THE CONTRIBUTION OF THE RORSCHACH METHOD TO WARTIME PSYCHOLOGICAL PROBLEMS.

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IN his book, *Psychology and the Soldier*, which gives a critical estimate of the psychologist's contribution during the last war, Bartlett (1) makes an interesting statement which takes on new meaning at the present time. Commenting on the fact that intelligence tests may safely "rule out a man" from participation in activities which may endanger the group, he queries whether a man can as simply be "ruled in" for filling a responsible position. "For practical purposes," Bartlett says, "temperament is a more important factor in success than intelligence, as the latter is understood in the mental test movement. Slight variations in temperament may make a bigger difference to a man's practical value in any social organization, such as an army, than large variations in intellectual processes. No doubt much can be done by psychological examination to discover a man's real temperamental qualities; no doubt a psychologically skilled or a psychologically trained observer can detect such qualities speedily and with reasonable accuracy. But the satisfactory direct temperament test has yet to be devised, and very likely never will be found."

The questionnaire type of temperament test, which has become so popular with psychologists since Bartlett's publication, does little, it would seem, to alter his prediction. For direct questions to the subject concerning his own feelings, emotions, worries and psychosomatic sensations give us at best the subject's picture of himself, and may, in some cases, lend itself to a frankly false estimate of a person's temperamental qualities.

In contradistinction to this type of test, and test situation, the great value of the Rorschach method lies in the fact that the subject cannot do other than report that which he sees in the ten ink-blots. There is no artificial personality ideal to which he can attempt an approximation, while indications of neurotic behaviour, or emotional instability, are evidenced in ways quite beyond the subject's control or remotest knowledge.

As those with experience with the Rorschach method will realize, it is obviously dangerous to emphasize types of personalities when the great value of the method lies in its sensitivity to the individual personality picture. We

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feel, however, that certain questions which may arise at the present time are sufficiently important to warrant a certain over-simplification in discussion and consideration of various groups of persons investigated by this method.

Briefly we feel that this method may be used in the following situations, if and when the psychologist may again be participating in wartime activities:

1. The Rorschach may be used to supplement the intelligence test scores in the finding of those persons of exceptional mental and emotional balance for positions of responsibility and peculiar strain.

2. Conversely it may be used to weed out the obviously emotionally unstable not necessarily from the fighting forces, but from those positions of responsibility for which they are not fitted.

3. It may be used as a means of differentiating between the frank malingerer of mental symptoms and the individual with genuine dementia and disorientation caused by physical injury to the brain.

4. Since the personality structures, as evidenced in the Rorschach, of the hysteric, the compulsive and the anxiety neurotic are recognizably different from those of the normal individuals, this method might be used by the psychologist to supplement the differential diagnosis of the psychiatrist in cases which have somewhat indiscriminately fallen under the classification of "shell shock."

With a view to illustrating these uses of the Rorschach method, we have presented here the composite pictures and individual records of various types of personality structures, in order that certain outstanding differences may come to light. As a simple method of epitomizing these results, we have employed a graphic method of presentation. The subject's responses to the ten ink-blots are scored according to the system used in the Rorschach Research Exchange, and are tabulated so that certain important relationships and factors concerning the records stand out.

Fig. 1 illustrates a (hypothetical) normal individual, in whose record various scores are given in optimal ratios. The W : D : d : S ratio is that in which no special emphasis is given to any one mode of approach.

The M : FM : m ratio indicates the higher incidence of the integrated creative responses (M) over the more primitive drives (FM) and the repressive tendencies (m).

Similarly the FC : CF : C ratio illustrates the preponderance of the adjusted emotional responses over the egocentric and impulsive ones. The F plus responses are 100 per cent. of the F responses (F plus : F minus). The F responses constitute fewer than 50 per cent. of the total number of responses (R : F).

The ratio of W : M is approximately 2 : 1.

Figs. 2 and 3 illustrate composite pictures of two groups of subjects, each of ten individuals, from very different educational and social levels. These will be seen to differ from the hypothetical picture in varying degrees.

