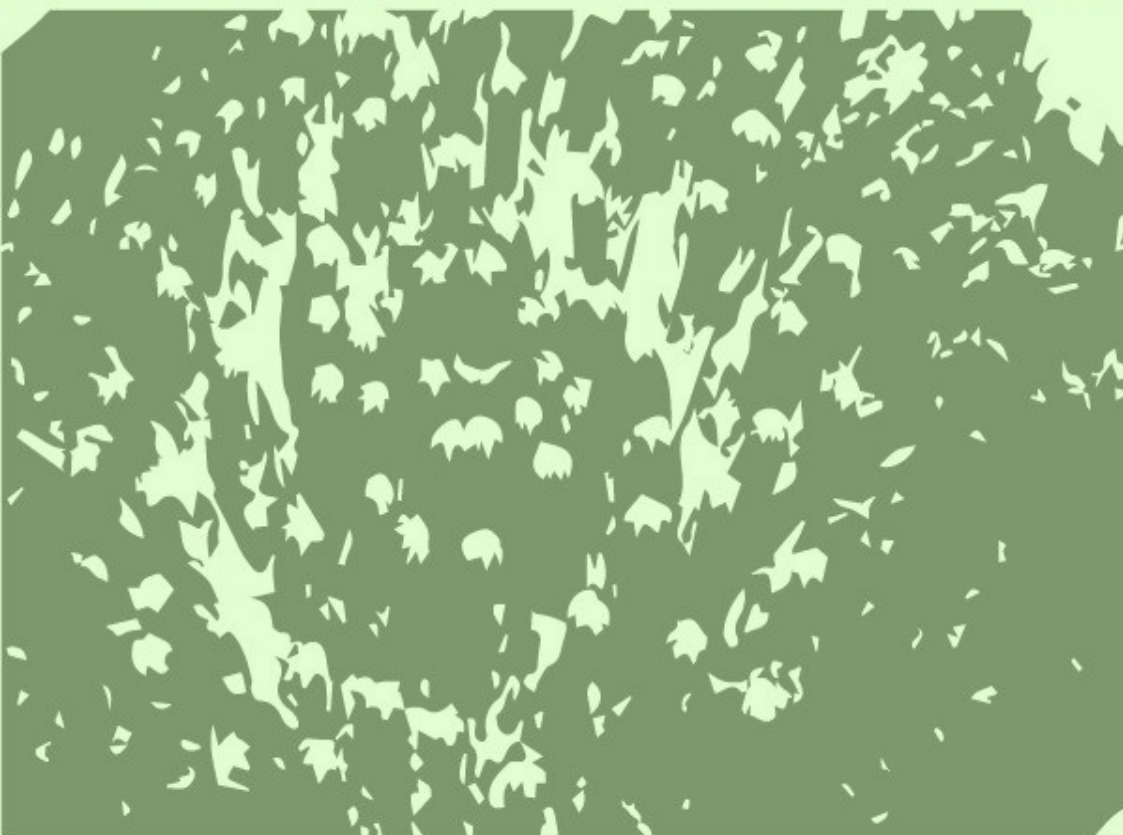


# The Projective Assessment of Affective Disorders



**Philip Erdberg, PhD**

**Depressive Disorders**

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# The Projective Assessment of Affective Disorders

The gloomy person is one to whom everything looks black, while the cheerful person is said to see everything through rose-colored glasses.

[Rorschach. 1921/1942, p. 99.]

It is now well past half a century since Hermann Rorschach introduced his technique for the assessment of psychological structure and function. From the very beginning, it was clear that projective methods, as they came to be known (Frank, 1939), had special utility in the description of affective operations. Rorschach devoted considerable attention in his 1921 *Psychodiagnostics* to theorizing and case discussion about disorders of affect. And essentially all of those who have built on the foundation of Rorschach's work have underscored the important role that projective techniques can play in the assessment of affective operations (Beck, 1944; Bellack, 1986; Exner, 1986; Klopfer & Kelley, 1942; Piotrowski, 1957; Rapaport, Gill, & Schafer, 1945). Over the years, researchers and clinicians have identified a group of projective variables that seem to have particular utility in the assessment of emotion. Within the past decade, workers have utilized discriminant techniques to analyze these variables and generate clusters that are of value in the diagnosis of endogenous depression and suicide potential. This chapter provides a discussion of these variables and the clusters that can be generated from them.

## CHROMATIC COLOR

There has been an ongoing sense that the use of chromatic color on the Rorschach can be associated with affective operations. Rorschach (1921) focused on the responsiveness to emotionally charged situations signaled by the use of chromatic color in the production of responses. Other workers have been more interested in utilizing chromatic color responses to describe the individual's modulation of emotional exchanges with the environment. The combination of these approaches allows the Rorschach to provide a two-stage model of affective operations: how open the individual is to processing emotionally complex material and how well controlled his or her affective responses to these situations will be.

