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February 20, 2001

# What's in an Inkblot? Some Say, Not Much

By ERICA GOODE

**P**sychology has produced few more popular icons than the Rorschach inkblot test.

Devised 80 years ago by a young Swiss psychiatrist, the Rorschach has entered the language as a synonym for anything ambiguous enough to invite multiple interpretations. And beyond its pop culture status, it has retained a central role in personality assessment, administered several hundred thousand times a year, by conservative estimates, to both children and adults.

In custody disputes, for example, the test is used to help determine the emotional fitness of warring parents. Judges and parole boards rely on it for insight into a prisoner's criminal tendencies or potential for violence. Clinicians use it in investigating accusations of sexual abuse, and psychotherapists, as a guide in diagnosing and treating patients.

Yet almost since its creation, the inkblot test has also been controversial, with early critics calling it "cultish" and later ones deeming it "scientifically useless."

And in recent years, academic psychology departments have been divided over the merits of the test, and some have stopped teaching it.

The debate is likely to become even



Courtesy of Rorschach Archives and Museum, Bern, Switzerland

This inkblot was created but rejected by Dr. Hermann Rorschach, who based his famous test on a Swiss parlor game. Actual Rorschach blots are kept secret.

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more heated with the publication of an article provoking discussion and anger among clinicians who routinely use the Rorschach. In the article, three psychologists conclude that the inkblot test and two others commonly used – the Thematic Apperception Test or T.A.T. and the Draw-a-Person test – are seriously flawed and should not be used in court or the consulting room.

"There has been a substantial gap between the clinical use of these tests and what the research suggests about their validity," said Dr. Scott O. Lilienfeld, an associate professor of psychology at Emory University and the lead author of the article. "The research continues to suggest that they are not as useful for most purposes as many clinicians believe."

The review, by Dr. Lilienfeld and two colleagues, Dr. James M. Wood of the University of Texas at El Paso and Dr. Howard Garb of the University of Pittsburgh, appears in the current issue of the journal *Psychological Science in the Public Interest*, a publication of the American Psychological Society.

The three tests are known as "projective" because they present people with an ambiguous image or situation and ask them to interpret or make sense of it. The test taker's responses are assumed to reflect underlying personality traits and unconscious conflicts, motives and fantasies.

In the T.A.T., test takers are shown a series of evocative pictures depicting domestic scenes and are asked to tell a story about each one. The figure-drawing test requires drawing a person on a blank sheet of paper and then drawing a second person of the opposite sex.

While the Rorschach and the other projective techniques may be valuable in certain specific situations, the reviewers argue, the tests' ability to diagnose mental illnesses, assess personality characteristics, predict behavior or uncover sexual abuse or other trauma is very limited.

The tests, which often take hours to



Robin Nelson for NYT; Scott Martin for NYT  
**Scott Lilienfeld**, left, Associate professor of psychology at Emory University "There has been a substantial gap between the clinical use of these tests and what the research suggests about validity."

**Irving Weiner**, right, Psychiatry professor and president of the International Rorschach Society, "There are plenty of studies that show the Rorschach can help you identify people who have schizophrenia or whether people are depressed..."



Nell Redmond for The New York Times  
**Dr. John E. Exner**, who standardized Rorschach interpretation, agreed that the blot test "can be abused unwittingly by the ill-trained person."

score and interpret, add little information beyond what can be gleaned from far less time-consuming assessments, the psychologists say. They recommend that practitioners refrain from administering the tests for purposes other than research "or at least limit their interpretations to the very small number of indexes derived from these techniques that are empirically supported."

Dr. Lilienfeld said that the review was written to raise awareness of the problems with the tests in the legal field and with "the hope that maybe we can reach a small number of open-minded people, and in particular students, who have yet to make up their minds on this issue."

But he added, "I'm confident that many will take issue with our conclusions."

One of those is Dr. Irving B. Weiner, a clinical professor of psychiatry and behavioral medicine at the University of South Florida and the president of the International Rorschach Society, who said the authors of the journal report took research findings out of context to bolster their case.

