Some Rorschach Data Concerning Suicide
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Summary: The Rorschachs of 59 effected suicides and 31 attempted suicides, all of which were collected within a period of 60 days prior to the critical event were categorized in terms of method used, and subjected to a computer scan to determine if any constellation of variables occurred with a greater frequency than in the protocols of three control groups, comprised of inpatient depressives, inpatient schizophrenics, and nonpatients. A constellation of 11 variables is reported, a composite of eight or more correctly identifies 75% of the effected group and 45% of the attempters while occurring with a relatively low frequency among controls. Data are also presented from a group of 33 records collected within five days after a suicidal attempt revealing that those records do not differ essentially from either of the two psychiatric control groups. The findings are discussed in terms of the problems of prediction, and in the context of the probable psychological structure of many suicide prone people.

Any review of the research literature concerning suicide reveals a host of methodological and interpretive problems. Criterion variables often differ considerably; data is frequently collected too long before or too long after the critical event to be fully useful; and possibly most important, the issue of intent is very difficult, if not impossible, to estimate at a very precise level. These potentially soluble problems are compounded even more when the research is oriented toward "prediction" as a goal. Predictive studies concerning suicide are, in fact, postdictive or retrospective, based on data collected from subjects who have been identified as suicidal (usually defined by reason of a suicidal attempt), or from cases of suicide in which some data was collected prior to the event. Even when a potential predictor is revealed, usually from small sample research, our moral commitment to intervene overwhelms the scientific fantasy to test the validity of the predictor by letting events run their full course. In such a framework, it is unlikely that any psychological test data will provide a greater predictive discrimination of suicidal risk than is now available from the classic works of Farberow and Shneidman (Farberow & Shneidman, 1957; Shneidman & Farberow, 1961) and their colleagues who have demonstrated clear relationships between demographic and/or behavioral data and ultimate effected suicides. Nonetheless, psychological tests such as the Rorschach remain an interesting data source from which predictors might evolve, but possibly more important, they are a source from which we might glean information about the psychological state of the suicide prone person.

There is a reasonably abundant literature concerning Rorschach data and suicidal subjects. It has been very well reviewed by Goldfried, Stricker, and Weiner (1971), and includes work with single signs, such as the color-shading response studied by Applebaum and Holzman (1962); multiple signs as in Piotrowski (1950), Martin's Checklist (1951), Sakheim (1955), and Fleischer (1957); content indicators such as Lindner's "suicide card," the presence of morbid content as in White and Schreiber (1952), Sapolsky's symbolic content (1963); and the combined use of signs and content as in Hertz (1948, 1949). Goldfried, Stricker, and Weiner point out that while more than a dozen indices of "suicide potential" have been developed, most, if not all, have failed to receive empirical support through attempts at validation or cross-validation. They cite the variety of methodological problems existing in suicide research as sorely limiting the extent to which this kind of research can be protracted and conclude their review with a less than optimistic note regarding the possibilities of validating Rorschach
indices for the prediction of suicide. The data presented here did not evolve from any deliberate attempt to "test out" the validity of the Goldfried, Stricker, and Weiner pessimism. Instead, it has accumulated in the course of a much more extensive project, initiated in 1968, with the objective of identifying and integrating the empirically demonstrable strengths of the Rorschach into a single system, while discarding elements of previously developed systems that could not be empirically defended. At the onset of that project, nearly 1,500 protocols were solicited from colleagues in the United States and Canada to form a data base from which some "cross-system" studies could be completed. In addition, a large group of examiners was used to collect new protocols, generally for specific sub-studies, so that the data pool increased at a rate of approximately 45 new protocols per month over the next several years. This protocol pool currently includes nearly 4,000 useable records.

