach. However, it is unclear which system, if any, they were using (Smith, Gorske, Wiggins, & Little, 2010). Surveys of forensic psychologists have yielded similar results; while the Rorschach is used by forensic psychologists, it is used less often than self-report measures (Archer, Buffington-Vollum, Stredny, & Handel, 2006). The less frequent use among forensic psychologists appears to be related to concerns about the instrument's admissibility in court (Grove, Barden, Garb, & Lilienfeld, 2002; Gurley, Sheehan, Piechowski, & Gray, 2014; Kivisto, Gacono, & Medoff, 2013; Lally, 2003). Still, it is important to point out that while forensic psychologists have expressed concern regarding the Rorschach's admissibility in court, reviews of appellate cases have indicated that there have been few challenges to testimony that relies on the Rorschach (Gurley et al., 2011; Meloy, Hansen, & Weiner, 1997; Weiner, Exner, & Sciarra, 1966).

A survey of members of the American Psychological Association (APA) and the Society for Personality Assessment (SPA) has shown that while self-report measures are used more often than performance-based personality measures by clinical psychologists, there is a difference in the field in that members of SPA are more likely to use performance-based personality measurement than are non-members (Musewica, Marczyk, Knauss, & York, 2009). Nonetheless, what all these studies have found is that while it is not the most common personality instrument used, the Rorschach is used by a significant number of psychologists in a variety of specialty areas.

Given the results of some recent surveys, it is apparent that not all professionals are using the same version of the Rorschach. For example, Corum and Gurley (2015) found that in a survey of predoctoral internship sites, 63 percent used the Rorschach and the majority of these sites (97%) used the CS. Approximately one third (29%) of sites reported using R-PAS as well. However, it does seem that a shift may be occurring in the predominant system in the United States, as 51 percent of sites that used the Rorschach indicated that competitive predoctoral internship applicants should have some experience with R-PAS. Still, a handful of other sites were using other Rorschach systems, including the Beck system. Although the CS was still the predominant system at the time this book was written, it appears that R-PAS is becoming more and more commonly used.

When to Use the Rorschach

There is no assessment measure currently available that can provide useful information in every single type of evaluation, as the usefulness of the measure depends on the referral question and the client's individual characteristics. For example, a

Rorschach would likely have little clinical utility when determining whether an examinee meets criteria for a diagnosis of intellectual disability, as the Rorschach cannot provide an IQ score. Although it can provide some information regarding current functioning, there are instruments available that can more directly assess specific areas of adaptive functioning, such as the Adaptive Behavior Assessment System, Third Edition (ABAS-III) (Harrison & Oakland, 2015). However, when the referral question is whether the examinee may have some underlying psychosis, the Rorschach can be extremely useful, as both the CS and R-PAS contain variables that directly assess the examinee's thought processes.

CAUTION

The Rorschach is not appropriate for all referral questions. Be sure to consider the examinee and the referral question(s) when deciding whether the Rorschach would be appropriate.

The Rorschach is considered to be useful for a variety of purposes. Exner (2003) stated that the Rorschach can be extremely useful when a complete understanding of the person, including why he or she is engaging in the patterns of behavior at issue, is desired. Additionally, the CS and R-PAS both require decision making and can provide information regarding the way the examinee makes decisions. These systems can also provide information about a person's functioning on a day-to-day basis and can inform treatment. Exner (2003) and others (e.g., Ganellen, 1996; Viglione, 1999) have shown the test is useful with psychosis and thought disorders. Some have suggested that the Rorschach could be useful in other settings as well, including for personnel selection and for understanding personality disorders and risk of completed suicide (Del Giudice, 2010; Huprich & Ganellen, 2006).

The CS and R-PAS have a number of unique qualities that other personality instruments do not have. First, because neither requires the examinee to read, they can be used with individuals whose reading abilities are not at the level required by self-report measures. Additionally, because they are not self-report measures and lack face validity, they are not so susceptible to inaccurate self-presentation as other measures may be (Del Giudice, 2010). As described above, because the Rorschach is a problem-solving task, it provides more information about the inner-workings of the individual than other product-based (e.g., behavior-based) tests are able to offer.