Dr. Lilienfeld and his colleagues do not really understand how clinicians use the tests, Dr. Weiner said. They "have been used for a long time very effectively, with very good results and a great deal of scientific support," he said.

Dr. Gregory J. Meyer, an associate professor of psychology at the University of Alaska at Anchorage, who has studied the Rorschach, said admonishing psychologists against using the tests was "not in the spirit of advancing our science."

He said the journal's decision to run the psychologists' article was like asking "someone who believes in creationism to review evolutionary theory and make recommendations about it."

### **A History of Controversy**

Projective tests are no strangers to controversy. The Rorschach, in particular, has inspired intense passion in defenders and critics over the decades, leading two scientists to observe in a 1999 paper that the test had "the dubious distinction of being, simultaneously, the most cherished and the most reviled of psychological assessment instruments."

Dr. Hermann Rorschach, a Swiss psychiatrist who worked with schizophrenic patients, is believed to have gotten the idea for the test from a popular European parlor game called Klexographie, which involves making inkblots and telling stories about them. As a child, Dr. Rorschach was so good at the game that he earned the nickname Klecks, or Blot. He died of peritonitis a year after the test's publication in 1921. He was 37.

The Rorschach's champions have often been almost worshipful in their belief in its ability to pare back the layers of the psyche, and the test is generally regarded as offering a richness of information about a person's psychological world that cannot be gained from interviews or from "self-report" tests like the Minnesota Multiphasic Personality Inventory or M.M.P.I.

The test has used the same 10 images since it was developed. Responses to the inkblots can be scored using more than 100 criteria, including how common or unusual the responses are, what areas of the blots are focused on, whether movement is seen in the images, and so on.

In an earlier era, clinicians who demonstrated special skill in interpreting the test were dubbed Rorschach "wizards," and the technique sometimes was referred to as "an X-ray of the mind."

Over the years, the test's detractors have also been zealous, making at times brutal attacks on its scientific validity, especially in the 1950's and 1960's, when

practitioners varied greatly in the ways they administered and scored the tests.

Some of the criticism abated in the mid-1970's, when Dr. John E. Exner, then a professor of psychology at Long Island University, developed systematic rules for giving and scoring the Rorschach and established norms against which the responses of test takers could be compared.

Dr. Exner's "comprehensive system" is used by a majority of psychologists who administer the Rorschach. Dr. Exner says that Rorschach Workshops, a North Carolina research foundation which he directs, trains an average of 300 clinicians a year in the method in the United States and several hundred more in Europe and Japan. The foundation charges \$650 for five days of intense training in the technique.

With the comprehensive system, the test can yield a complex picture of people's psychological strengths and weaknesses, the Rorschach's proponents say, including their intelligence and overall mental functioning, their ability to relate appropriately to other people, their sexuality, and their fantasies, fears and preoccupations.

### **Below the Surface**

The test is considered particularly powerful in situations in which people may not be expected to volunteer negative information about themselves.

For example, Dr. Carl F. Hoppe, a clinical psychologist who does psychological evaluations for the Los Angeles Superior Court's family law division, said he administered the Rorschach about 130 times a year in "high-conflict" custody disputes.

In a custody evaluation, Dr. Hoppe said, parents are often motivated to present themselves positively and to deny any sort of difficulties, and the Rorschach is a way to look beyond the way people present themselves.

"We take some of the familiar away," he said, "and look at patterns of perceptions in a highly statistical manner."

But even with Dr. Exner's scoring system, the embrace of the Rorschach, and other projective tests, has been far from universal.

"There is widespread criticism, there's no doubt about it," said Dr. Wayne H. Holtzman, Hogg professor of psychology at the University of Texas at Austin, who in 1956 developed his own inkblot test to correct deficiencies he saw in the Rorschach.

Dr. Lilienfeld and his colleagues argue, for example, that there is "virtually no evidence" that the Rorschach can accurately diagnose depression, anxiety, post-traumatic stress disorder or some other emotional problems, calling into question the test's usefulness in custody hearings or as a diagnostic tool in psychotherapy.