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Fig. 4 illustrates the composite picture of 28 cases of infiltrating cerebral tumour, i.e. widespread cerebral destruction. The marked deviation of this psychogram from the various normal ones is a striking indication that, following extensive organic cerebral damage, the personality picture is uniformly

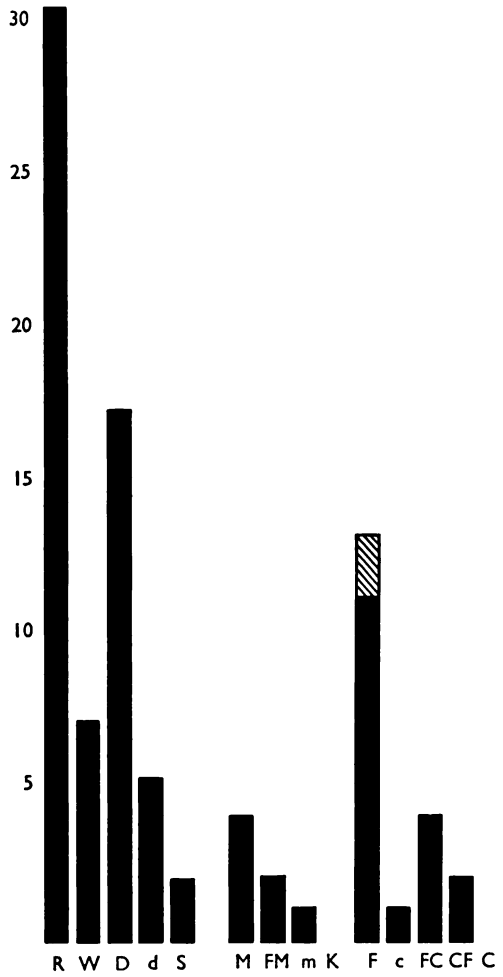


FIG. 1.—Hypothetical normal record showing ratios of W : D : d : S ; M : FM : m ; FC : CF : C; F + : F − ; R : F ; W : M ; M : ΣC.

restricted and constricted to an astonishing degree. As has been pointed out elsewhere (3), the similarity between a group of records from tumour patients and the diversity which is shown among an equal number of normals is very striking. A "typical" personality picture emerges for the patients with cerebral tumours.

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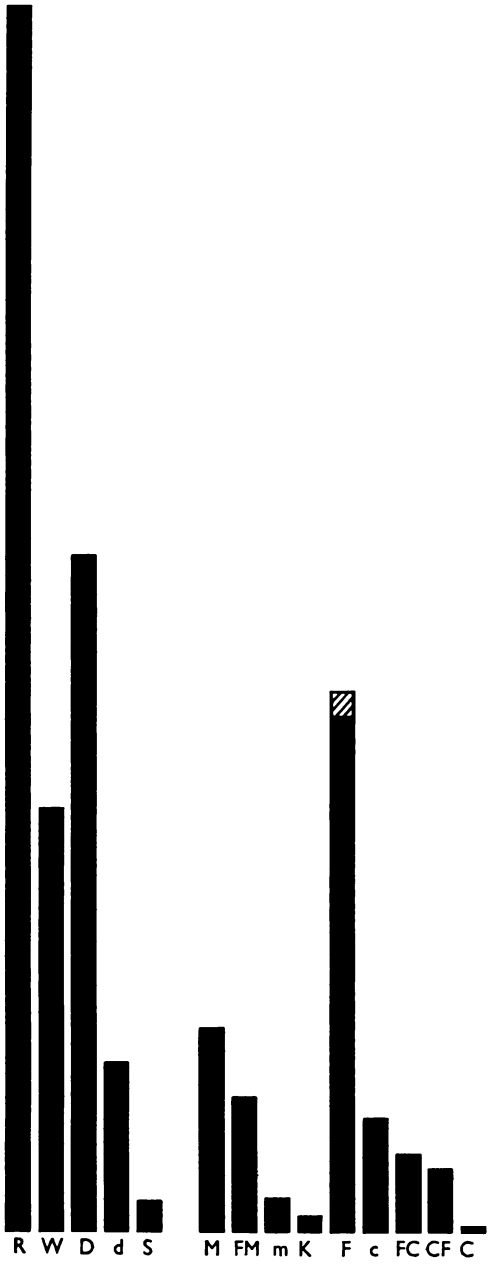


FIG. 2.—Composite record. Ten scientists.