Method

By late 1973, most of the distinguishing features of what is now known as The Comprehensive System (Exner, 1974) were identified and all available protocols were reviewed with an eye toward some of the more subtle groupings of protocols that might have been neglected or overlooked during the organization of the Comprehensive system. One of the products of this search was the discovery of 41 records that had been taken within a period of 60 days prior to an effected suicide. Similarly, the pool contained a smaller group of records that had been collected within 60 days prior to a suicide attempt, and a host of protocols taken from subjects with a history of an attempt. In an effort to increase the sample sizes for the pretested effected and attempters, a solicitation letter was sent to 108 clinical installations asking for protocols taken from these types of subjects (plus a completed demography questionnaire), and a similar request was made of all participants in a variety of Rorschach Workshops. The yield from this solicitation has been substantial; however, many of the new protocols had been taken earlier than the 60-day limit required and some had utilized a method of test administration too deviant from the methodology recommended in the Comprehensive System to be useful.

The end product of this effort is the accumulation of three groups of protocols on which analysis has been focused. They consist of 59 records, of subjects age 18 to 57, which were taken within 60 days of an effected suicide; 31 records, of subjects age 19 to 50, taken within 60 days of a suicide attempt; and 33 protocols which were collected from subjects, age 20 to 62, within five days after having attempted suicide. About 60% of the subjects in each group are female.

Three control groups were selected by randomization from the protocol pool, with the restriction that 60% of each group would be female. These groups are: (a) 50 depressed inpatients with no history of a suicide attempt; (b) 50 inpatient schizophrenics with no history of a suicidal attempt; and (c) 50 non-patients with no psychiatric history.

Results

The first series of analyses focused on single signs and sign dyads, using the group of 59 effected suicide cases as the basic "test" group. Some of these did produce significant correlations. For instance, the color-shading blend, cited by Applebaum and Holzman, does correlate at .34 ($p < .01$) for the effected suicide group, appearing in 39 of the 59 records; however, it also appears in 17 of the 50 control protocols from depressives, and 16 of the 50 protocols from schizophrenics. Obviously, its value in terms of "predictive discrimination" appears important, but also very limited. Similarly, the dyad of $R$ less than 17 plus two or more vista answers correlates with effected suicide at .33 ($p < .01$), but this same dyad occurs in 21 of the 50 control group records from depressives, and 16 of the 50 protocols from schizophrenics. Obviously, its value in terms of "predictive discrimination" appears important, but also very limited. Similarly, the dyad of $R$ less than 17 plus two more vista answers correlates with attempted suicide at .33 ($p < .01$), but this same dyad occurs in 21 of the 50 control group records from depressives, and six records of nonpatients. After 36 analyses involving single signs, dyads, or triads, the futility of this approach was depressingly obvious, and the approach was altered to
focus on constellations involving between 10 and 15 variables, with the criterion for variable selection being a low and usually insignificant intercorrelation with the other variables in the configuration. Unfortunately, the method of test administration and the scoring system of the Comprehensive System often made it impractical to test out previously reported configurations completely. When possible, configurations, or portions of them, such as the Martin Checklist, were evaluated. None of these analyses produced “useful” findings, although in several instances statistically significant results did occur. For instance, the Sakheim and Fleischer indices for “pressive anxiety” and “neurotic structure” do appear in 31 of the 59 effected suicide records while appearing in 14 of the 50 depressive controls, 10 of the 50 schizophrenic controls, and seven of the 50 nonpatient records.

The method used was to develop a computer program through which the computer (IBM 1800-1801) would screen on a “yes-no” basis for the presence or absence of each variable in a suggested constellation, and report the frequency for each variable within a sample, plus the frequency for each arithmetic combination of the variables in a configuration. In other words, if a constellation consisted of 10 variables, the computer would count the frequency with which each occurred, and also the frequency of protocols in which nine of the 10 appear, eight of the 10, and so on. Whenever a constellation appeared with a high frequency among the 59 records of effected suicides, the computer would proceed to seek out the same constellation among each of the three control groups, and calculate a Chi-Square to determine if the frequencies, effected’s versus controls, were significantly different.

