

CHAPTER

9

USING THE RORSCHACH WITH CHILDREN

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[AU1]

Among omnibus personality instruments, the Rorschach is the one measure that covers the life span most extensively. By the time children have reached early school age, clinicians can feel comfortable using standard Rorschach variables to help create personality descriptions and plan interventions. From that point on, as Leichtman (1996) put it, “Examiners can now give the test in its most complex forms and expect that children will respond in ways comparable to those of older subjects” (p. 62).

Being able to use the same test across childhood, adolescence, and adulthood brings some distinct advantages. The Rorschach’s variables become like old friends as we follow them over the developmental years and beyond. Shifts in the balance of color to form ($FC:CF+C$) track the youngster’s increasing ability to modulate behavior when emotion plays a part. The steady decrease in the Egocentricity Index ($3r+2/R$) documents the progressive decentering that Piaget (1952, 1959) identified as an important part of childhood maturation. The stability of form quality ($X+\%$) over the developmental years lets us know that perceptual conventionality is a feature solidly consolidated by early latency (Exner & Weiner, 1995).

This chapter is about using the Rorschach with children. It begins with a description of the stages very young children move through on their way to producing “standard” Rorschachs. It then delineates the domains this multifaceted instrument covers—coping strategies, affect, interpersonal function, self-concept, information processing—and suggests how findings from each of these domains can help clinicians describe youngsters and plan interventions for them. The chapter concludes with an illustrative case example.

EARLY CHILDHOOD: MASTERING THE RORSCHACH

Examining the Rorschachs of very young children, Leichtman (1996) made a tremendously important point. He suggested that their responses “differ in kind from normal Rorschach responses and they lead to doubts that the same modes of thinking underlie their formulation” (p. 19). He goes on to suggest that young children progress through a series of stages on their way, around age seven, to producing Rorschachs that can be interpreted in a “standard” manner. As he put it, “mastery of the test occurs over a considerable period of time—the preschool

years and beyond—and is reflected in a series of increasingly sophisticated, qualitatively different patterns of test performance” (p. 35).

Leichtman (1996) suggests that young children pass through three basic stages and two transitional periods between these stages on their way to giving “standard” Rorschachs. He calls the first stage, at around age two, Pervasive Perseveration. During this period, the youngster tends to give the same answer to each of the cards. At around two and a half, during a transitional period Leichtman calls Modified Perseverations, the predominant pattern continues to be a perseverative one, but the youngster may give unique responses to a few of the cards.

Children progress to the second stage, Confabulatory Approaches, around age three. Although some perseverations continue in this stage, it is no longer the predominant way of working through the test. Klopfer, Spiegelman, and Fox (1956) described the confabulatory aspects of this stage, noting that “frequently, the child may choose any of his favorite animals, point out one of its properties . . . and gleefully assign the rest of the blot material to the same concept” (pp. 27–28). Although the youngster’s own psychology, as opposed to the stimulus properties of the blot, is still the primary determinant of his or her responses, we can begin to see a shift in the balance, with the external properties of the blot making at least some contribution to the response.

According to Leichtman (1996), between ages four and a half and six, the child moves into a transitional stage, Confabulatory Combinations. This involves a broadening of confabulatory answers in which two details are used to produce an answer that still does not bear much resemblance to the rest of the blot. As Klopfer et al. (1956) expressed, “The concept formation falls short in the way in which the specified elements are organized within a total concept” (p. 28). These confabulatory combinations happen in about half the answers a five-year-old may give, and the other half are likely to be answers that come entirely from the stimulus properties of the blot itself. Again, this pattern represents an increasing shift toward the use of the blot to produce responses.

Leichtman (1996) suggests that as youngsters approach age seven and the third and final stage of his sequence, they become “able to give a varied number of responses to the inkblots, identify their location precisely, and answer questions in ways that permit them to be scored with a reasonable degree of assurance” (p. 61). Children are now responding to the Rorschach with the balance of internal and external input that allows the use of normative data and standard interpretive approaches.

Leichtman’s (1995) developmental sequence has important clinical implications. As Klopfer et al. (1956) put it, “If a seven-year-old child still gives responses based on any of the three steps of perseveration, confabulation, and confabulatory combination, we may assume that he functions below his age level” (p. 28). Ames, Learned, Metraux, and Walker (1952) noted that confabulations are typical during ages four through seven, but “their occurrence after these ages at least suggests immaturity if not the pathology which they would imply at later stages” (p. 283).