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Figs. 5 and 6 illustrate two cases of patients who were disoriented and obviously affected mentally following a cerebral injury.

Figs. 7 and 8, in contradistinction, are records given by persons who were *afraid* that they had been affected mentally following head injury, although actually they had not been so affected. Several points of difference should be noted:

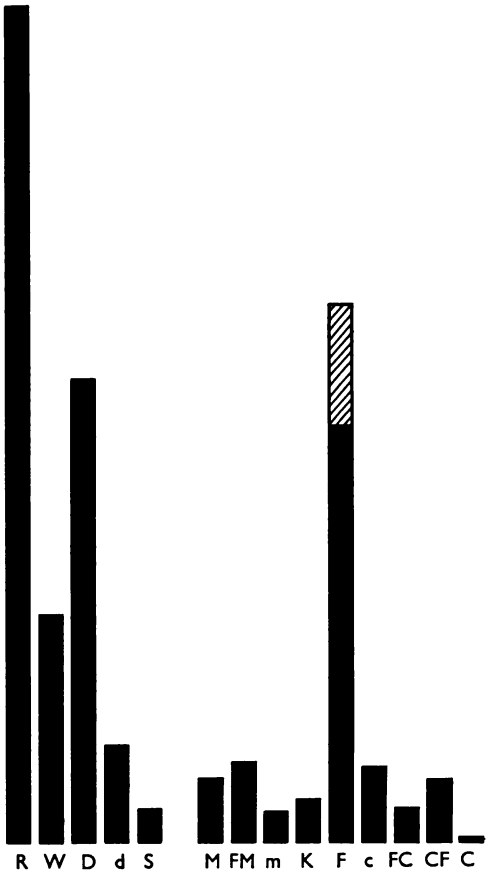


FIG. 3.—Composite record. Ten hospital employees.

1. The poor form (F minus) of the actually deteriorated patients, the high F plus of those only anxious about their condition.

2. The wide range of reactivity of the normals, the undifferentiated and meagre reactivity of the deteriorated patients.

3. The high m and K scores indicating inner difficulties in the anxious patients, and more than all else, the high c score in their records, indicating the excessive sensitivity, "exposure" to the environment.

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Fig. 9 illustrates a typical case of compulsion neurosis. The high F plus, showing the rigid intellectual control, the virtual lack of all other types of responses, is striking.*

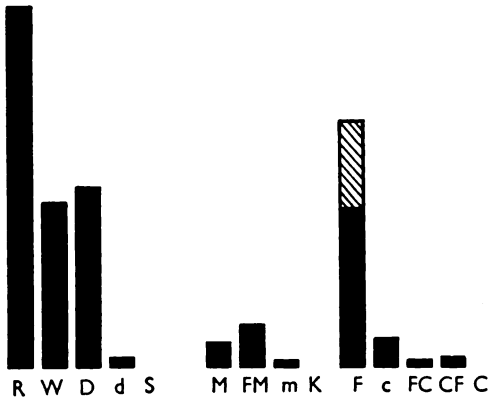


FIG. 4.—Composite records. Twenty-eight tumour cases pre- and post-operative; all locations.

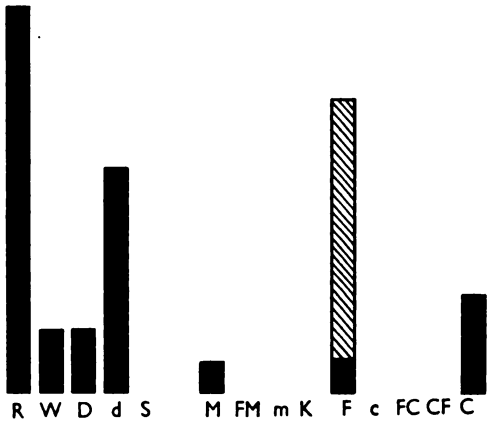


FIG. 5.—Records taken during periods of disorientation and mental confusion following head injury.