The Rorschach's ability to provide data about how responsive an individual is to processing emotionally charged material depends on the proportion of chromatic color responses to other kinds of answers. As chromatic color increases, individuals are more easily hypnotized (Brennen & Richard, 1943), are more likely to alter their judgments on the basis of interaction with others (Linton, 1954), and are more likely to score high on a sensation-seeking measure (Exner, 1986). Exner followed Beck's approach in generating a variable called the affective ratio, to provide a single number indication of the individual's responsiveness to the Rorschach's three fully chromatic cards. Exner suggested that the ratio is associated with a

“psychological receptiveness to emotionally provoking stimuli” (1986, p. 381), and presented data to show that it is normatively higher in younger children and decreases gradually through the developmental years to adulthood.

A second index that comes from an analysis of chromatic color operations on the Rorschach provides some data about the person’s ability to modulate his or her emotional behavior when he or she does respond affectively. This variable is developed by calculating the balance of form-dominated (FC) color responses (“a pink flower that has that perfect bowl shape like a tulip”) as opposed to more color-dominated (CF or C) percepts (“it just looks all red like blood”). This balance, which is called the FC:CF + C ratio, provides data about how well the individual is able to insert an objective component into responses in affectively charged situations. Younger children tend to load on the CF + C side of the ratio, while older teenagers and adults typically have about twice as much FC in their records as they do CF and C. Interestingly, only 47 percent of an adult outpatient character disorder sample had even one FC in their records as opposed to 98 percent of an adult nonpatient group. On the other hand, psychosomatic outpatients had records in which FC was typically around four times CF and C, suggesting emotional overcontrol in comparison with the 2:1 ratio that is expected with nonpatients (Exner, 1986, 1990a).

If we view the affective ratio as a measure of emotional responsiveness and the FC:CF + C ratio as suggestive of ability to modulate affective behavior, the Rorschach can be helpful in providing a rather thorough description of affective responsiveness and control. As noted, the changes in these variables over the developmental years are consistent with the increasing ability to limit responsiveness and to structure emotional exchanges that characterize these years. In adulthood, high retest correlations (Exner, 1986) suggest that these variables tap an enduring aspect of affective operation.



## ACHROMATIC COLOR

As Rorschach noted, the use of the achromatic color features of his inkblots may be associated with a dysphoric stance that involves the internalization of affect. Depressed patients are significantly more likely to articulate achromatic color when they describe how they produce their Rorschach responses, and these kinds of responses are also more frequent in individuals diagnosed as obsessive, psychosomatic, or schizoid. As depressed inpatients move toward discharge, they tend to give significantly fewer achromatic color responses than they did at the beginning of treatment. Achromatic color responses are also less frequent in individuals classified as passive-aggressive or sociopathic (Exner, 1986).

All of these findings tend to suggest that achromatic color signals the disequilibrium that occurs when affect is held in, regardless of the level of awareness that accompanies this defense. Data on a variety of depressive groups suggest that this internalization frequently may be relatively unconscious. But an interesting study (Exner, 1986) of delinquent adolescents currently undergoing dispositional evaluation indicated that they had more achromatic color in their records than a group of nondelinquent teenagers. These data suggest that the relatively conscious decision to limit affective interchanges which likely characterized the delinquents during evaluation was accompanied by a Rorschach elevation in achromatic color

during that period. Interestingly, the use of achromatic color decreased significantly on retest after the dispositional decisions had been made.

## VISTA

The use of the lighter-darker aspects of the Rorschach inkblots to create a sense of depth or dimensionality (vista) appears to be associated with a quite negative introspective process. These vista responses occur in 56 percent of inpatient depressives, a striking contrast to the 20 percent finding for adult nonpatients (Exner, 1990a). Vista appears associated with painful, unrealistic self-focus that is characterized by a significant tendency to maximize and distort problems. The individual is unable to put positive and negative aspects in perspective during this intensely negative self-evaluation, severely compromising self-esteem.

## COLOR-SHADING BLENDS

The presence in a single Rorschach response of both a chromatic color and an achromatic color or lighter-darker shading variable (such as vista) is suggestive of a sort of approach-avoidance conflict in relation to the expression of affect. As noted above, chromatic color is associated with affective interaction with the environment, while achromatic color and shading signal the presence of much more internalized and painful emotional experiences. Applebaum and Colson (1968) speculated that these blends are associated with a conflict about the appropriateness of affective discharge that results in constriction of emotionally complex behavior.

## EGOCENTRICITY INDEX

The egocentricity index (Exner, 1986) is a Rorschach-derived variable that has significant ability to describe the individual's assignment of importance to himself or herself in relation to others. If the egocentricity index is high, as it is in younger children, it is likely that the individual attaches more importance to self than to others. If this index is low, as it is for depressed individuals, it would appear that the person devalues himself or herself in comparison with others. As an example, Thomas, Exner, and Baker (1982) found that as the egocentricity index went lower, the difference between "real" and "ideal" self-descriptions on an adjective checklist became significantly greater. Exner (1986, p. 396) concluded that a low egocentricity index ". . . appears to signal negative self-esteem, that is, placing a low value on personal worth, probably because of a sense of failure to meet desires and/or expectations for oneself. It seems reasonably clear that a low Index is a precursor to an increase in the frequency and/or intensity of depressive experiences."