INTERPRETING CHILDREN’S RORSCHACHS

Once the youngster’s responses suggest that he or she is processing the Rorschach with the balance of internal and external guidance that characterizes older children, adolescents, and adults, Rorschach interpretation can proceed in the standard manner. From that point on, as Exner and Weiner (1995) note, “Rorschach behavior means what it means regardless of the

age of the subject,” (p. 11) and the respondent’s age would not modify the interpretive statements we make about any specific Rorschach finding. As an example, we would interpret an $FC:CF+C$ value of 2:4 as suggesting that when affect plays a part in the person’s processing, the behavior that emerges is likely to be poorly modulated and volatile. That would be our interpretation regardless of whether the person was seven years old or 27 years old. For the seven-year-old, we would then reference normative data to suggest that this is typically how young children handle affectively charged situations. If the person were 27 years old, however, we would note that this level of affective volatility is normatively unexpected and may respect a significant liability.

Because normative data provide useful reference points, it is important that clinicians code Rorschachs according to consistent guidelines. For this reason, coding decisions do not take the age of the respondent into account. As an example, if someone, regardless of age, used the word “smooshed” to describe a flattened animal skin on Card VI, we would code the answer as a deviant verbalization (DV). It is at that point that we would go on to note that deviant verbalizations are very common in seven-year-olds and markedly less so among adults.

As noted previously, the Rorschach is an omnibus instrument that furnishes information about several domains of psychological function. The following sections explore these domains by describing some variables in each that can be useful in assessing children and planning interventions for them.

Coping Strategies

The Rorschach can provide information about two important aspects of coping strategies. The first involves the child’s preferred style of solving problems. The majority of younger children are extratensive (their weighted sum of chromatic color exceeds the sum of human movement determinants by two or more points), a style that involves using the interpersonal world as a sounding board. This contrasts with an introversive problem-solving style (human movement exceeds the weighted sum of chromatic color determinants by two or more points), in which the person processes data in a more “internal” manner as they cope with stress. Exner and Weiner (1995) report that, by age 12, the distribution of introversive and extratensive styles is more even than at earlier ages. At age seven, only 8% of their non-patient sample was introversive and 56% was extratensive. By age 12, the distribution had shifted substantially: 32% of the children were introversive and 36% were extratensive.

From an intervention standpoint, information about preferred problem-solving style is important in the planning of therapeutic approaches. The extratensive child is accustomed to involving others as he or she deals with difficulties. The introversive child is much less comfortable in a context that calls for “talking through” problems and may initially appear resistant. Letting the introversive youngster know that the therapist realizes that discussing difficulties is not his or her preferred way of developing solutions can be immensely helpful at the beginning of psychotherapy or other intervention.

A second Rorschach variable that provides useful information about a youngster’s coping operation is the *adjusted D Score*. Calculated by comparing available problem-solving resources (EA) with disruptive ideational and affective demands (es) and adjusting for transient stress, *adjusted D Scores* of -2 or lower suggest that the youngster is experiencing a chronic level of overload for which increasing therapeutic support is indicated. Exner and Weiner (1995) report that *adjusted D Scores* of -2 or lower are unusual for nonpatients of any age, with no nonpatient group between ages five and 12 showing more than 7% of children with this finding.

Affect

Questions about impulse control arise frequently in child assessment referrals. A series of Rorschach variables can be helpful in describing the sequence of operations that children experience as they process affectively charged material, beginning with input and ending with behavior. The Affective Ratio (*Afr*), calculated by dividing the number of responses to the three fully chromatic cards (i.e., VIII, IX, X) by the number of responses given to the other seven cards, provides a measure of openness to affectively toned stimuli. This variable shows an appreciable developmental curve, with younger children emerging as more open to such material. Exner and Weiner (1995) report that the mean *Afr* for their nonpatient seven-year-olds is .79, indicating that these children give almost as many answers to the three fully chromatic cards as to all seven of the other cards. By age 12, the *Afr* for the nonpatient sample has decreased to .65, suggesting that the youngster is better able to resist the distraction of emotionally toned material.

Information about a youngster's openness to processing emotionally complex material is important in intervention planning. If the *Afr* is below .50, it is increasingly likely that the child has "closed down" in ways that compromise opportunities for social and interpersonal learning. As an example, Leifer, Shapiro, Martone, and Kassem (1991) report a mean *Afr* of .48 for a group of sexually abused girls, ranging in age from five to 16.