Fig. 10 illustrates a case of anxiety neurosis. It will be seen how the original performance is restricted, but the additional responses given in the inquiry (indicated by the broken lines) give a superimposed picture, allowing of an interesting comparison with the original responses.

We have given no graph for the hysterical personality structure, for as

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yet a sufficient number of cases has not been investigated to allow of generalizations or composite pictures. However, we may offer the following suggestions in the light of the cases studied :

1. FM greater than M.
2. CF greater than FC.
3. ΣC greater than M.
4. Several F minus anatomical responses.
5. A low F score.
6. A dilated rather than constricted personality structure.

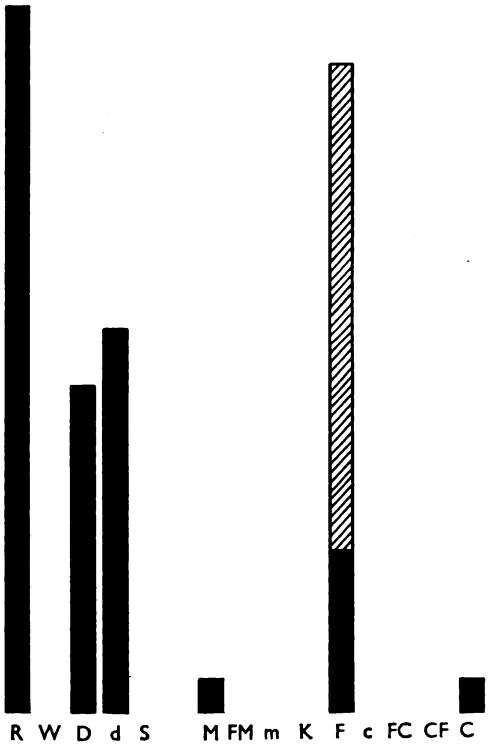


FIG. 6.—Records taken during periods of disorientation and mental confusion following head injury.

In the light of these records, we may make more explicit our suggestion that the Rorschach method be used in the situations already outlined :

1. When the Rorschach method is used to give further information concerning an individual with high intelligence, it may be said that the more closely the record approximates that of the hypothetical normal (particularly in the ratios of M : FM : m, and FC : CF : C) the more likely is this individual to be exceptionally well balanced.

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Furthermore, the particular *qualities* of this high intelligence may become clearer when the mental approach (the W : D : d : S ratio) as indicated in the Rorschach record is considered. For example, an individual with a predominantly theoretical abstract approach (a preponderance of good W responses at the expense of D) is not likely to prove a useful administrator, if such work involves concern with an essentially practical handling of details.

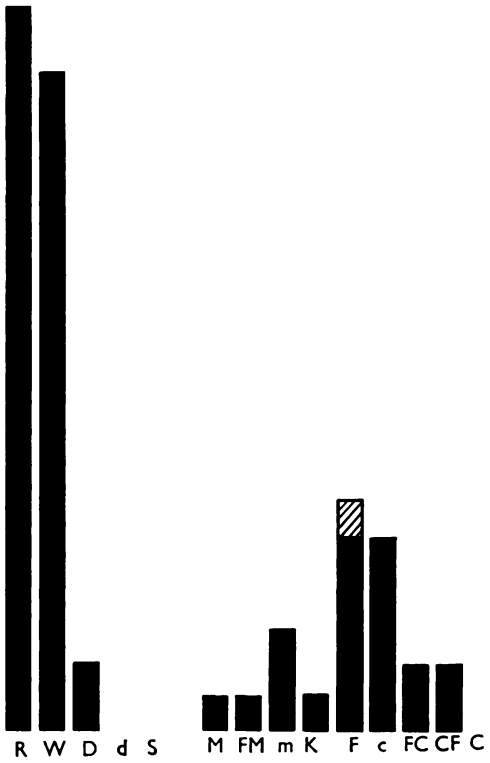


FIG. 7.—Patient apprehensive concerning mental ability following head injury.

