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# The Rorschach Test in Clinical Diagnosis



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## Introduction

Both psychologists<sup>(3,9,16,17)</sup> and psychiatrists<sup>(6,14,18,21)</sup> have recognized the values of the Rorschach test in the clinical appraisal of the personality and today it is one of the most important tools in the armamentarium of the clinical psychologist. Since the publication of Beck's<sup>(2)</sup> first manual in 1937 several new manuals have been published, demonstrating the increased interest in this new psychological technique<sup>(4,5,7,14)</sup>. In addition, a revised and enlarged scoring manual has been compiled by Hertz<sup>(13)</sup> as a practical aid.

Although the problem of validity has been approached by various students in several ways<sup>(11)</sup>, relatively few studies have been reported on the diagnostic validity of the test<sup>(17)</sup>. In these studies, however, close agreement has been reported between test interpretations and clinical findings. One of the first reports on the diagnostic powers of the Rorschach test was that reported by Benjamin and Ebaugh<sup>(6)</sup>. In this study of forty-six cases, complete agreement between Rorschach interpretations and psychiatric diagnoses was found in 84.7 percent of the cases. If relative agreement is considered, the relationship between test results and diagnoses is even higher. The diagnostic interpretations secured from the test by these writers were unusually fine, and it is unfortunate that little was said as to methods of interpretation. In another study, Brussel and Hitch<sup>(8)</sup> reported the very high agreement of 98 percent between clinical findings and Rorschach results in fifty routine cases. Such results, of course, are unusual and do not appear to have been duplicated elsewhere. In a more recent study dealing with a larger number of cases (N-101), Michael and Buhler<sup>(16)</sup> report an agreement of 76 percent between diagnoses and Rorschach findings. Agreement was highest in the psychoneurotic group, but very low in the cases designated as "psychopathic personality."

Some of the discrepancy between the percentages of agreement reported in the different studies may be due to the different types of cases used or to the method of evalu-

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ating agreement. Brussel and Hitch used routine cases and were interested in "essential agreement" in their study, whereas Michael and Buhler used primarily difficult diagnostic cases and considered only complete agreement in evaluating their results.

The present study is an attempt to correlate the diagnostic interpretations secured from the Rorschach test with the final diagnoses offered by the clinical staffs of two different hospitals. This procedure was used to test the practical efficiency of the Rorschach test and also because staff diagnoses offer themselves readily as a convenient criterion for validation. Of course, there are certain disadvantages to this approach. In a certain percentage of cases, the diagnoses themselves may be in error. The subjectivity and variability of such a criterion has been discussed by many writers in this field<sup>(20)</sup>. Since staff diagnoses represent the combined interpretations of several psychiatrists, they are probably more reliable than the conclusions of only one individual.

### The Present Study

The Rorschach test was administered by the writer to seventy-five consecutive cases referred for testing by the neuropsychiatric services of two hospitals. Nineteen cases were tested in an army hospital and fifty-six were tested in a VA diagnostic and intensive treatment center for neuropsychiatric patients. These cases for the most part presented some diagnostic difficulties since all patients are not given the Rorschach test routinely. For purposes of this study the Rorschach test was administered to the patient and the interpretation submitted without the examiner knowing any of the patient's history. There were few unavoidable exceptions to this procedure. The only conversation carried on with the patient was that which was necessary to put him at ease and to insure rapport. All interpretations were based on the test data and in all cases the Rorschach diagnostic interpretation was presented before a final diagnosis was agreed upon by the clinical staff. This raises the problem of how much the Rorschach test results may have influenced the final staff diagnoses. They undoubtedly had some influence in the formulation of some diagnoses and in the confirmation of others. However, the pictures of personality structure secured from the test were utilized completely in several cases where the diagnostic interpretations themselves were rejected. If the diagnostic interpretations influenced the psychiatric staff diagnoses, the former must have been acceptable in the light of all other data secured.

After final diagnoses were secured for these seventy-five patients, the diagnoses were compared with the findings from the Rorschach test. Agreement was considered to exist only when the diagnostic interpretation from the Rorschach test was the same as the final diagnosis. Although a complete personality study was offered from the Rorschach test results, only the diagnostic summary was used for the present research. In this connection, no attention was given to the sub-groups and variations in the schizophrenic or psychoneurotic classifications. Only the general groups of schizophrenia and psychoneurosis were utilized in the Rorschach interpretations for diagnostic comparisons, even though these categories are broad and embrace a variety of personality patterns. This procedure was used in order to provide a more stable criterion for the study, since there is much overlapping among the symptomatologies of the sub-groups, and clinicians may disagree as to sub-groups when they agree in terms of the general classification. All questionable cases were considered as cases of disagreement between test results and final diagnoses, although a few cases were difficult to classify. In the final analysis all cases in which there was agreement were scored plus and all those in which there was disagreement were scored minus.