Still, there are some weaknesses to the Rorschach. First, administration, scoring, and interpretation are time consuming; Ball, Archer, and Imhof's (1994)

survey of licensed professionals indicated that psychologists spend an average of almost two and a half hours administering, scoring, and interpreting the Rorschach. To put this in perspective, according to their research, the average time to administer, score, and interpret the MMPI was just under two hours. Still, it is important to note that unlike a clinician administering the Rorschach, a clinician is not typically active during the administration of the MMPI; during administration of the MMPI the client is reading and responding to written questions. Depending on the referral question, the examiner may be able to get the necessary information more quickly with another instrument than with the Rorschach.

Also, because the various Rorschach systems require the examinee to provide relatively complex oral responses (e.g., why they saw what they saw), examinees with expressive language difficulties, due to being tested in a non-native language, having a language disorder, or having limited cognitive abilities, may be at a disadvantage with the instrument. For example, clients may not be able to explain why the blot looks like a flower to them because they do not have the words to describe it. Thus, an examinee may be more likely to provide a simple explanation (“the shape”) rather than a more complex explanation (“the different variations in colors remind me of petals; the green looks like a stem because of the color and the shape”) because of difficulties with expressive language. Unless such difficulties are taken into account, a clinician could incorrectly attribute the simplicity of the explanations to defensiveness or avoidance rather than to a disadvantage.

HISTORY OF THE RORSCHACH

Hermann Rorschach, the creator of the ten inkblots used in the administration of the CS and R-PAS, was not the first to research the use of inkblots in psychological testing. For example, prior to Rorschach’s use of inkblots, Alfred Binet and Victor Henri had researched the possibility of using inkblots as part of an intelligence test. However, there were difficulties with group administration, so they ceased their attempts (Exner, 2003).

Rorschach, like many others of his generation in Switzerland, likely grew up playing the game *Klecksographie*, where individuals would make inkblots then respond to them (Exner, 2003). During his work with psychiatric patients, Rorschach, a medical doctor, noted that patients who had been diagnosed with schizophrenia responded to the blots differently from patients with other diagnoses. However, it is unlikely that this observation was the impetus for Rorschach to study the game more systematically. The inspiration to study the

inkblots more systematically may have come from one of Rorschach's friends, Konrad Gehring, who was a teacher at a school near where Rorschach was completing his residency. Gehring used the game as an incentive and noticed fewer management issues with the use of the incentive (Exner, 2003).

Rorschach's eventual decision to study the inkblots more systematically resulted in the publication of *Psychodiagnostik* (*Psychodiagnostics*) (Rorschach, 1921, 1942), a monograph designed as a "Form Interpretation Test" (Exner, 2003). In addition to publishing the ten inkblots we still use today, *Psychodiagnostik* provided information regarding Rorschach's empirical study of the blots. Specifically, he examined the responses of 400 individuals, including nonpatients and inpatients, documenting some of the differences he saw between the nonpatients and the individuals with schizophrenia. In his monograph, he also formulated a standard question regarding the blots ("What might this be?") and discussed various scoring categories, such as location, contents, and movement. Furthermore, Rorschach did not consider his work to be complete and stressed the importance of further research with the inkblots. Unfortunately, Rorschach was unable to continue his work as he passed away in 1922, soon after his monograph was published.

Rorschach's colleagues continued to use his test after his death, but rather than focus on systematic data collection, as Rorschach had, they began to focus more on the clinical applicability of the test (Exner, 2003). They also started to attempt to apply the test to psychoanalytic theory and would conduct content analyses of responses. This differs from Rorschach's initial intention, as he minimized the use of content analysis.

Three of Rorschach's colleagues became advocates for the test (Exner, 2003). David Levy, an American psychiatrist, studied with one of these individuals, Emil Oberholzer, in Switzerland. When Levy returned to the United States, he brought copies of the blots with him. A student who was studying at the institute where Levy was a staff member, Samuel Beck, was looking for a dissertation topic and Levy mentioned that he had copies of the Rorschach blots. Beck went on to conduct the first systematic study of the Rorschach in the United States for his dissertation. At around this same time in the 1930s, a colleague of Beck's, Marguerite Hertz, also used the Rorschach as the basis of her dissertation (Hertz, 1986). Beck and Hertz continued to systematically study the Rorschach and developed their own separate systems of administering, scoring, and interpreting the instrument.