2. Concerning the weeding out of the emotionally unstable from positions of responsibility, the following characteristics of a record may be considered as "danger signals":

(*a*) More than 60 per cent. F responses (an undue and unhealthy constriction).

(*b*) No responses on the right-hand side of the graph, i.e. no response to affective stimuli. (The F column constitutes the centre of reference.)

(*c*) No responses on the left-hand side of the graph.

(*d*) If the optimal M : FM ratio is reversed, so that FM overshadows M by more than 2 : 1.

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(*e*) If the record contains more than one pure C response except in records of very richly endowed extroverts who have high FC and CF scores in addition.

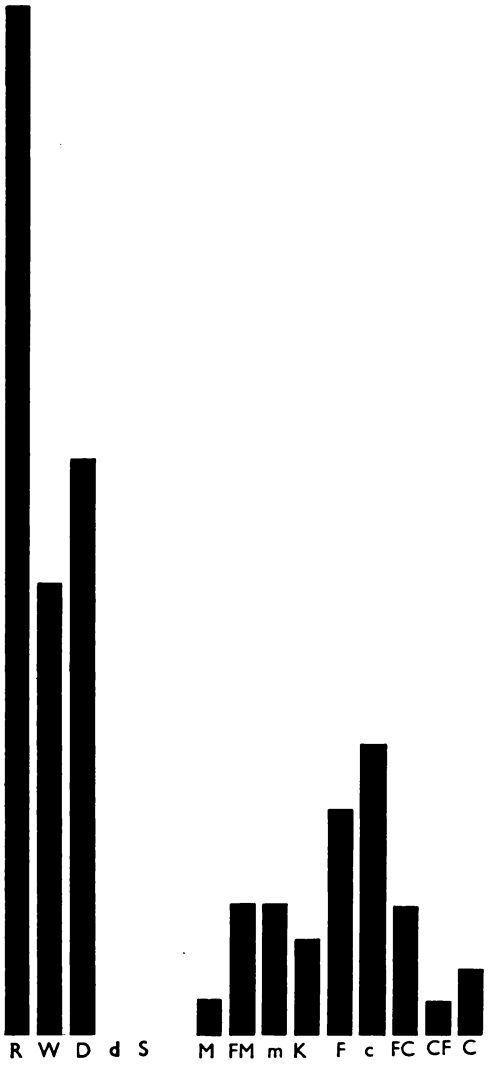


FIG. 8.—Patient apprehensive concerning mental ability following head injury.

(*f*) A total of more than three K responses (except in records with so many responses that these are a negligible proportion).

(*g*) A record with no M response.

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3. The records of patients with actual cerebral damage, whose personalities and mentalities are altered (either as a result of infiltrating tumour, as in Fig. 4, or following cerebral trauma with a concomitant disorientation and mental confusion, as in Figs. 5 and 6) are outstandingly different from the

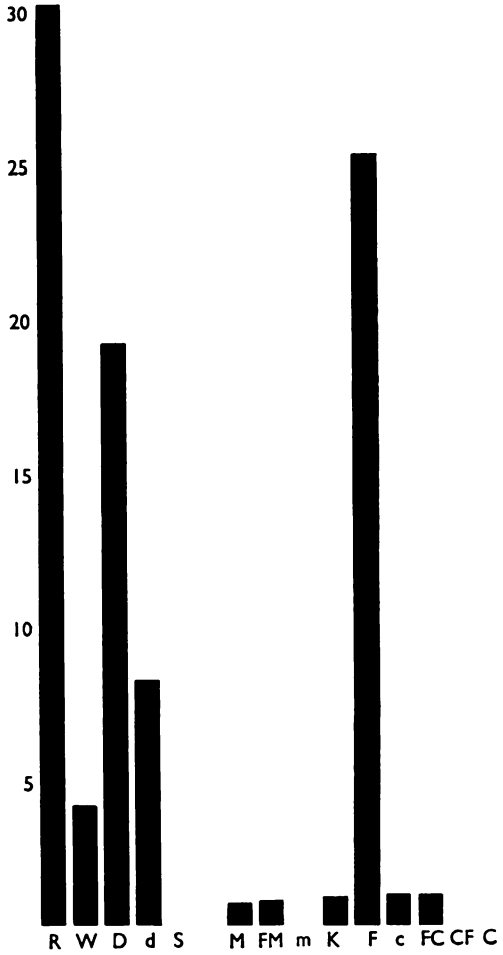


FIG. 9.—Record typical of compulsion neurosis.

records of normals, from those of the anxiety neurotic, and from those of persons merely apprehensive about their mental ability (see Figs. 7 and 8).