As noted previously, the *FC:CF+C* ratio provides a description of how well the youngster is able to modulate his or her behavior when affect is involved. As with the Affective Ratio, there is a substantial developmental progression, with younger children much less able to bring structure into their affectively toned behavior. Chromatic color dominates in *CF* and *C* responses ("It's a bouquet of flowers, all those bright colors."), whereas *FC* responses are guided primarily by form ("It's a tulip with a bowl-shaped top and a stem, and it's red."). In the Exner and Weiner (1995) sample, it is not until age 13 that *FC* begins to exceed *CF* and *C*. A description of where a particular youngster falls as he or she moves toward more structured affective expression can be helpful for teachers, counselors, and therapists as they plan intervention approaches. As an example, a strategy that emphasizes delay techniques such as the cognitive self-talk approach described by Meichenbaum and Goodman (1977; see also Korhonen, 1986) would be useful for the youngster whose *FC:CF+C* ratio suggests markedly less ability to modulate affect than would be expected at his or her age. [AU2]

Interpersonal Function

The Rorschach provides two kinds of information about a child's interpersonal life, and both are important in clinical work. The first involves a description of the conventionality of the child's interpersonal field and a prediction of how he or she will be viewed by others. A ratio (*GHR:PHR*) of the number of good human responses (*GHR*) to human responses flawed by distorted form quality or cognitive slippage (poor human responses; *PHR*) is helpful in this regard. If *GHR* is greater than *PHR*, the youngster's conventional reading of the interpersonal field is likely to result in effective behavior that will be seen positively by others. On the other hand, if *PHR* is equal to or greater than *GHR*, unconventional reading of the interpersonal field is likely to bring about maladaptive behavior that others will view negatively. This is a variable that appears to consolidate early. Exner (2003) reports that 78% of his 120 nonpatient seven-year-olds have *GHR* greater than *PHR*. Ninety-one percent of the sample have this finding by age 12.

Information about a youngster's interpersonal competence can be useful in intervention planning. For example, if a child's *PHR* responses are equal to or greater than his or her *GHR*

answers, a program that includes social skills training could well be of value. Conversely, a finding of $GHR > PHR$ represents a significant strength. It suggests that interventions involving groups are likely to go well and that both adults and other children are likely to respond positively to the individual.

The second kind of information the Rorschach can provide about interpersonal function includes some data about the youngster's expectations about his or her interpersonal field. A cooperative movement code (*COP*) is assigned for answers that include humans or animals in positive or productive interactions (e.g., "two people planning a party"). Aggressive movement codes (*AG*) are assigned for percepts with clearly aggressive interactions (e.g., "two people arguing loudly with each other"). If *AG* is greater than *COP*, the youngster likely views the interpersonal world as a place in which combative, competitive interactions are typical. *COP* equal to or greater than *AG* characterizes youngsters who expect that interpersonal life will involve positive and productive interactions. An understanding of how youngsters see the interpersonal world can be helpful as teachers, counselors, and therapists plan the initial aspects of interventions.

Self-concept

The Rorschach's Egocentricity Index, calculated as three times the number of reflection responses plus the number of pair responses divided by the total number of responses [$3r+(2)/R$], provides data about the balance of importance attributed to self versus others. As noted previously, this balance shifts markedly over the developmental years. Egocentricity Indices greater than .45 suggest that the person is more likely to focus on himself or herself than on others. Those below .33 depict a negative view of self when compared with others. The mean Egocentricity Index for Exner and Weiner's (1995) seven-year-olds is .65; by age 12 it has decreased to .54. It is not until age 15 that the index moves below .45.

We expect younger children to be self-focused, and we worry—with depressed youngsters, for example—when findings suggest a negative view of self in comparison with others. As an example, Acklin (1990) reported that 41% of a group of 9–12-year-old learning-disabled children had Egocentricity Indices less than .30. We can speculate that their ongoing failure experiences in school have led to negative self-assessments when they compared themselves with other students.

