
See also Client-centered therapy

**Further Reading**

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**Role playing/psychodrama**

A group therapy approach in which clients act out their problems to gain new insights and achieve emotional catharsis.

Role playing was developed by Jacob Moreno, a Viennese psychologist who contended that people could gain more from acting out their problems than from talking about them. This method requires a protagonist (the client whose problems are being acted out); auxiliary egos (group members who assume the roles of other people in the protagonist’s life); an audience (other group members who observe and react to the drama); and a director (the therapist). The protagonist selects an event from his or her life and provides the information necessary for it to be reenacted. Although every detail of the event cannot be reproduced, the reenactment can be effective if it captures the essence of the original experience. The group members who serve as auxiliary egos impersonate significant people from the protagonist’s past or present, following the protagonist’s instructions as closely as possible. Techniques used in the reenactment may include role reversal, doubling, mirror technique, future projection, and dream work.

The therapist, acting as facilitator and director, assists the protagonist in orchestrating the scene, offers emotional support, enlists the audience’s response, and helps the protagonist gain new insights from the experience. Immediately preceding the reenactment is a warm-up period designed to prepare all the participants for the experience by motivating them and establishing a safe and trusting atmosphere. After the reenactment, members of the audience discuss their reactions to the reenactment, including ways that it touched on their own experiences. Encouragement and support is offered to the protagonist, as well as suggestions for responding to the problems dealt within the reenactment.

Role playing is sometimes employed in a combination of techniques in other types of therapy, such as Gestalt therapy. The client may role play with the therapist in an individual treatment session or with group members in group therapy.

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**Rorschach technique**

A projective personality assessment based on the subject’s reactions to a series of ten inkblot pictures.

Popularly known as the “Inkblot” test, the Rorschach technique, or Rorschach Psychodiagnostic Test is the most widely used projective psychological test. The Rorschach is used to help assess personality structure and identify emotional problems. Like other projective techniques, it is based on the principle that subjects viewing neutral, ambiguous stimuli will project their own personalities onto them, thereby revealing a variety of unconscious conflicts and motivations. Administered to both adolescents and adults, the Rorschach can also be used with children as young as three years old. The test provides information about a person’s thought processes, perceptions, motivations, and attitude toward his or her environment, and it can detect internal and external pressures and conflicts as well as illogical or psychotic thought patterns.

The Rorschach technique is named for Swiss psychiatrist Hermann Rorschach (1884-1922), who developed it. Rorschach, whose primary interest was in Jungian analysis, began experimenting with inkblots as early as 1911 as a means of determining introversion and extroversion. The Rorschach technique is administered using 10 cards, each containing a complicated inkblot pattern, five in color and five in black and white. Subjects look at the cards one at a time and describe what each inkblot resembles. After the subject has viewed all 10 cards, the examiner usually goes back over the responses for additional information. The subject may be asked to clarify some responses or to describe which features of each inkblot prompted the responses.

Test scores are based on several factors. One is location, or what part of the blot a person focuses on: the whole blot (W), sections of it (D), or only specific details (Dd). Another is whether the response is based on factors such as form, color, movement, or shading (referred to as determinants). For example, people who tend to see movement in Rorschach blots are thought to be intellectual and introspective; those who see mostly stationary objects or patterns are described as practical and action-oriented. Finally, content refers to which objects, persons, or situations the person sees in the blot (categories include humans, animals, clothing, and nature). Most examiners also assess responses based on the frequency of
Rorschach technique

Example of a Rorschach ink blot test. (Stan Goldblatt. Photo Researchers, Inc. Reproduced with permission.)

certain responses as given by previous test takers. Many psychologists interpret the test freely according to their subjective impressions, including their impression of the subject’s demeanor while taking the test (cooperative, anxious, defensive, and so forth). Such interpretations, especially when combined with clinical observation and knowledge of a client’s personal history, can help a therapist arrive at a more expansive, in-depth understanding of the client’s personality.

While the Rorschach technique is still widely used, its popularity has decreased somewhat in recent decades. Unlike objective personality inventories, which can be administered to a group, the Rorschach test must be given individually. A skilled examiner is required, and the test can take several hours to complete and interpret. Like other projective tests, it has been criticized for lack of validity and reliability. Interpretation of responses is highly dependent on an examiner’s individual judgment: two different testers may interpret the same responses quite differently. In addition, treatment procedures at mental health facilities often require more specific, objective types of personality description than those provided by the Rorschach technique.

Rorschach, who pioneered the test in 1921, did not provide a comprehensive scoring system. In response to complaints about validity, scoring methods have been devised which aim at providing greater objectivity by clearly specifying certain personality variables and relating them to clinical diagnoses. The Exner Comprehensive Rorschach System, released in 1987, is a computer-based scoring system that provides score summaries and lists likely personality and adjustment descriptions for each test taker. To overcome limitations in the Rorschach, Wayne Holtzman and his colleagues developed the Holtzman Inkblot Test that uses 45 inkblots, scores for 22 characteristics and allows for only one response per card.

The Rorschach is generally used as part of a battery of tests and must be administered by a trained psychologist.

See also Personality inventory

Further Reading