Our suggestion that the Rorschach method may be used to discover persons simulating mental disorientation or confusion rests on the fact that the chances of such persons producing a record which is characteristic of a cerebral condition which they do not possess is extremely unlikely. Moreover, the most obvious

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attempt to "fail" on the Rorschach examination, that is the refusal to see, or the claim to be unable to see, anything in the cards at all, in itself makes the presence of widespread organic cerebral damage unlikely. In examination of over fifty cases of cerebral tumour and various kinds of traumatic cerebral injuries where the cerebral destruction is considerable, and where frequently the patient's physical condition is not of the best, not a single person failed in all the cards.

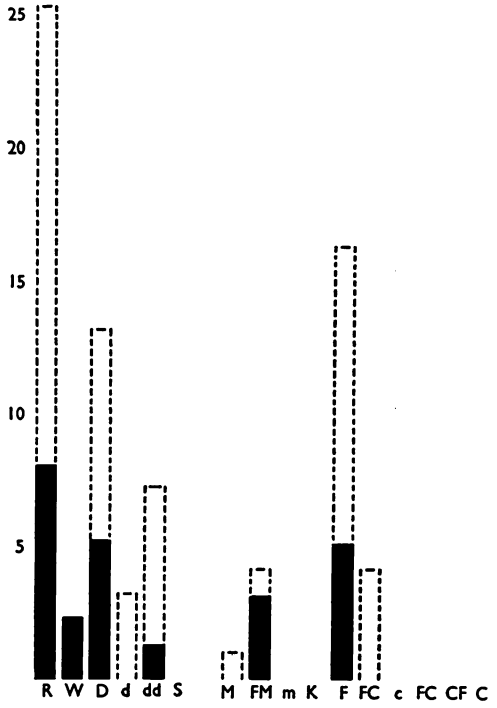


FIG. 10.—Record typical of anxiety neurosis.

While one cannot say, therefore, that those who fail in this way are malingerers, one must at least question the presence of some unusual psychogenic factor.

4. Although the responsibility for the clinical diagnosis concerning the psychoneurosis obviously rests with the psychiatrist rather than with the psychologist, the Rorschach method in the hands of the psychologist may throw light on doubtful cases, or may epitomize a psychological condition in a short space of time when a full psychiatric examination is not possible.

The compulsion neurotic, for example, whose picture is easily recognized by the Rorschach, may make an excellent subordinate, but, as Prados (4) has reported, may fear responsibility so greatly that he will commit suicide rather

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than serve in the capacity of an officer. The recognition of compulsive trends in those considered for responsible conditions would therefore seem important.

Since the hysterical and the over-anxious personality are in many cases recognizable through the use of the Rorschach, before situations of strain produce physical symptoms, it would seem that the Rorschach method might be used to distinguish such unstable personalities before physical symptoms make them major medical problems.

In conclusion, we cannot emphasize too strongly that this presentation of types of records cannot be of help to those who have had no individual training and experience in the use of the Rorschach method. Our tabulated results are not meant to provide a short cut, or to be a substitute for the necessary training in the use of the method. Mere tabulation of a record never does more than epitomize certain aspects of it, so that it may be more readily held in mind. In view of the fact, however, that the present war situation may provide an opportunity for the trained Rorschach worker to make a contribution, we have presented these results in the hope that perhaps they may indicate lines along which this contribution may best be made.

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* In a recent article, Benjamin and Ebaugh (2) have given evidence of being able to distinguish the malingerer by means of the Rorschach method (one case diagnosed as "psychoneurosis, hysteria, *with malingering*"). Unfortunately, however, no details are given in the publication, so that the particular characteristics of the record which led them to such a conclusion are not known.

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