In the course of these analyses, seven constellations were discovered that appear with a high frequency among completed suicides; however, only three occurred at a significantly greater frequency than all three control groups, and only one significantly discriminates the effected suicides from all three control groups at a 50% level of accuracy or better, that is, the constellation correctly identifies at least 50% of the effected suicides while calling no “false positives” from any of the control groups. This finding was not especially exciting, and appeared to support the Goldfried, Stricker, and Weiner conclusion regarding the Rorschach and suicide prediction. It also provoked “another look” at the suicide literature to determine if the data might be approached again by including some demographic variable previously neglected. That review led to the speculation that it might be useful to attempt data analysis by subdividing the effected suicide group in terms of the method used in implementing the suicide (Farberow & Shneidman, 1961).

Following the suggestion of Farberow and Shneidman, all subjects in each of the three suicide groups (effected, pretested attempters, postattempt tested) were “sub-grouped” in terms of the lethality of the method used. A broad, three category differentiation was applied, based essentially on the point of no return element. While a three category differentiation of method used may be overly broad, it was selected to insure adequate sample sizes in each cell, and also to avoid some of the reliability problems described by Neuringer (1960) which occur when a more precise method of differentiation is attempted. Thus, Class I subjects are those using methods that appear to have the greatest probability of producing death and the least amount of time available for rescue (firearms, explosives, jumping, and cutting a vital organ); Class II includes methods of a high death probability but with a greater time interval for rescue than Class I (hanging, drowning, poisoning); and Class III includes methods that have the lowest probability of producing death and the greatest time interval available for rescue (cutting nonvital organs, gases, ingestion of analgesics or soporifics).

The data were re-analyzed, with the groups subdivided by method used, and using the constellation that had produced
the “best” results previously. It should be noted that the constellation is not a configuration, in the sense of being a static set of items, but rather, is a group of 11 variables, various combinations of which do appear with a higher frequency among the records of two of the three suicide groups. The 11 variables included in this constellation are:

- \( FV + VF + V + FD \) greater than 2
- Color-Shading Blend greater than 0
- \( 3r + (2)/R \) less than .30
- \( Zd \) score greater than \( \pm 3.5 \)
- Experience Potential (ep) greater than Experience Actual (EA)
- \( CF + C \) greater than \( FC \)
- \( S \) greater than 3
- \( X + \% \) less than 70%
- \( H (excluding (H), Hd, (Hd)) \) less than 2
- \( P \) is less than 3 or greater than 8
- \( R \) is less than 17

Table 1 presents the frequencies of protocols, for two of the three suicide groups (effected and pretested attempted), which are correctly identified by the number of variables present. These groups are shown collectively, and as subdivided by method used. Data from the three control groups are also shown in Table 1. An examination of the data in Table 1 reveals that when all 11 variables are included, only 25% of the effected group, and 10% of the pretested attempters are identified, while one depressive control and one schizophrenic are included as “false positives.” This accuracy level is increased considerably, especially for subjects in the suicide groups who employed Class I or Class II methods, when the number of variables present is reduced to 10, and concurrently, the number of false positives from the control groups increases only slightly. Conversely, if only seven variables are present, the accuracy level for the effected’s group is increased to 81%, and 45% for the attempters; however the cost for this identification is excessive as 58% of the depressive controls, 38% of the schizophrenics, and 8% of the nonpatients are included in a false positive identification. A similar failure to discriminate was noted when the groups were compared for “morbid” content such as suggested by Thomas, Ross, Brown, & Duszynski (1973). Such content did occur with a reasonably high frequency among the suicide groups but also appeared with a high frequency among the records of depressives and schizophrenics.