Around the same time, Bruno Klopfer, a psychologist, was training to be a psychoanalyst in Germany. However, due to the rise of the Nazis in Germany, Klopfer and his family left that country for Switzerland, where they remained for

Rapid Reference 1.2

Some Important Individuals in Rorschach History

Hermann Rorschach: Developed the ten inkblots still in use today. His work became the framework for multiple Rorschach systems.

David Levy: Studied with Emil Oberholzer in Switzerland and brought the Rorschach to the United States.

Samuel Beck: Conducted the first systematic study of the Rorschach in the United States; developed the Beck system of administration and scoring for the Rorschach.

Marguerite Hertz: Conducted a systematic study of the Rorschach in the United States; developed the Hertz system of administration and scoring for the Rorschach.

Bruno Klopfer: Started the *Rorschach Research Exchange*; developed the Klopfer system of administration and scoring for the Rorschach.

John Exner: Developed the CS.

Gregory Meyer, Joni Mihura, Philip Erdberg, Donald Viglione, and Robert Erard: Developed the R-PAS.

Source: Based on Information from Exner, 2003; Hertz, 1986; Meyer et al., 2011; Skadeland, 1986.

a year (Skadeland, 1986). There, Klopfer studied with Carl Jung and was introduced to the Rorschach. The following year, he and his family immigrated to the United States, where he worked at Columbia University in the anthropology department (Exner, 2003; Skadeland, 1986).

Shortly after he began working at Columbia University, graduate students in the department of psychology asked that Klopfer conduct a seminar on the Rorschach. However, Robert Woodworth, who was chair of the psychology department at the time, suggested that Beck run the seminar (Exner, 2003; Skadeland, 1986). Beck was not immediately available, however, and the students and Klopfer opted instead to do an informal seminar in his apartment twice per week for six weeks.

Klopfer's seminars proved to be extremely popular, and within a year, much of Klopfer's work was focused on the Rorschach (Skadeland, 1986). In the course of these seminars, Klopfer and his students added several new scores, most of which were intuitive and not based on systematic research, unlike the work of Rorschach, Beck, and Hertz. Klopfer went on to start a newsletter called the *Rorschach Research Exchange*, which eventually became the *Journal of Personality Assessment*

(Exner, 2003). (Rapid Reference 1.2 lists the key individuals in the development of the Rorschach.)

By 1957, there were five distinct Rorschach systems in use in the United States, with different administration, scoring, and interpretation principles (Exner, 2003). Exner began his comparison of these five systems with the intention of writing an article about his findings. However, because of the amount of information, the article became a book.

In this book, originally published in 1974, Exner noted many differences among the five systems. Only two of the five used the same seating, none used the same set of instructions, each system collected data differently, they had different formats for coding, and some used different coding criteria for certain codes. Exner came to the conclusion that there were five separate tests. In 1968, the Rorschach Research Foundation was established by Exner to determine which system was most empirically supported and had the greatest clinical utility (Exner, 2003).

As part of his research, Exner conducted a series of surveys on the use of the Rorschach in clinical practice. He found that although many psychologists had formal training in at least one system, the majority of psychologists mixed systems, and some did not use a set administration, coding, and interpretation system. In fact, according to Exner's research, only about 20 percent of psychologists relied on only one system at a time. Further, the predominant systems were Klopfer's and Beck's (Exner, 2003).

Exner's research led him to create a data pool to compare the five systems (Exner, 2003). By the early 1970s he had compared 835 protocols, administered by 153 different psychologists, and each administered and scored using one of the five systems. In his examination of the data, he noticed differences in the systems, including that each system produced different kinds of records, each system had scores that were empirically supported, and each system had scores that were not empirically supported. At this point, the Rorschach Research Foundation started to focus its attention on the development of a system that contained empirically defensible data and features that were not yet empirically supported but that could be researched.

The Rorschach Comprehensive System was first published in 1974 (Exner, 1974). Although the initial prognosis for wide use of the system was poor, due to the timing (Stricker, 1976), the system was well received and became the most commonly used Rorschach system in the United States. The system was designed to be atheoretical, so it could be used with a variety of theories (Exner, 1997). It also was periodically revised, up to the time of Exner's death in 2006 (Exner, 2003; Sciara & Ritzler, 2009).