## Results

The results as shown in Table 1 indicate that agreement existed in 76 percent of the cases. When the results are viewed separately for each institution, a striking degree of similarity is seen. This shows a high degree of relationship between the final staff diagnosis and the diagnostic interpretation secured from the Rorschach test. Further attempts were made to study the data secured in terms of the various clinical and diagnostic groups. This was done in two ways in order to discover if any significant relationships existed between the Rorschach test findings and some of the clinical categories. The first approach was to start with the clinical diagnoses and to see how accurate the Rorschach interpretations were for the various psychiatric classifications. The second approach was to list the Rorschach interpretations and see how well the psychiatric diagnoses agreed with them. The importance of using both of these methods of analysis will be shown in the discussion that follows.

Table 2 indicates the relationship of the Rorschach interpretations to the staff diagnoses for the various clinical groups. Several of the clinical groups have such few cases that the amount of agreement reported is of little significance. Only the schizophrenic and psychoneurotic groups have enough subjects to warrant interpretations of some reliability. As noted in Table 2, it is seen that of thirty-two cases finally diagnosed as schizophrenia, the Rorschach test offered a similar diagnostic interpretation in 71.9 percent of the cases. The remaining nine cases of schizophrenia were interpreted differently on the basis of the test results. In the twenty cases diagnosed as psychoneurosis, the Rorschach test offered a similar interpretation in nineteen of the cases for an agreement of 96 percent. Two other findings are of some interest, although they deal with only a few cases. In the seven cases finally considered to have no neuropsychiatric disease there was complete agreement between the psychiatric staff and the Rorschach findings. However, two cases of epilepsy did not give any clues on the test which could be considered suggestive of this disorder.

In terms of the results mentioned above, it would appear that the diagnostic accuracy of the Rorschach test is highest in the psychoneurotic group and somewhat lower in schizophrenia. These findings agree closely with those reported by Michael and Buhler<sup>(16)</sup>. Not only did they find a percentage of agreement between the Rorschach test and clinical diagnosis which is identical with that reported in this study (76 per cent), but the highest agreement was found in the psychoneurotic group. The percentage of agreement in schizophrenia in their study was reported to be twenty points less than that found in the psychoneurotic group. These findings hold true if comparisons are made in terms of the final diagnostic groups as was done in Table 2 (and in the study by Michael and Buhler). However, it is also revealing to begin with diagnostic classifications offered by the Ror-

Table 1  
*Agreement Between Diagnostic Interpretations from the Rorschach Test and Clinical Diagnoses*

	<i>N</i>	+	-	Percent agreement
Army hospital	19	14	5	73.7
Veterans Administration hospital	56	43	13	76.7
Total	75	57	18	76.0

Table 2  
*The Relationship of the Rorschach Diagnostic Interpretations to Final Diagnoses*

Final diagnosis	<i>N</i>	+	–	Percent agreement
Schizophrenia	32	23	9	71.9
Psychoneurosis	20	19	1	95.0
No N-P diagnosis	7	7	0	100.0
“Organic” psychosis	4	3	1	75.0
Psychosis, unclassified	3	1	2	33.3
Epilepsy	2	0	2	00.0
Psychopathic personality	2	1	1	50.0
Psychopathic personality with psychosis	2	0	2	00.0
Depressive psychosis	2	2	0	100.0
Manic psychosis	1	1	0	100.0
Total	75	57	18	76.0

schach test and compare them with final diagnoses. When this procedure is carried out, a somewhat different picture is seen. This is apparent in the results presented in Table 3. Here it is observed that the diagnostic interpretations for the schizophrenic classification are more accurate than those offered for the psychoneurotic group. When a diagnosis of schizophrenia was made on the basis of the Rorschach test it was correct in twenty-three of twenty-six cases. However, the validity of the test was much less when a diagnosis of psychoneurosis was made. Thus it can be seen by comparing Tables 2 and 3 that when a diagnosis of schizophrenia was made from the Rorschach test, it was usually accurate; however, several cases of schizophrenia were missed by the test and given a different interpretation. Whereas, over a third of those diagnosed as psychoneurotic by the Rorschach test finally were given different diagnoses by the clinical staff, 95 per cent of those cases diagnosed as psychoneurotic were given the same diagnosis on the basis of the test data. Similar interpretations can be observed for the few cases in the other diagnostic categories. The writer feels that these comparisons are of some significance in fully evaluating the validity of the Rorschach test. In the light of these findings it would

Table 3  
*The Relationship of Final Diagnoses to the Rorschach Diagnostic Interpretations*

Rorschach diagnostic interpretation	<i>N</i>	+	–	Percent agreement
Schizophrenia	26	23	3	88.4
Psychoneurosis	29	19	10	65.5
No N-P diagnosis	9	7	2	77.7
“Organic” psychosis	3	3	0	100.0
Depressive psychosis	2	2	0	100.0
Psychopathic personality	1	1	0	100.0
Psychosis, unclassified	2	1	1	50.0
Manic psychosis	1	1	1	100.0
Nodiagnosis	2	0	2	00.0
Total	75	57	18	76.0

appear that a diagnosis of schizophrenia from the Rorschach test should be given more weight than a diagnosis of psychoneurosis, although this may reflect personal variabilities among examiners.