The greatest “postdictive” yield occurs when either eight or nine variables present is the criterion. The presence of eight variables correctly identifies 75% of the effected suicides and 45% of the attempters, while including as false positives 20% of the depressives, 12% of the schizophrenics, and none of the nonpatients. The level of accuracy for identification of the total groups, that is, all effected’s or all attempters, is clearly reduced by those subjects who fall into the Class III method. For instance, when nine variables are used, identifying only a very small number of the controls as false positives, 32 of the 43 Classes I and II effected’s (75%) are identified, as are 5 of the 7 Classes I and II attempters (71%). Conversely, nine variables identify only 7 of the 16 Class III effected’s (44%), and only 2 of the 24 Class III attempters (8%). Thus, it would seem that there is a distinct relationship between the “lethality of intent” and the number of variables present, and raises the question about how many of the Class III effected suicides were equivocal. Unfortunately, the data available concerning these cases are not such to approach that question.

The data in Table 2 illustrate the problem, or possibly the futility, of using data collected after an attempt has occurred as representing the psychological state of the suicidal prone person. These data show the effected and attempter groups, combined by class of method used, as contrasted with the 33 subjects from whom records were collected within five days after an attempt. This Table also includes data for the two psychiatric control groups (depressives and schizophrenics) combined, plus the data from the nonpatient control group. An examination of Table 2 indicates that only an
Table 1

Frequencies of Protocols, Identified by Number of Variables, in an 11 Variable Constellation, for Two Suicide Groups Subdivided by Classification of Method Selected, and Three Control Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Variables Appearing</th>
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<tbody>
<tr>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Effected Suicides</td>
<td>7</td>
</tr>
<tr>
<td>Class I n = 19</td>
<td></td>
</tr>
<tr>
<td>Effected Suicides</td>
<td>7</td>
</tr>
<tr>
<td>Class II n = 24</td>
<td></td>
</tr>
<tr>
<td>Effected Suicides</td>
<td>1</td>
</tr>
<tr>
<td>Class III n = 16</td>
<td></td>
</tr>
<tr>
<td>Effected Suicides</td>
<td>15</td>
</tr>
<tr>
<td>Combined n = 59</td>
<td></td>
</tr>
<tr>
<td>Pretested Attempt</td>
<td>3</td>
</tr>
<tr>
<td>Classes I &amp; II n = 7</td>
<td></td>
</tr>
<tr>
<td>Pretested Attempt</td>
<td>0</td>
</tr>
<tr>
<td>Class III n = 24</td>
<td></td>
</tr>
<tr>
<td>Pretested Attempt</td>
<td>3</td>
</tr>
<tr>
<td>Combined n = 31</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>1</td>
</tr>
<tr>
<td>Depressed Control n = 50</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>1</td>
</tr>
<tr>
<td>Schizophrenic Control n = 50</td>
<td></td>
</tr>
<tr>
<td>Nonpatient Control</td>
<td>0</td>
</tr>
</tbody>
</table>
insignificant percent of the posttested attempters are correctly identified using either eight or nine variables from the constellation as criterion. In fact, the level of accurate identification of subjects from this group is about the same as the number of false positives identified from the control group of depressives with no attempt history.

Discussion

While the problem of prediction appears to be magnified here, in that no combination of variables exists that can produce a near perfect “hit rate” without also identifying a substantial number of false positives, there are some clear “predictive” implications present. For instance, the composite of either eight or nine variables present does identify a substantial proportion of the effected suicide group, especially those who selected methods with a relative high lethality. Most of the false positives identified using either of those “cut-offs” are from the control depressives, and it is tempting to suggest that some of those may well have been “suicidal” when the record was collected. Certainly, this cut-off level does not identify any of the nonpatients falsely. At the operational level, it is clearly in order for the clinician to manifest intelligent concern about subjects whose protocols contain eight or more of these variables; and at the same time recognizing that the absence of such a composite does not necessarily preclude the suicide possibility as a clear 25% of the effected group (15 of 59) had fewer than eight of these variables present in their records.