(The Rorschach is such a common feature of custody disputes that Fathers' Right to Custody, a nonprofit organization, includes advice on its Web site on the best ways to respond to the inkblots. Describing one Rorschach card, for example, the site counsels, "This blot is supposed to reveal how you really feel about your mother." In another case it advises, "Schizophrenics sometimes see moving people in this blot.")

Equally scant, Dr. Lilienfeld and his colleagues conclude, are the data supporting the test's use in parole and sentencing hearings to evaluate whether prisoners are prone to violence or likely to commit future crimes. Research suggesting a relationship between certain Rorschach indicators and psychopathic tendencies and violent behavior has been contradicted by later studies, the authors say.

"It just doesn't work for most things that it's supposed to," Dr. Wood said.

And the psychologists argue that even when the Rorschach appears to have greater validity – for example, in assessing intelligence, diagnosing schizophrenia and predicting a patient's success in psychotherapy – it is not clear how much additional knowledge is gained from the test.

In some studies, they point out, the ability of clinicians to predict behavior or diagnose mental disorders actually went down when data from the Rorschach were added to information derived from other tests.

"The critical question is what, if anything, does this measure buy you above information that could be more easily collected," Dr. Lilienfeld said.

### **Detecting Abnormality**

Another problem with the Rorschach, the psychologists say in their review, is that the test tends to "overpathologize," making even normal people look maladjusted.

In a study, which they reviewed, of 123 subjects with no psychiatric history who were given the test, most at a California blood bank, 16 percent scored in the abnormal range on the test's schizophrenia index – far higher than the 1 percent incidence of the illness in the general population indicated in other surveys. Eighteen percent showed signs of clinical depression on the test, and 29 percent had indicators of extreme narcissism.

Empirical backing for the validity of the other two projective measures, the T.A.T. and the human figure drawing test, was sketchy at best, the review's authors found, with the drawing test "the weakest" of the three tests.

Psychologists like Dr. Weiner, the author of "Principles of Rorschach Interpretation" and another book on the test, strongly disputed the conclusions drawn in the review.

They said a diagnosis was never made on the basis of the test alone.

"There are plenty of studies that show the Rorschach can help you identify people who have schizophrenia or whether people are depressed," Dr. Weiner said, "but the test doesn't make the diagnosis. No single test that a clinician uses makes the diagnosis. If you're going to use this instrument effectively, you're going to take a lot of things into consideration."

He added: "Tests don't 'overpathologize.' That's done by the person who interprets them."

Dr. Meyer, of the University of Alaska, said that while more research needed to be done on some of the issues raised by Dr. Lilienfeld and his colleagues, their views did not fairly reflect what is known about the validity of the Rorschach and other tests.

In an article to be published in the journal *American Psychologist*, Dr. Meyer and other researchers conclude that the validity of psychological tests, including the Rorschach and the T.A.T., is comparable to that of medical tests, like ultrasounds and M.R.I.'s. The article is based on a review of 125 meta-analyses of the validity of psychological and medical tests.

But even Dr. Exner, the developer of the comprehensive system, agreed that the test "can be abused unwittingly by the ill-trained person," and he said he was uncomfortable with the use of the test in "adversarial" settings, like custody disputes, unless the psychologist was working for the court, rather than for one parent or the other.

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"It takes a long time to learn the Rorschach and you've got to work at it, it's not simple," said Dr. Exner, who is also the curator of the Rorschach archives.

The real question for clinicians in using the test, he said, is, "What do you want to know about the individual?"

"If you're interested only in some diagnostic labeling," Dr. Exner said, "I don't know that the Rorschach is worth doing, not simply because of time but because you're flooded with information that you're not going to use. On the other hand, if you're going to treat someone, I think the Rorschach is a pretty sturdy instrument.

"The strength of the test," he continued, "is that it helps the really capable interpreter to develop a picture of an individual."