

The rorschach ink blot



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In 1921, Herman Rorschach published *Psychodiagnostik*. The Rorschach test was included as a monograph. Herman Rorschach received his inspiration for the ink blot test by J. Kerner. Kerner believed that responses to interpretation of ink blots could reveal important individual meanings. Rorschach applied this theory to diagnose psychological disorders. David Levy brought the Rorschach test to the United States. The test originally was received with skepticism and criticism from the European and American psychological community. The community found it useless due to the lack of scientific evidence.

The cost, according to Psychological Assessment Resources, is around a hundred dollars. There are also many supplemental workbooks to aid in the administration and scoring. These workbooks run from around sixty to a hundred dollars.

Herman Rorschach designed the ink blot test to measure individual's responses and identify psychological disorders. The Rorschach has 10 separate cards. Five of the cards are black and gray. Two of the cards are black, gray, and red. Three of the cards are a mixture of pastel colors.

Rorschach can be used for many ages. Only Professionals can administer the test due to the intense administration and scoring. Rorschach is most often used in clinical settings.

The administration for the Rorschach is an extensive process. The examiner must make sure that the test is administered as ambiguously as possible.

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Subjects may ask many questions to get a basic structure. The examiner must only give away basic instructions, such as “ what might this be?” Examiners must not respond to the subjects responses verbally or nonverbally. This might led to the subjects attempting to please the examiner’s expectations. Also Exner recommended that the examiner sat next to the subject instead of the traditional position of face-to-face. This was to reduce the non-verbal cues from the examiner.

There are two parts of the test. The first part is the free-association phase. The examiner may ask the subject what he/she might see in the first card. Each card is administered individually. The subject then tells what he/she sees on the inkblot card. If his/her answer is insufficient the examiner makes a remark for the subject to attempt to look for more on the card. It is important that the examiner write down everything the subject says and every noise the subject makes. Also the examiner must record the subject’s reaction time. The position that the card is in while the subject is examining it must be recording precisely. For example, the examiner would have to report that for card 3 the subject’s reaction time was 2 minutes and the card was sideways.

The second part of the test is the inquiry phase. The cards are shown again individually to the respondent. There are five dimensions on which the subject’s response is scored on. The dimensions are location, form quality, content, and frequency of occurrence.

The first dimension, location, is where on the inkblot the subject saw his/her perception. The scores for location are W, D, Dd, or DW. A score of W means

the subject saw his/her perception using the whole blot. A score of D means the subject saw his/her perception using a common detail. A score of Dd means the subject saw his/her perception using an unusual detail. A score of DW means that the subject gave a confabulatory or over generalized response. For a normal subject there is usually a balance between W, D, and Dd responses. By calculating frequencies of these responses, quantitative data is available to work with. Location alone is not enough to determine a specific mental problem.

The second dimension is determinant, which is what determined response. There are four properties that can make up a response, form or shape, perceived movement, color, and shading. The score is determined off of which property the subject utilizes to develop a response. For example if the subject's response was just based of the perceived form it would be a pure form response. There are also subdivisions within the properties. Perceived movement can be further divided into human (M), animal (FM), or inanimate (m) movements. The determinant is the most difficult to score because administration instructions are so vague. Also a major part of scoring determinant is the examiner's interpretation of the inkblot. It would be best if the examiner had intense experience, but this is not very likely.

Determinant scoring stirs up controversy. Many experts believe that scoring perceived movement does not measure psychological issues. Perceived movement may measure motor activity and impulses in the brain. It was believed that subjects that gave two cooperative movement responses were easy to interact with. Research studies illustrates that this theory wrong.

The third property, form quality, is the measure of how well the subject's response equates with the stimulus properties of the inkblot. If the examiner is able to see the subject's perception then there is adequate form quality. If the examiner is unable to see the subject's perception then there is poor form quality. This is not a reliable measure due to the dependence on the state of the examiner. Exner designed a comprehensive system to increase reliability of scoring.

The fourth property, content, is what the perception was. This is simple to score. The perception must fall into three categories: human (H), animal (A), or nature (N).

The final property, frequency of occurrence, is how popular the response is. This is a quantitative measure, therefore easy to score.

Despite the fact that the Rorschach test is widely used, it has never been adequately normed. Exner attempted to norm the Rorschach in 1986. It was based off of the average adult American. Exner then used his findings to apply to the scoring of each variable. This proved to be helpful to the examiners of the Rorschach. Exner had to renorm the Rorschach due to faulty norm samples in his first attempt. With his new sample, it was found that his original system overpathologized subjects.

The consequences from overpathologizing are immense. If the Rorschach is utilized to diagnose one with a psychological disorder, there is a good chance it over-diagnosed the subject. The Rorschach has been known to be used in forensics. If someone wishes to use the insanity plea, the Rorschach could benefit the perpetrator.