After Exner died, the legal rights to Rorschach Workshops (the primary organization for training on the CS), his writings, and his files reverted to his family (Sciara & Ritzler, 2009). He also never appointed a successor; so among CS researchers and trainers, there was a leadership void. After his death, a family member of Exner's had announced that there would be no further changes to the CS. This announcement had the potential to have a negative impact on the CS, as any psychological test needs to be periodically revised to account for normative changes and updated research. However, the family has recently announced that the announcement that the CS could not be changed was in error; the family is supporting continued research and the evolution of the CS (Sciara & Ritzler, 2015).

Multiple researchers wanted to make changes to the CS (Sciara & Ritzler, 2009). Five researchers—Gregory Meyer, Joni Mihura, Philip Erdberg, Donald Viglione, and Robert Erard—four of whom had been members of Exner's Rorschach Research Council, expressed a number of concerns about the current status of the CS. Specifically, through their research as part of the Rorschach Research Council, their own research, and their own experiences, they identified a number of concerns with the CS. These included variations in administration and coding, possible error variance due to the number of responses an examinee provided, interpretations of scores that were not always consistent with the empirical evidence, inaccurate normative data, and an overreliance on negative interpretations

Rapid Reference 1.3

Goals of the R-PAS

1. Focus on using variables with the most empirical, clinical, and response/behavioral support.
2. Use an international comparison group with standard scores and percentiles.
3. Reduce redundancy and make the system simpler.
4. Describe the empirical and theoretical basis of each variable that is included.
5. Be able to adjust for the complexity of the protocol.
6. Optimize the number of responses in order to reduce the incidence of high and low numbers of protocol responses.
7. Develop new indices, and revise indices.
8. Offer scoring on a secure, web-based platform.

Source: Meyer et al., 2011, p. 3.

of Rorschach scores. At that point, Meyer and colleagues opted to develop a new system, the Rorschach Performance Assessment System. R-PAS was developed to reduce examiner variability, to make the system more consistent with the empirical literature, and to simplify the system. The development of R-PAS was focused on meeting eight goals; these goals are displayed in Rapid Reference 1.3.

Still, some questioned whether a new system was actually needed (e.g., Sciarra & Ritzler, 2009). Furthermore, Sciarra and Ritzler predicted that there would be some who would be comfortable with the CS and would not want to learn a new system. From the current literature, it appears that the field is at least examining R-PAS (Gurley et al., 2014). Time will tell whether R-PAS will become the predominant system in the United States, the CS will remain the predominant system, or whether there will be another outcome, such as individuals mixing systems, as occurred prior to the creation of the CS.



TEST YOURSELF



1. **Which of the following is a strength of performance-based personality measures?**
 - a. Performance-based personality measures can be used with examinees who cannot read.
 - b. All performance-based measures can provide an IQ score.
 - c. Performance-based measures can be used with all referral questions.
 - d. All of the above are strengths of performance-based personality measures.
2. **True or False: The CS and R-PAS may be difficult for examinees with expressive language difficulties.**
 - a. True
 - b. False
3. **True or False: Rorschach was the first to consider using inkblots as part of psychological testing.**
 - a. True
 - b. False
4. **Which of the following was a purpose of the CS?**
 - a. To develop a system that derived from psychodynamic principles.
 - b. To develop a system that had empirically defined data and features that could be defined.
 - c. To develop a system that could be used to directly assess DSM-III disorders.
 - d. None of these were purposes of the CS.

5. What were the concerns about the CS identified by Meyer and colleagues that resulted in the development of R-PAS (select all that apply)?

- a. Variations in administration and coding.
- b. The impact of the color present in blots VIII and IX.
- c. Possible error variance due to the number of responses the examinee provided.
- d. Interpretation of a score was not always consistent with the empirical evidence.
- e. Inaccurate normative data.
- f. Recent changes to the CS.
- g. Overreliance on negative interpretations of Rorschach scores.

Answers: 1. a; 2. a; 3. b; 4. b; 5. a, c, d, e, g.

