

Rorschach Content Interpretation and Report Writing a la Barry Ritzler

-----Original Message----- From: Rorschach_List@yahoogroups.com
[mailto:Rorschach_List@yahoogroups.com] On Behalf of Barry Ritzler Sent:
Wednesday, January 14, 2009 09:39 To: Rorschach_List@yahoogroups.com Subject: RE:
[Rorschach_List] report content

Rick,

It certainly is important to use the information from the Comprehensive System when reporting on the Rorschach, but that does not mean that you should be limited to the Comprehensive System interpretive hypotheses. Content analysis certainly has its place in Rorschach interpretation and we even use it with the Comprehensive System. Other information from the Rorschach performance not coded by the Comprehensive System also should be used in interpretation.

The Comprehensive System data are a good guide to interpretation, but the information should only be considered as interpretive hypotheses that need confirmation from other data i.e., behavioral observations, other test data, and even other Rorschach phenomena. A complete report of a person's psychological functioning requires more than the Rorschach (and the Comprehensive System) and a report should not separate the Rorschach information from other information.

A key word in dissemination is "integration".

Barry

From: Rorschach_List@yahoogroups.com on behalf of Rick Poll Sent: Tue 1/13/2009
10:36 PM To: Rorschach_List@yahoogroups.com Subject: [Rorschach_List] report
content

Listmates,

I've been mulling over posting about this for some time.

Today I read another report written in what I have come to think of as a current style.

The Rorschach interpretation was done independent from the other test interpretations. It began with a paragraph on how the patient "organizes her perceptions". It noted an avoidant style, limited openness to experience, little tolerance for ambiguity, simplistic problem solving and, as a result, a tendency to misunderstand the demands of her situation.

The next paragraph talked about a tendency to "misperceive events and form mistaken impressions of people can lead to erroneous conclusions.

Next is a comment about her good ability to think flexibly and maintain openness to new ideas.

Next is a paragraph about limited resources and avoiding challenge.

Next is something about negative self-perception, guilt, shame and remorse. It mentions ruminating about negatives.

The next 'graph mentions good capacity to form relationships, but is defensive when self-esteem is challenged.

Much of this is repeated in the Conclusions section.

This is more or less typical of what I've been reading for more than a few years now.

A few weeks later this patient was hospitalized psychiatrically for two months and has been re-hospitalized twice more. Just a few weeks after this Rorschach was given the patient revealed command hallucinations, paranoid delusions and presented with gross disorganization of personality.

The hospital admit note dates the onset of the problematic behaviors (including paranoia and auditory hallucinations) to three months before the Rorschach. She was eventually diagnosed with paranoid schizophrenia. Her psychiatrist wondered about a comorbid autistic disorder.

I gave her another Rorschach today. The new Rorschach probably would justify many of the same statements based on a computerized analysis, although I suspect there may be more special scores now (unless they were glossed over before). But, the quality of the responses is extremely odd: Card III "something dripping from the sky", Card VII two puppies on top of gold INQ: a gold cube (I checked, she knew it was gray) etc.

What troubles me is -

- 1) I can read a full page of Rorschach interpretation and then give my own Rorschach and I can't tell what has changed or how peculiar the other one was.

- 2) It is likely that this patient was hallucinating at the time of the original Rorschach (she's still hallucinating, even with meds) and the disturbance was missed. I suspect that she was disorganized and thought disordered, but no mention is made of either. Maybe they weren't apparent. But, based on today's Rorschach, it seems possible that

some peculiar things might not have been scored. Is a puppy standing on a gold cube impossible? Doesn't rain drip from the sky?

3) The psychiatrist reading this would probably see depression and social anxiety -- the tip of what turned out to be an iceberg. What about a major issue psychiatrists care about; which class of medication is relevant and why.

I get concerned that the style of report which involves running the CS through some software and writing up the resulting evidence-based conclusions may be putting us in well worn interpretive ruts -- while ignoring anything that doesn't fit in the system. Frequently, what is important appears around the edges of the CS, or outside of it. I just hope we're not training people to avoid dealing with such material.

Rick