Interpretive Guidelines

Rorschach Interpretive Essentials: Concepts and Processes By Radhika Krishnamurthy, PsyD In Symposium entitled "Rorschach Interpretation: Knowledge and Practice" Presented at the Midwinter Meeting of the Society for Personality Assessment March 23, 2002, San Antonio, Texas

I am never more aware, than when teaching a Rorschach course to my graduate students each year, that learning to interpret the Rorschach is a daunting prospect for the learner. Students' intimidation with the task has to do partly with the fact that the Rorschach, more than any other test they learn and use, has an immense number of variables. These variables, including single variables, ratios, derivations, and constellations, which constitute the core set of data for test interpretation, have to be dealt with in logical and meaningful ways in the course of interpretation. As we all know, interpreting the Rorschach involves complex *processes* that include (a) achieving an accurate understanding of the psychological constructs represented by test variables, (b) using appropriate norms, (c) weighing in the psychometric properties of different test variables and indices, (d) synthesizing findings from multiple variables, and (e) attending to the context and implications of the evaluation. In many ways, the successful test interpreter has to be in a state of over incorporative Zd to successfully incorporate the breadth of the data, and in a low Lambda mode to pick up on the nuances of interpretation.

Learning and doing interpretation is rendered more manageable by the availability of cookbook approaches to interpretation. Exner offered an interpretive guide in 1991 by publishing Vol. 2 of his Rorschach text. More recently, his interpretive guidelines have been expanded and presented in the Primer for Rorschach interpretation, published in 2000. In both texts, the reader is provided with a series of steps to follow in interpreting each structural summary cluster. For example, step 1 in interpreting the controls cluster states, "Review the values for AdjD and the CDI to obtain some preliminary information regarding control and stress tolerance." Within each step, the reader is presented with a series of potential findings that are to be incorporated or discarded. For example, "if the value for AdjD is zero and the value for CDI is less than 4, it can be assumed that ordinarily the individual's capacity for control and tolerance for stress is similar to that of most others. Proceed to step 2." Although these guidelines facilitate a methodical approach to interpretation, they are likely to mislead in at least 4 circumstances:

(1) when they are applied too concretely: e.g., when the conclusion is that the client is experiencing a failure in ideational control, because potential finding # 3 in step 10 of the Ideation cluster said so, although several other findings in the ideation section may temper or modify that conclusion.

(2) when the interpreter does not distinguish between the didactic statements in these texts from construct explanations and correlates of test variables: e.g., with regards to the defensive substitution of fantasy for reality associated with Mp>Ma, Exner remarks in the Primer, "This can be a very effective defensive strategy and should not be considered as a liability unless other evidence indicates that the person is markedly dependent on others." I have found Mp>Ma represented in test reports as an effective defense against stress.

(3) <u>when the interpreter treats all test variables as if they were equally robust and</u> <u>important in value</u> -- e.g., when Anatomy contents are given as much emphasis as M determinants. The effective interpreter needs to be acquainted with the empirical literature on the reliability and validity of Rorschach variables. I will talk more about a little later.

(4) when the interpreter gets caught up in a multitude of individual details that are not well integrated and loses sight of the bigger, conceptual picture. Thus, an interpretive report might read, "this client has an exaggerated sense of personal worth that is important for her to sustain" followed by the statement, "her self-image is marked by negative characteristics". In this scenario, the interpreter has failed to establish the link between negative self-evaluation and efforts to bolster a fragile ego through self-inflation, which may be conceptually understood as representing a core element of a narcissistic personality structure.

It goes without saying that interpretation is bound to be skewed when Rorschach variables are poorly understood, as may be inferred when specific phrases that are awkwardly selected from texts are substituted for meaningful descriptions. Examples that come to mind include, "the subject appears to be as willing as most people to process emotional stimuli;" "her processing will be affected by very conservative motivation;" "he tends to over personalize in translating stimuli;" or "she is experiencing an increase in peripheral mental activity because of internal need states." I have also encountered the following misconstructions stemming from a mechanical use of cookbook methods which reflects an inadequate understanding of

Rorschach variables:

- > an introversive style is better than an extratensive style
- a low FM, similar to a high FM, implies the presence of need states (except they are acted upon)
- people with a Adj D score of -1 do very well in structured environments (losing sight of the fact that the primary interpretation is that they struggle in coping with typical life circumstances)
- > Vista and FD uniformly represent introspective capacities
- a low Isol. Index is inconsistent with an elevated Texture score (the assumption is that the reaching out to others represented by a high T dispels loneliness)
- > people prefer to externalize feelings that are internalized (C')

