

Projective Tests

Projective Tests

The Projective Hypothesis

- The projective hypothesis (Lawrence Frank, 1939): When people try to understand vague or ambiguous unstructured stimuli, the interpretation they produce reflects their needs, feelings, experience, prior conditioning, thought processes
 - Shakespeare, Hamlet, II.ii: "Nothing is either good or bad, but thinking makes it so."

Projective Tests

The Problem

- The difficulty is answering: *Which particular* ' needs, feelings, experience, prior conditioning, thought processes' are reflected?
 - projective tests can (by their own claim) draw equally upon the imagined and real, the conscious and unconscious, the recent and old, the important and the trivial, the revealing and the obvious
 - Much room for interpretation is left given to the tester, making test validation almost impossible
- These tests flourished more in the psychoanalytical era, 1940-1960

Projective Tests

The Rorschach Inkblot Test

- The Rorschach Inkblot Test is the most commonly used projective test
 - In a 1971 survey of test usage, it was used in 91% of 251 clinical settings survey
 - It is one of the most widely used tests that exists
 - It is widely cited in research

Projective Tests

History

- The earliest use of inkblots as projective surfaces was J. Kerner's (1857)
 - He was the first to claim that some people make idiosyncratic or revealing interpretations
- In 1896, Alfred Binet suggested that inkblots might be used to assess personality (not psychopathology)
 - Some work was done on this suggestion
 - the first response set was published by G. M. Whipple (1910)

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History



- Herman Rorschach, a Swiss psychiatrist, was the first to suggest (1911) the use of inkblot responses as a diagnostic instrument
 - In 1921 he published his book on the test, *Psychodiagnostik* (and soon thereafter died, age 38)

Projective Tests

History

- Rorschach's test was not well-received, attracting little notice
 - David Levy brought it to the States
 - His student, Samuel Beck, popularized its use here, writing several papers and books on it starting with *Configurational Tendencies in Rorschach Responses* (1933)
- Several other early users also published work on the Rorschach
 - several offered their own system of administration, scoring, and interpretation, leading to later problems in standardization

Projective Tests

What is the Rorschach?

- The stimuli were generated by dropping ink onto a card and folding it
 - They are not, however, random: the ten cards in the current test were hand-selected out of thousands that Rorschach generated

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Administering the Rorschach

- The test is usually administered with as little instruction and information as possible
 - The tester asks "What might this be?" and gives no clues or restrictions on what is expected as a response
 - Anxious subjects often do ask questions, and vague answers are offered
 - Some advocate sitting beside the subject to avoid giving clues by facial expression
 - If only one response is given, some hint to find more may be offered: "Some people see more than one thing."
 - The orientation of the card and subject RT is recorded

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Administering the Rorschach

- The cards are shown twice
 - The first time responses are obtained; the second time they are elaborated
 - The test administrator asks about:
 - i.) Location: Where did the subject see each item?
 - A location chart is used to mark location
 - W = whole; D = Common detail; Dd = Unusual detail; DW = Confabulatory response
 - ii.) Determinant: What determined the response?
 - Form (F)?
 - perceived movement? human (M); animal (FM); inanimate (m)
 - Color (C); shading (T = texture)

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Administering the Rorschach

- The test administrator asks about:
 - iii.) Form quality: How well-matched is the response to the blot?
 - F+ = good match; F = match; F- = poor match
 - iv.) Content: What was seen?
 - Human (H); animal (A); nature (N)?
- The test administrator also scores popularity/originality: How frequently is the percept seen?
 - Norm books are available (i.e. Exner, 1974)

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Scoring the Rorschach

- Some quantitative information is obtained: i.e. percent of W, D, Dd, and DW responses
- Deviation from norms can mean an invalid protocol, or brain damage, or emotional problems, or a low mental age (or just an original person)
- These quantitative measures can be validated
 - i.e. # of W responses has been linked to general intelligence ($r = 0.4$); Movement responses are said to suggest strong impulses or high motor activity; DW (confabulatory) responses are taken as signs of a disordered state; low response rate is associated with mental retardation, depression, and defensiveness
 - Alas, many attempts to validate signs are unclear
 - often there is fail to replicate, or the findings contradict expert claims

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Scoring the Rorschach

- Most scoring is qualitative: i.e. analyzing content
 - There are no hard and fast rules
 - All but the most ardent proponents suggest that the protocol be analyzed in the context of other tests results and clinical information

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Psychometric Properties of the Rorschach

- Obviously, it is almost impossible to measure any of the usual properties in the usual way
 - Validity and reliability are both rendered meaningless by the open-ended multiplicity of possibility that is allowed and by the lack of universally-accepted standardized instructions, administration protocol, and scoring procedure (but see Exner, 1974)
 - one approach: blind diagnosis made from a protocol alone
 - In one study, 85% of protocols were matched to case descriptions, in batches of 5
 - reliability studies that have been done find r-values varying from 0.1 to 0.9
 - One was done on cases after electroshock, because it "wipes out memory for the first test but does not change personality"
 - Protocols were reported to be very similar

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A few final points

- A MC version of the Rorschach was tried but was useless
- Note this is a very time-consuming and difficult test
 - a lot of effort is required for the return on data, both in terms of training (some say 1-2 years is required) and test-administration

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Other common projective tests

- The Thematic Apperception Test (TAT): 30 grayscale pictures + one blank for elicitation of stories
 - Not all are (though all may be) seen by everyone: some are suggested for men, some for women, some for youth, some for elderly
 - Most subjects see 10-12 cards, over two sessions
 - Based on Murray's (1938) theory of needs (sex, affiliation, dominance, achievement etc.)
 - Thema = Interaction between needs and environmental determinants
- Standardization of administration and scoring is minimal
- Many variations on this 'story-telling' test exist



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Other common projective tests

- House-Tree-Person Test (Buck, 1948) & Draw-A-Person (Machover, 1949): Subject is asked to draw
 - Scoring is on absolute size, relative size of elements, omissions

"If there is a tendency to over-interpret projective test data without sufficient empirical grounds, then projective drawing tests are among the worst offenders."

Kaplan & Saccuzzo, Psychological Testing 1993

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The problem with drawing tests

- Among the plausible **but empirically untrue** relations that have been claimed:
 - Large size = Emotional expansiveness or acting out
 - Small size = emotional constriction; withdrawal, or timidity
 - Erasures around male buttocks; long eyelashes on males = homoeroticism
 - Overworked lines = tension, aggression
 - Distorted or omitted features = Conflicts related to that feature
 - Large or elaborate eyes = Paranoia

Projective Tests

Chapman & Chapman-
Test Results Are What You Think They Are

- People tend to over-estimate the frequency of correlations they believe in (i.e. of associations) -or, equivalently, people tend to confuse correlation with semantic association
 - This confusion is very resistant to change
 - It remains even when the actual correlation is negative, or when there are cash rewards for accurate estimations of correlation

"senses are fallible...clinical judgments must be checked continually against objective measures"

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The two-way projection problem

"Objectivity in human relationships is impossible. Therapists affect the behaviour and feelings of patients, and patients affect therapists. When a chart notes that a patient is 'hostile', it should also note, in the interests of balance, that the therapist is 'paranoid'. If a therapist calls a patient 'defensive', chances are that the patient would call the therapist 'aggressive'. Both should be noted in a chart, if either is, since both are equally probable."

Shelagh Lynne Supeene
As For The Sky, Falling

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