Information Processing

Questions about school difficulties are among the most common referrals received by psychologists who assess children. Because the Rorschach is a personality test that collects data by giving respondents a perceptual-cognitive task to solve, it can provide some useful descriptions of how children process data. A strength of the Rorschach task is that clinicians can assess the amount of energy and complexity children bring to information-processing tasks. The *Z* Frequency (*Zf*) variable provides a count of responses in which the child goes beyond a minimal expenditure of energy, either by using the whole blot or by integrating two or more blot areas (e.g., "two bears climbing up a mountain"). The *Z* Difference (*Zd*) variable provides a useful description of the youngster's scanning efficiency. By comparing the complexity of his or her answers with normative expectations, we can identify youngsters who are over- or underincorporative. Overincorporative individuals tend to expend more energy than necessary in processing the stimulus features of situations. Underincorporators frequently miss important aspects of situations because of hasty or inefficient scanning. Acklin (1990) reported that 37% of his learning-disabled sample were underincorporative and that 17% were overincorporative.

An important new Rorschach variable, the *X* Appropriate Percent (*XA%*), provides information about the source of a youngster's data, specifically what percentage of it comes from using external stimuli. The *XA%* is the percentage of answers that make appropriate use of the various attributes (shape, color, shading, etc.) of the blot. As such, it provides a description of the balance of internal versus external data a child uses in responding to perceptual-cognitive tasks. Normative data suggest that this variable consolidates quite early in child development. Exner (2003) reported that 78% of his nonpatient seven-year-olds had *XA%* values greater than 89%.

The *X+%* provides data about the conventionality of the youngster's responses. It is the percentage of answers that were seen by approximately 2% or more of Exner's (2003) normative sample. This is another variable that remains very stable throughout childhood. The mean *X+%* for Exner's seven-year-olds is 81%, suggesting that perceptual conventionality can be expected from an early point in the developmental years.

These Rorschach variables provide a fine-grained description of the youngster's data-processing energy and scanning efficiency, as well as information about the internal versus external balance and the conventionality of the data he or she uses in responding to demands. They combine with data from cognitive and academic achievement assessment to provide a comprehensive picture of how a child processes information, allowing education and mental health professionals to design carefully individualized intervention plans.

More current nonpatient data (Hamel, Shaffer, & Erdberg, 2000; Exner & Erdberg, 2005) suggest that the absolute values for form quality and other Rorschach variables have changed since Exner and Weiner first presented cross-sectional data for nonpatient children between five and 16 in 1982. The availability of cross-sectional data allows identification of Rorschach variables that can be expected to change over the developmental years versus those that are consolidated early, and current normative studies provide up-to-date information about responding to the test. It is hoped that additional studies will add to the available normative data for children and adolescents.

CASE EXAMPLE

Jeanne is a 10-year-old Caucasian girl who was referred for psychological assessment because of school behavior problems. She has been stealing food and drinks from her classmates' lockers, a pattern that apparently goes back at least two years. She frequently fights with other students, and although these fights are mostly verbal, some recently have also involved pushing and shoving.

Jeanne and a younger brother, now age eight, lived with their biological parents until Jeanne was about four years old. At that time, an investigation by child protective services, initiated on the basis of neighbors' reports, found that the parents' arguments had become so frequent and volatile as to endanger the two children. The children were removed from the home and placed in a foster setting, where they have remained for the past six years. The parents ultimately divorced and have little contact with either of the children. Both parents are reported to have significant psychiatric and substance abuse problems.

The foster parents initially considered adopting the two children, and although they remain committed to them, they have not raised the topic of adoption for the last few years. They are concerned and perplexed about Jeanne's school difficulties, noting that she presents no behavior problems at home and is compliant about doing her assigned chores.

Academically, Jeanne is doing well at school. Her stealing has alienated her from virtually all her classmates, and her teachers have suggested that placement in another school

might allow her to start over with a “clean slate.” They find the contrast between Jeanne’s good academic performance and her behavior difficulties confusing, and they are requesting consultation on how best to work with her.

Cognitive assessment indicated Jeanne was operating well within the average range with little variability among her scores. She was extremely compliant throughout the evaluation, refusing invitations to get up and stretch or to stop and complete the testing during a second meeting. Her affect was flat, although she did seem quietly pleased by her obvious success during the cognitive testing. She said that arithmetic was her favorite subject, that her teachers were “nice,” and that the other children in her class were “okay, but they’re not very friendly.”

Jeanne worked quietly and methodically through the Rorschach, giving a 23-response record. She emerged as an introversive youngster. Although this is not an unexpected finding for 10-year-olds, it does suggest that she sees herself as her own best resource when it comes to dealing with difficulties. However, her Adjusted D Score of -2 indicates that Jeanne has been experiencing more demands than she has resources to handle. Faced with this overload of demands and a style unaccustomed to involving others in working through difficulties, Jeanne presents a therapeutic challenge. The teachers note that their gentle attempts to talk with her about her behavior problems have been largely unsuccessful and have been met with quiet denial and silence.

