

Zd Variable's Validity and Meaning

From: Rorschach_List@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com]
On Behalf Of Steve Hibbard Sent: Tuesday, May 04, 2010 08:48 To:
Rorschach_List@yahoogroups.com Subject: Re: [Rorschach_List] Re: Hyper-vigilant
Under-incorporator?

Hi again Rick

About the blank posting I put up, I have not the foggiest; some version of internet dialed the wrong numberitis. I have not logged in here for a couple of days, so now I am just seeing that the longer post I put up actually was received. The following remark is just one rebound from your rebound of that post.

I am not sure whether any pre-Exnerians used the "incorporate" terms with Z scores. Nevertheless, when you say you often do not see in the history any connection between Zd and the way patients "incorporate", I think you're tapping the point I was trying to make. That is, (over or under or "just right") incorporation is actually only something defined for individuals' scores on the CS version of the Rorschach inkblot task. This remains true if we tweak it (or not) in the manner, I suggested by pulling out Ws. My point is precisely the perceptual operations therein involved are a) not defined for anything other than Rorschach, so for example, you will not even see them on the Woodcock, but if you did, that still would not mean that they inherently have any relationship to everyday problem solving, decision making, etc. Sorry, but I genuinely do not know what you mean when you talk about how patients "incorporate" or how one might see that in the history. I do understand what Exner means when he tells me that $Zd > 3.0$ or < -3.0 characterized 1/3 of a psychiatric group, but only 1/30 of a control group; that kids with $Zd < -3.0$ made significantly more errors playing Simon Says than kids with scores in the normal range, and kids with $Zd > 3.0$ made even fewer. Being in a psychiatric group is not per se in any obvious way a form of "incorporating"; neither is making an error, or its opposite on Simon Says. What is very much needed is, first, replication of these very basic studies, and then second research to explore the nature of the linking variables. I can suggest why being under-incorporating would make a kid lose at Simon Says. However, I am not sure, and it's exactly that type of research that would describe truly a line of research.

(I love teaching this in Canada, you know, because they say "zed" not "zee". I knew I had arrived the first year I made it entirely through the course without once saying "zee." Hmm, try saying "niche", even just across the Detroit River, where our campus is. The Canadians are such polite people, but of course, the proper pronunciation in US is "nitch," but the Canadians retained the French. Therefore, if I used the

American pronunciation, it is sort of like John Wayne saying "burrito.")

Stephen Hibbard, Ph.D. Associate Professor, Department of Psychology

--- On Sun, 5/2/10, Rick Poll <richardipollack@yahoo.com> wrote:

From: Rick Poll <richardipollack@yahoo.com>

Subject: [Rorschach_List]

Re: hypervigilant underincorporator?

To: Rorschach_List@yahoogroups.com Date: Sunday, May 2, 2010, 5:33 PM

I may respond to different parts of this post at different times. Then it is not sufficient to say, "Trash H because it's not valid" or "trash Zdiff because it's not valid." If it makes sense to you that some way of understanding the DQ nexus or the H >nexus has validity and clinical utility, then we should be very wary >of simplistic statements like Zdiff and H "did not make the cut" or "are invalid."

Well, some variables did not make the cut for RPAS. I am looking forward to finding out exactly why. Meanwhile, I have not suggested simply tossing out all the variables that did not make the cut. My original post on this subject suggested entertaining the notion that a variable might not mean what it has been purported to mean. We seem to agree on that point.

With respect to Zdiff specifically, I pointed out that I do not see in the history or the other testing a reliable connection between Zd and the way individuals "incorporate". I have suggested that it may be because of the way it is calculated. Distinctions among W, adj and distant details that do not speak to the issue of "incorporation" as directly as one might like. This is a clinical impression, not a scientific study.

Over the years, I have developed impressions about how well various things work. I have posted on this subject occasionally. Most, but not all, of these impressions, are consistent with the RPAS slides (this was a relief, to be frank). Some were surprising, for example, that pure C did not receive stronger support.

Exnerese that is not understandable by those who don't know the CS is often used also. Often I think it is this latter that makes people not like our reports.

Exnerese has no place in a report, unless it is in what amounts to a footnote for the use of other psychologists. I have never had a referral, which inquired as to the patient's ambivalence or incorporative status <g>. They are generally not informative and irritating to the reader; unless those concepts are first translated into English.

So, I agree, that is a problem.

I also hear complaints that some reports do not seem to describe the patient. Sometimes this is a matter of style. Some people do write test-by-test interpretations, that is, focusing the report on the tests rather than the person. However, sometimes the complaints go beyond that. In such cases, I sometimes see interpretive comments that probably are consistent with the evidence base, but not consistent with the patient.

If the slide on p. 21 is right which indicates insufficiently supported variables are in some way (whether it be overgeneralization by Exner or some other problem), is not this exactly what would happen?

This line of thought leads me back to the role of the clinician's brain in an evidence-based world. However, that is for another post.