It may well be that the greatest value of these data concerns the information that they provide about the kinds of psychological activity that are experienced by persons considering self-destruction, especially those for whom the intent is strong. This kind of information may be extrapolated from a review of the 11 variables contributing to the constellation. The vista variable \((FV + VF + V)\) and the form dimension \((FD)\) answer both appear related to introspection, the former also being characterized by the internal experience of irritation or pain (Exner, 1974). These kinds of answers occur with the greatest frequency among people in self-examination, and appear with an extremely low frequency in the records of nonpatients and are almost totally absent in the records of pre-adolescents (Exner, Weiner, & Schuyler, 1976). The color-shading blend has been elaborated by Beck (1949) as a form of simultaneous pleasure-pain experience, which Applebaum and Holzman (1962) and Applebaum and Colson (1968) suggest reflects an aborted form of emotional experience. If a slightly different translation were applied, it could be speculated that the experience of ambivalence is illustrated in such answers, an element identified in the literature as very common among suicidal people.

The egocentricity ratio \((3r + (2)/R)\) has been demonstrated to be lowest among those who are withdrawn, depressed, and often preoccupied with their own failures as judged against social convention (Exner, 1974; Exner, Weiner, & Schuyler, 1976). It is very high as a rule among children, and decreases through the developmental years, but rarely falls below the variable cut-off used here of .30 in nonpatient adolescents or adults. The excessively high or low \(Zd\) score has been found to relate to organizational efficiency in perceptual scanning and decision processes (Exner, 1974). In other words, where excessively high, the subject approaches the perceptual field with great caution, and usually attempts to weigh all components of the field very carefully, in a perfectionistic like way. The high \(Zd\) is common to obsessive people, and correlates substantially with field dependence. The extremely low \(Zd\) scores appear among people who screen the perceptual field more hastily, and often reach decisions prematurely, without weighing all elements adequately. Both the high and low \(Zd\) subjects are somewhat inefficient in their decision process and the probabilities for misinterpretation of stimuli are substantial. Nearly 75% of all psychopathological subjects give high or low \(Zd\) scores
Table 2
Frequencies of Protocols, Identified by Number of Variables Appearing in an 11 Variable Constellation, Combined Effected and Pretested Attempt Groups, Posttested Attempters, Combined Psychiatric Controls, and Nonpatient Controls

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Variables Appearing</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td>Effected &amp; Pretested Attempt Classes I &amp; II n = 50</td>
<td>17</td>
</tr>
<tr>
<td>Effected &amp; Pretested Attempt Class III n = 40</td>
<td>1</td>
</tr>
<tr>
<td>Postattempt Tested Classes I &amp; II n = 6</td>
<td>0</td>
</tr>
<tr>
<td>Postattempt Tested Class III n = 27</td>
<td>1</td>
</tr>
<tr>
<td>Inpatient Depressed &amp; Schizophrenic Controls Combined n = 100</td>
<td>2</td>
</tr>
<tr>
<td>Nonpatient Controls n = 50</td>
<td>0</td>
</tr>
</tbody>
</table>
while this occurs in less than 20% of nonpatients.

The relation of the Experience Potential to the Experience Actual has been one of the most fascinating findings in the research on the Comprehensive System. The *ep* is consistently higher than the *EA* in children, with a "cross-over point" occurring generally in the late teens (Exner, Weiner, & Schuyler, 1976). The *ep* is also noted to be higher than *EA* in the protocols of a large percentage of inpatient schizophrenics. Conversely, an *EA* higher than *ep* is found among the vast majority of nonpatient adults, and is also common among patients completing a developmentally oriented form of psychotherapy successfully (Exner, 1974). It would appear that, as Beck (1960) had postulated, *EA* reflects those resources which are available for direct use by the individual; whereas the *ep*, which was derived from a Klopfer suggested ratio (Klopfer, Kirkner, Wisham, & Baker, 1951), represents resources which are unavailable and tend to act as stimuli on the individual. As this variable appears in the constellation *ep* is greater than *EA*, suggesting that the subject does not have good command or organization of his resources, and carries the potential for being "acted-on" and not having resources available to cope with such stimulation.

