

Evidence to Correct Misperceptions About Rorschach Norms

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Possible factors affecting normative shifts in Rorschach data are considered, including (a) genuine changes in mental health over time, (b) alterations in the type of target sample under consideration, (c) evolving scoring rules, and (d) variations in test administration skills or context. I show that the Comprehensive System (CS) criteria for coding form quality have changed substantially over time. Building on the extensive research of others, I also show that CS data collected around the world from people tested outside of a clinical context look somewhat less healthy than Exner's reference sample of socially/vocationally functioning nonpatients but somewhat more healthy than Exner's reference sample of people starting outpatient psychotherapy. Furthermore, preliminary results from Exner's new non-patient sample recruited using the same procedures as before reveals scores that are generally quite similar to the existing reference values. The assertion that CS norms overpathologize people is not supported.

Key words: Rorschach, Comprehensive System, norms, normative changes, test scores, types of norms.
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Determining why normative values for a test may

disorders. There is nothing wrong with using this as a standard for health. However, it is quite different from the traditional CS standard.

Although Wood et al. referred to their 32 samples as “nonpatients,” at least 5 explicitly included current or former psychiatric patients (Jacques, 1990/1991; Jansak, 1996/1997; Schiff, 1992/1993; Van Horn, 1996; Waehler, 1991; see also Waehler, 1995). Other samples included people expected to have psychiatric difficulties (e.g., Hallett, 1996; Wald, Archer, & Winstead, 1990), subjects known to be low functioning (Burns, 1993/1994), poor people who participated because they needed the money (Jacques, 1990/1991), or people tested under atypical

1989). Based on existing research, all the samples of

well as the scores derived from these variables, including Lambda or *PureF%*, *EA*, *es*, *D* score, Adjusted *D* score, and *EB* styles. To date, more attention has focused on the adequacy of CS scoring than on procedures to ensure adequate administration. However, if contemporary samples are collected by relatively inexperienced examiners, regardless of scoring accuracy, the protocols could appear deviant.³

It is well known that engagement with the Rorschach can be indexed by the number of responses (*R*) and Lambda (Meyer, 1999), and that task engagement moderates the elevation observed on many other CS scores (e.g., Meyer, 1992, 1993). Although task engagement can be a function of the person being tested or the testing context, it can also be a function of the examiner. Thus, it is worthwhile to examine the extent to which *R* and Lambda correlate with the 14 variables presented in Wood et al.'s review. This is particularly important because Wood et al. used some studies with odd data on these scores. In one study the original authors deliberately deleted about half of each participant's responses (Perry & Kinder, 1992), reducing the average *R* to just 15. In another study, 44% of the sample had prior Rorschach training and produced an average *R* of 39 (Schiff, 1992/1993). Obviously, these are dramatically different types of samples.

For this analysis, I used Wood et al.'s samples (after correcting omissions; see below) and, to increase the number of observations, used subsamples within a study when possible. Despite the latter, the analyses were quite underpowered, with the number of observations ranging from just 6 to 25. Nonetheless, *R*

instances Wood et al. combined different samples in the same source (e.g., Alexander, 1997/1998; Burns, 1993/1994; Kranau, 1983/1984), while in other instances they did not (e.g., Erstad, 1995/1996). For some studies they estimated scores from available data (e.g., *WSumC* in Goldfinger, 1998/1999; Hallett, 1996; Van Horn, 1996; Zlotogorski et al., 1987), while in other studies they did not (e.g., *WSumC* in Kranau, 1983/1984). Wood et al. did not estimate $X+$ %, $X-$ %, and Lambda from Ritzler and Nalesnik (1990), even though these subjects had scores that were almost identical to Exner's nonpatients. Wood et al. also overlooked at least one relevant study that obtained form quality, Lambda, and Popular scores quite consistent with Exner's (Perry, Potterat, Auslander, Kaplan, & Jeste, 1996). Further, Wood et al. used biased data from Zacker (1997) because the author only reported scores that deviated significantly from Exner's. Scores that did not differ were never included in Wood et al.'s review. Wood et al. also aggregated information across studies for

changes like those described may not reflect historical change but instead should be expected when moving from a more restrictive sample to a more heterogeneous sample. As will be seen, I believe the same argument applies when considering Rorschach scores.

2. The list of studies is available on request. One study reported $F+$ % rather than $X+$ %. However, there was almost no difference between these 2 scores in 26 samples that reported both, so $F+$ % was substituted for $X+$ % in this study. Across samples, the means were trivially different when Exner's results were compared to those of other investigators (.71 vs. .68, respectively). However, as would be expected for a valid score, the means were substantially different when comparing the target samples to the control samples (.64 vs. .78, respectively; Cohen's $d = 1.05$).

3. Wood et al. (see their note 2) indicated that I now have reservations about the administration and scoring of the proto-

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