The Rorschach's reliability is even controversial. There are many studies arguing for and against its reliability. A meta-analysis was conducted of all past research done on Rorschach's reliability. Exner argued that the test-retest coefficients are in the .70's and that is acceptable. The odd-even technique results were in that range. Exner's Comprehensive system produced adequate reliability, .61 to .74. The environment in which the test is administered profoundly affects the reliability. It can be found that the reliability in forensic and clinical settings is .80 to .90.

Rorschach main component is relating to psychological disorders. Although when studies were conducted to prove Rorschach as a sufficient diagnostic tool, the results were not in favor of Rorschach. Even with the revised Comprehensive System by Exner, the test fails to relate to diagnoses. Major depressive disorder, posttraumatic stress disorder, dissociative disorder and antisocial disorders are just a few disorders that do not link to Rorschach's test.

The incremental validity of Rorschach with MMPI (Minnesota Multiphasic Personality Inventory) have been proved and disproved by studies. This is another example of the controversy surrounding the Rorschach impact on the psychological community.

LA Times writer, Rosie Mestel reveals interesting background information about how Rorschach developed this theory. As a boy, Rorschach enjoyed a game in which players made ink blots then described what they saw. Then as a psychiatrist he noticed that schizophrenic patients saw unusual things in

ink blots. He then studied the responses of ordinary people and his schizophrenic patients.

He then published his book with less than an enthusiastic response from the Swiss psychological community. Less than a year later the original publishing company went bankrupt and Rorschach died from a ruptured appendix. It wasn't until the test reached the United States that it became famous. With all the controversy surrounding the test, it almost died out in the United States. John Exner saved the Rorschach from dying out. Yet, even today Exner's version is under heat for unreliability and invalidity.

Studies have been done to identify if the Rorschach could aid in differentiating psychological disorders from each other. A study was done in 2001 to determine the Rorschach's ability to distinguish boys with Asperger's Disorder from other psychological disorders. According to the results those boys who "underreport[ed] human content (H) or human movement (M), and cooperative movement (COP) in humans or animals" were more likely to have Asperger's Disorder (Holaday, Moak, & Shipley, 2001). Although the Rorschach doesn't coincide with DSM-IV criteria, it provides psychologists to differentiate those boys with Asperger's Disorder.

A major disorder that the Rorschach has evidence to identify is Narcissism. It is reiterated that the Rorschach was not derived from DSM-IV criteria, but it relates well in the area of narcissism. Those who are more apt to narcissism relate ink blots on a personal level (Hilsenroth, M. J., Fowler, J. C., Padawer, J. R., & Handler, L., 1997). The two variables in the Rorschach that predicted narcissism are reflection and idealization (Hilsenroth et al.).

These studies illustrate that Rorschach might not be perfect in diagnosing and identifying psychological disorders, but it is still helpful. The Rorschach can be used as a supplemental tool to further discriminate a subject from multiple disorders.

Regardless of the Rorschach's reliability or unreliability, it is a widely used test in the world of psychology. When people think of psychological testing, a vision of inkblots comes to mind. The media has hyped the Rorschach to be a magnificent tool to diagnose "crazy" people. This accounts for the common view of the Rorschach being an accurate measure of psychological health. According to the studies done on the Rorschach's reliability, it is not a safe measure. The United State's Law system utilizes the test as a measure of criminal's sanity. This is not safe for the general public. There is too much evidence to disclaim the test's ability.

The test also leaves too much room for error on the part of the examiner. If the examiner had malicious intentions, he/she could detrimental effect the subject. This is why the Rorschach should only be used as a supplemental tool.

The Rorschach can be extremely beneficial to clinicians. Only so much information can be obtained from a personal interview and questionnaire. The Rorschach could reveal interesting parts of a person's psyche. The information obtained from the test could be used in counseling that works on unresolved issues buried in one's psyche. These issues could have been buried until many years of counseling forced them out. Under these circumstances the Rorschach is beneficial to both the subject and to the

participating clinician. Time, money, and work could be saved by utilizing the Rorschach as a supplemental tool.

It is also very important that only professionals administer the Rorschach. Many psychological programs spend a few weeks teaching the Rorschach, but if one wishes to administer the Rorschach regularly it must be mastered. As stated before there is an enormous amount of room open for error on the examiner's part. Scoring and administration must be practiced numerous before results are taken seriously. This is for the benefit of the clinician and to the subject. Slightly biased results are just detrimental as incorrect results.

In conclusion, the Rorschach remains a ground-breaking, controversial, and fascinating psychological test. One should not trust the results completely. Like any test there is always room for error, either on the examiner or subject's part. It is extremely difficult to administer, score, and even take it. The Rorschach test should be respected for its ability to differentiate disorders and use as a supplemental tool in therapy. Unfortunately, the Rorschach's reliability and validity prevent it from use as a sufficient diagnostic tool in the psychological community.

References

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