The literature concerning pure *C* and *CF* answers is fairly well documented throughout Rorschach history (Exner, 1969, 1974). These are the sorts of response that are found most commonly in the records of children, adolescents, and adults whose emotions tend to be "eruptive," that is, their emotions tend to command their responses more often than efficiency would dictate. The research concerning the *S* response is much less extensive, but tends to support an interpretation of resistiveness and/or negativism. The work with the *X + %* has derived from earlier research on the *F + %* (Exner, 1974). It clearly relates to perceptual accuracy, or reality testing, and has been found quite important to decision making, especially where environmental adjustments are involved. It is usually low in schizophrenics and a critical issue in the diagnosis of that group. The relative absence of whole human responses has generally been identified as reflecting a disinterest in people, or an inability to relate easily to them. For instance, outpatients who are in crisis with their environments tend to give few or no *H* responses although they may give responses in which the content is (*H*) or one of the *H* varieties (Exner, 1974). The *P* response has also been well documented as relating to the ability and/or willingness to see conventional things. A low *P* frequency is often noted among psychotics, especially schizophrenics (Exner, Weiner, & Schuyler, 1976), while a high *P* frequency is often found among those who have sacrificed their uniqueness for the rigid boundaries of convention (Exner, 1974). Finally, a low *R* occurs most often in the records of depressives, organics, or resistive subjects, and except for the latter, may reflect something of the "slowing down" or retardation that occurs to the overall psychological process.

Integrating this information for all 11 variables, a picture is created of a person who is probably introspective, and negatively so; who does not, or cannot express emotions easily or directly and often aborts them because of an uneasiness or uncertainty; whose emotions often get out of hand when they are displayed; who doesn't regard himself or herself very highly in social comparisons; whose resources are not easily or readily available for coping, and in fact, may be irritatingly disorganized; who may be overly concerned with convention, or may have reached the point where convention is disregarded; who does not organize perceptual inputs efficiently and tends to misinterpret stimuli more frequently than is affordable, thereby making for a strained relation with the world; who may be angry and/or negative; who has difficulty in creating or maintaining effective interpersonal relations; and who tends to be psychologically and/or motorically retarded.

While it is true that most of the effected, and pretested attempter samples
do not show all 11 of these variables, most do show positive for eight or more; and any combination of eight or more of those statements makes for a fairly disorganized psychology, and a person who must be experiencing considerable pain and frustration. Interestingly, this is not a particularly new description of the suicide prone person. Much of it can be found in other writings on suicide; but it does seem important that it has been derived empirically from Rorschach data, a factor which serves to add to the understanding of the test as well as to the understanding of the suicide prone person.

Another interesting finding here concerns the protocols collected within five days after an attempted suicide. They do not show the same high frequency of critical variables as occurs among the effected and pretested attempters. In fact, they are generally not distinguishable from the psychiatric control subjects. This seems to have obvious implications for the suicide researcher, especially those oriented toward predictor models. These findings might be applicable to Farberow’s (1950) hypothesis that the very attempt at suicide has a “cathartic” effect, or to Shneidman’s (1963) contention that most people who are acutely suicidal are so for relatively short periods. Whatever the explanation, protocols taken after an attempt are clearly different from those given prior to an effected or attempted suicide.

Finally, it seems very important to again add a caution based on those cases of suicide or suicide attempt which are not correctly identified when eight or more variables of the constellation are applied. These “misses,” which represent a full 25% of the effected suicides and 67% of the pretested attempters using a Class III methodology, only serve to reaffirm that there is no one kind of “suicidal personality” and that overall, any efforts at identifying the potential for self-destructiveness will probably require a much more massive collaborative effort than has occurred to date.

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