## MORBID CONTENT

The presence of content that is described as dead, dying, spoiled, broken, or dysphoric is noteworthy in both inkblot and thematic apperception measures (Exner, 1986; Beliak, 1986). There is a significant negative relationship between morbid content on the Rorschach and the egocentricity index, suggesting the likelihood of damaged self-concept. Exner (1986) has also suggested the likelihood of a quite pessimistic stance for individuals whose Rorschach productions contain elevated amounts of morbid content.

To this point we have described a group of variables that would appear to be of value in the assessment of affective operations. Over the past several years, researchers have utilized discriminant function techniques to generate groups of Rorschach variables that could reliably separate individuals with affective disorders from the rest of the psychiatric population. It would appear that, at least to some extent, this is possible, and it is not surprising that some of the variables we have discussed turn out to play significant roles in these empirical findings. The next part of this chapter will discuss three such clusters, the suicide constellation, the depression index, and the coping deficit index.

## SUICIDE CONSTELLATION

The Rorschach's ability to generate a cluster of variables that can identify suicide-prone individuals has been one focus of Exner's research for well over a decade. In 1977, a study by Exner and Wylie generated a constellation of variables that demonstrated 75 percent accuracy in identifying the Rorschachs of individuals who had effected suicide within sixty days of taking the test. A study reported later by Exner (1986) with a new sample of 101 effected suicides showed the test's ability to identify 83 percent of these individuals. If the group was subdivided in terms of the lethality of the act which had caused death, the constellation of Rorschach variables was able to identify 92 percent of these suicidal individuals while including only 12 percent false positives from a depressed but nonsuicidal group and no individuals from a nonpatient group. Although the suicide constellation is the most powerful psychometric measure currently available for the evaluation of suicide potential, it should be noted that Exner's study reported a false negative rate of 17 percent and the above-mentioned false positive rate of 12 percent with depressive controls. As Exner noted (1986, p. 411), there are ". . . clear relationships between demographic and/or behavioral variables and effected suicide, and it is unlikely that any test data, taken alone, will provide a greater discrimination of suicidal risk."

## DEPRESSION AND COPING DEFICIT INDICES

Individuals eligible for diagnoses involving dysthymia or major affect disorder are quite varied. Because of this heterogeneity, initial attempts to generate a Rorschach cluster to discriminate individuals so diagnosed from the rest of the psychiatric population were largely unsuccessful (Exner, 1986). More recently, however, Exner (1990b) has reported some results which suggest substantial promise in the test's ability to help diagnosticians working within current nosologies.

In an attempt to understand the heterogeneity that characterizes patients who receive depressive diagnoses, Exner (1990b) reviewed the recent diagnostic and theoretical literature. It suggested that affective diagnoses are often given to patients who present with three relatively discrete clinical pictures: 1) emotional depression (tearful, distraught individuals), 2) cognitive depression (pessimistic, self-defeating individuals), and 3) helplessness (inadequate individuals with poor coping skills). He then studied 684 patients who could be placed in one of these three groups on the basis of clinical and diagnostic description. The emotionally depressed and cognitively depressed groups showed substantial overlap, but these two groups differed notably from the group whose clinical presentation was one of helplessness.



Exner then utilized a discriminant function methodology to develop an index, the Depression Index, that combines 15 Rorschach variables into seven tests. If the individual is positive for five of these tests, it is likely that he or she has significant depressive features of an emotional or cognitive nature. Findings of six or seven are highly suggestive that a primary diagnosis of some sort of depressive disorder will be given. Initial work with the Depression Index suggested that it was able to identify approximately 85% of the 471 patients whose diagnosis for affective disorders involved clinical presentations of either emotional or cognitive depression. In another group of inpatient depressives 75% had findings of at least five on the Depression Index. False positive rates for this index were extremely low, with a 4% figure in a recent sample of 700 nonpatients (Exner, 1990a).

A second index followed in an attempt to identify that subset of individuals receiving depressive diagnoses whose clinical presentation was one of helplessness and inadequacy. This index, the Coping Deficit Index, combines ten Rorschach variables to make up five tests. Exner (1990b) reported that 81% of the 177 individuals not positive for the Depression Index and with a clinical presentation of helplessness were positive for the Coping Deficit Index if a cutoff score of at least four of the five tests was used. Again, false positives on the index were very low, approximately 3% for nonpatient adults.

The development of these two indices is promising in suggesting that the Rorschach may be specifically helpful for clinicians working within current diagnostic guidelines.

## SUMMARY

A review of the topics we have discussed will suggest that projective techniques cover a substantial part of the spectrum of affective operations. Responsivity to emotion and the ability to modulate affective behavior, internalization of affect, and self-concept are the most important components for which projective assessment can provide information. The combination of these techniques with a variety of other approaches can provide the sort of comprehensive picture of an individual that ultimately results in effective intervention.

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