Interpretive "misses" also occur when norms are applied too concretely, or conversely, when normative guidelines are ignored. An example of concrete application is when an Afr value of .50 is viewed as reflecting low engagement in affect because it is 1/100ths of a point lower than the lower limit of the normative range (.51). With regards to inappropriate application of norms, however, the most egregious example I have seen comes from a practicing psychologist's report. Dr. X evaluated a husband and wife, and their two children ages 8 and 7, in the course of a custody evaluation. Each evaluation included the Rorschach. With regards to the 8-year-old girl, Dr. X writes about her immaturity, hostility, etc., and goes on to remark that her profile is noteworthy because "Individuals with similar Rorschach responses are usually married women who have experienced a threatening, adult male figure." Although I am admittedly taking this statement out of context, I can't find <u>any</u> reasonable context for this statement in the interpretation of an 8-year-old's Rorschach.

How can one maintain interpretive accuracy and achieve interpretive sophistication? I would like to emphasis the following points:

1. <u>Use normative guidelines</u> -- for adults, this consists of the standard nonpatient norms that can be supplemented with normative values for subgroups such as introversives vs. extratensives, high lambda individuals, inpatient depressives, etc. Recognize that a normative yardstick is essential, yet is only a guideline. For children, use the appropriate age-based norms.

2. <u>Review psychometric principles</u> -- the interpretation should consider that some variables have skewed distributions and low base rates, which can help determine the degree to which a test score is deemed unusual or notable. Variables with very low base rates in non-patient samples include CONTAM, DV2, CP, Mnone, Cn, and PSV. The occurrence of these codes in a Rorschach protocol is therefore quite noteworthy.

3. <u>Consider the findings from research studies</u> concerning the validity of a given Rorschach variable. For example, the overarching finding from the research literature concerning the DEPI is that it is ineffective in assessing depressive disorder in both child and adult samples. Several newer indices including the OBS, HVI, PTI, and variables such as GHR/PHR, have received very little research evaluation and clearly require further empirical study before they are relied on in the interpretive process. Additionally, a number of Rorschach variable, particularly determinants and special scores, have shown significant interrater reliability problems in research studies. For example, a recent study by Acklin & colleagues (2000) reported the following single variables as producing insufficient interrater reliability in clinical and nonclinical samples (*see overhead*). This list is not exhaustive. It clearly excludes the response contents but I've selected variables that are given some weight in a typical interpretation.

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4. Ask a standard set of questions concerning each evaluation -- I recommend that the

examiner ask certain questions of himself or herself regarding the process and

methods employed in the course of the interpretation, followed by an additional set

of questions concerning the interpretive output. These questions serve as checkpoints

that can help to identify errors and oversights before a final interpretive report is

generated.

For self:

- > did I use the norms appropriately?
- > did I consider the psychometric qualities of the variables I interpreted?
- > did I over interpret or misinterpret any variables?
- did I cross check findings against each other and against the client's background information?
- > did I overlook any major findings?

Re: Interpretive Output:

- is the interpretation internally consistent? (are outlier findings and seeming contradictions reconciled?)
- > is the interpretation useful?
- is the interpretive narrative comprehensible and free of potentially misleading jargon?

The discussions today have underscored the various types of problem and errors

associated with a naive model of Rorschach interpretation, typically encountered

when the interpreter is a relative novice. However, experienced interpreters are not

immune to interpretive errors, and they frequently have to update their knowledge

base and recalibrate their interpretive methods. I hope this symposium has provided

a step in that direction.

Interpretive Misconstructions: Examples

- > an introversive style is better than an extratensive style
- > a low FM, similar to a high FM, implies the presence of need states (except they are acted upon)
- > people with a Adj D score of -1 do very well in structured environments
- > Vista and Form Dimension uniformly represent introspective capacities
- > a low Isolation Index score is inconsistent with an elevated Texture score
- > people *prefer* to externalize feelings that are internalized (C')

Examples of Rorschach CS Variables with Inadequate Interrater Reliability

(Acklin, McDowell, Verschell, & Chan, 2000)

Clinical Sample

- FY
- FQu
- DV
- DR
- ALOG

Nonpatient Sample

- T, FT, TF
- CF
- V, VF, FV
- FY
- FQo and FQu
- DV
- DR
- INCOM
- FABCOM
- PSV

Note. Inadequate reliability was defined as kappa coefficient or intraclass correlation coefficient < .61.

Achieving Interpretive Accuracy

Questions for the Examiner:

- ➤ did I use the norms appropriately?
- > did I consider the psychometric qualities of the variables I interpreted?
- > did I over interpret or misinterpret any variables?
- did I cross-check findings against each other and against the client's background information?
- > did I overlook any major findings?

Questions concerning the Interpretive Output:

- > is the interpretation internally consistent?
- > is the interpretation useful?
- is the interpretive narrative comprehensible and free of potentially misleading jargon?