In an attempt to analyze further the results secured from this investigation, all incorrect Rorschach interpretations were analyzed in terms of the correct diagnosis. This analysis is summarized in Table 4. As has been noted before, the most frequent differences occur in the group of cases finally diagnosed as schizophrenia. Of nine incorrect interpretations in this group, seven were judged to be severe neurotics on the basis of the Rorschach results, one was considered a psychosis, unclassified, and one was not given a definite diagnosis because the Rorschach results appeared inconclusive. Several reasons are offered for this discrepancy. In the first place, with one exception, these particular cases were all unusually difficult diagnostic problems. The psychosis was in its initial stages, there were few overt symptoms, and there was considerable disagreement among the members of the staff as to the final diagnosis. For example, in two cases, one from each hospital, the patients initially were discharged from the hospital with a diagnosis of simple adult maladjustment only to be re-admitted within a short time after an acute schizophrenic episode. Although the Rorschach records utilized in this study were secured during the patients' first hospitalization, the final diagnosis of schizophrenia was used as the criterion since it would have been somewhat academic to disregard it in favor of the initial diagnosis. In a third case no symptoms were observed clinically, but a diagnosis of schizophrenia was made on the basis of hallucinations reported while the patient was on the medical service. The absence of symptoms in the clinical picture thus was reflected in the absence of pathological signs on the Rorschach.

A second factor adding to the disagreement found in these cases was the lack of adequate Rorschach records for personality interpretation. In five of the nine cases fifteen responses or less were secured and, in the absence of really pathological material, it was difficult to interpret these records as indicative of schizophrenia. In terms of previous research these records were thought to be most like the restricted records found frequently among psychoneurotics. Although the number of cases discussed here is small, it is important to emphasize the fact that extreme caution should be used when meager

Table 4  
*Analysis of Disagreement Between Final Diagnoses and Rorschach Diagnostic Interpretations*

Final diagnosis	N	Rorschach diagnostic interpretations
Schizophrenia	9	Psychoneurosis, severe (7) Psychosis, unclassified (1) No diagnosis (1)
Psychoneurosis	1	Incipient schizophrenia
Psychopathic personality with psychosis	2	Hypo-manic personality (1) Sexual disturbance-psychoneurosis (1)
Epilepsy	2	Adult maladjustment (1) No diagnosis (1)
Psychosis, unclassified	2	Schizophrenia (1) Neurotic personality (with organic features) (1)
Psychopathic personality	1	Psychoneurosis
Post-traumatic psychosis	1	Schizophrenia
Total	18	

Rorschach records are secured. These findings are also in agreement with those of Ross<sup>(18)</sup> who reported that the so-called "neurotic signs" tentatively offered by Miale and Harrower-Erickson<sup>(15)</sup> were very frequently found among other clinical groups. Six of these nine cases had five or more of these "neurotic signs."

A few additional reasons can be mentioned to complete the explanation of these differences. It is possible that these early cases either put up a good front in the testing situation or else inhibit some responses which they feel might disclose some of their personality characteristics. This hypothesis, of course, remains to be tested. It is also very likely that some of the test records were not interpreted accurately by the examiner.

### Summary

The purpose of this study was to evaluate the diagnostic validity of the Rorschach test. Diagnostic interpretations secured from the test were compared with the final psychiatric diagnoses of seventy-five consecutive cases referred for Rorschach examinations. These cases all presented some diagnostic problems, else they would not have been referred for a Rorschach examination. This point should be considered in evaluating the results obtained. In each instance the patient was tested by the writer, but with the exception of the usual introductory remarks necessary to put the patient at ease, no conversations were carried on apart from what was necessary for proper Rorschach administration. The writer had no previous knowledge of the patients' histories and the diagnostic interpretations were based solely on the findings secured from the test.

The results of the study indicate agreement between the Rorschach test findings and final staff diagnoses in 76 per cent of the cases. These findings corroborate previous studies in demonstrating that the Rorschach test is a valuable aid for clinical diagnosis. It also infers a rather high degree of validity for the test in comparison with other psychological techniques in spite of the limitations of the criterion used. An analysis of the findings in terms of the separate clinical classifications indicates varying degrees of effectiveness. While 88.4 per cent of the Rorschach interpretations of schizophrenia were substantiated by the staff diagnoses, approximately one-fourth of early schizophrenic cases were considered to be severe psychoneurotics on the basis of the test results. The implication of these findings for future research is stressed as well as the need for caution in the evaluation of meager Rorschach records.

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