It will be important for the psychologist providing assessment consultation to talk with everyone working with Jeanne about the dilemma that these findings represent for her. An approach that describes her introversive style and empathizes with her discomfort at involving another person as a way of solving problems would be an important first step. This sort of initial approach significantly increases the chances that Jeanne will ultimately be able to talk about the overwhelming problems that are provoking her stealing and aggression.

Jeanne’s Affective Ratio is .44 and her $FC:CF+C$ ratio is 3:0, suggesting that she is working hard to avoid affectively provocative situations and to keep her behavior well controlled when affect plays a part in it. To a large extent, she is succeeding. In the structured contexts of home and classroom, she is less responsive and more stringently controlled than we would expect an average 10-year-old to be. It is only in the more ambiguous and emotionally charged context of interacting with peers that her controls break down, suggesting that Rorschach data about interpersonal function and self-concept will be especially important in the planning of interventions.

Jeanne’s $GHR:PHR$ ratio is 2:4. She does not read interpersonal data accurately, and it is likely that her interactions with others will provoke a vicious circle in which their negative responses provide little opportunity for self-correction. In addition to individual therapy, a social skills group that emphasizes the accurate interpretation of interpersonal data and teaches appropriate responding will be a critical aspect of an intervention plan.

Interestingly, Jeanne has neither COP nor AG responses in her Rorschach. Her interpersonal field is largely vacant, with essentially no representation of human interaction, either cooperative or competitive. These findings are suggestive of a significant deficit on Jeanne’s part, perhaps a function of the parental neglect that characterized her first four years and that may account for her stealing food as a way of providing her own nurturance. The ambiguity of her relationship with her foster parents may also leave her feeling uncertain about the potential for supportive interaction with others.

It is not surprising that Jeanne’s Egocentricity Index is .30. With the exception of the cordial, rather protective relationship she has with her younger brother, her interactions with children have been uniformly negative. When she compares herself with them, she typically feels less competent, less knowledgeable, and very much “out of the loop.” There is no direct

intervention for improving self-esteem, but it is likely that the combination of individual therapy that helps identify strengths, such as her good academic performance, and social skills training that increases the likelihood of positive interactions will go a long way toward helping Jeanne feel better about herself.

Jeanne works hard to process data, and she does it quite efficiently. Her Z Frequency was 19, notably higher than we would have expected in a 23-response Rorschach. She is neither under- nor overincorporative. However, she is not particularly conventional ($X+ \% = 43\%$), and much of her data is not externally grounded ($XA \% = 52\%$). She handles structure and predictable situations easily, but as things become more ambiguous, her conventionality drops and she is more likely to turn to internal as opposed to external guidelines. Again, this may be a result of the likely absence of external input during her first four years.

Given the idiosyncrasy that characterizes Jeanne's psychological functioning, an active treatment approach that works hard to engage her is critically important. As an example, identifying a specific area of strength, such as art, music, or writing, and then arranging for Jeanne to attend a summer camp program in which she can interact with children with similar interests would increase the odds of some positive interpersonal experiences.

Although this case example has discussed the use of one instrument, the Rorschach, it is important to remember that competent psychological assessment typically involves multiple methods. Neuropsychological and academic testing would be important for Jeanne, as would a self-report measure of personality, an incomplete sentences technique, parent and teacher behavior ratings, and the opportunity to create stories based on pictures of interpersonal events. Discussions with her foster parents and her teachers would help to put her difficulties in perspective. It is likely that there would be a good deal of overlap among the findings from these multiple approaches, but there would be unique information from each and contradictions as well. It is in the context of this sort of comprehensive assessment that we do best by those youngsters for whom we provide services.

CONCLUSION

The Rorschach allows clinicians to take a developmental perspective, assessing where clients are as they progress through some of the tasks of childhood and adolescence, such as the increasing ability to regulate affect. Simultaneously, as an omnibus measure that provides information about coping style, affect, interpersonal function, self-concept, and information processing, it allows the assessing psychologist to respond to many of the questions that confront professionals in their day-to-day work with children and adolescents. As part of a comprehensive assessment approach, the Rorschach's combination of developmental and descriptive data enhances our ability to plan appropriate interventions.

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