

## CHAPTER 1 INTRODUCING THE STUDY

### 1.1 INTRODUCTION

Recent scholarship, according to Franchi & Andronikof-Sanglade (1999:118), shows a growing sensitivity to cultural issues in assessment practice and research. This is accompanied by a concern for methodological difficulties encountered when using psychometric techniques for cross-cultural purposes. These include the absence of meaningful normative data for different cultural and sub-cultural groups as well as the difficulties inherent in developing such normative data.

In many respects South African tests and testing practices may be regarded as the direct offspring of corresponding developments in the United States of America, Britain and Western Europe more broadly. In fact, some African tests are simply standardised adaptations of overseas tests (Huysamen, 1980:9). As far as psychological test development is concerned, the whole issue of cultural diversity has been ignored in most countries. In this regard Hall & Maramba (2001:12) claim that even American psychology itself should address issues of cultural diversity if it is to be responsive to the needs of an increasingly multicultural society. According to these scientists (Hall & Maramba, 2001:12), most theories and research in psychology have been developed by European Americans, particularly men, and often without consideration of cultural context. In this particular research context, it is important to determine how much attention is being devoted to cultural diversity in psychology, and what impact theories and research on cultural diversity have on the field.

*Culture has more than often occupied a secondary role in psychology as a moderator or qualifier of theoretical propositions assumed to be universal in scope. However, there is an increasing awareness that European American psychological theories may be of limited relevance in non-*

*European American contexts and that a consideration of cultural issues can only serve to make psychology more comprehensive and relevant* (Hall & Maramba, 2001:12).

Huysamen (1980:19) argues that in South Africa, the developer of psychological tests is faced with a problem of considerable complexity. Apart from the two former official languages, Afrikaans and English, the South African test developer has to cater for at least eight different language groups (Zulu, Xhosa, Northern Sotho, Southern Sotho, Tswana, Venda, Tsonga and Swazi). To add to this complexity, each language group also tends to represent different ethnic and cultural backgrounds, which means that merely translating the same test content into various languages does not completely solve the problem of cultural fairness and accuracy.

In this study, I assessed black South African adolescents using the Rorschach Inkblot Method (RIM) – an inkblot test that has been standardised for Americans and Europeans. According to Louw & Edwards (1993:41), psychological tests are measuring instruments that are constructed according to strict scientific rules and which evaluates the degree to which certain attributes of personality are present or absent. Psychological tests that are standardised remain the most widely used methods for gathering psychological data. The Rorschach Inkblot Method (RIM) is one such instrument.

The participants in this study were not exposed to psychological tests and not familiar with Western culture. South Africa is both a multicultural and multilingual society. In order to conduct this research which is concerned with the psychological assessment of the 14 year old black South Africans from disadvantaged economic areas, it might be useful to briefly sketch the following: South Africa's historical background, the background of African adolescents, the history of psychological tests, cross-cultural psychology, current psychological trends as well as the value of the Rorschach Inkblot Method (RIM) test.

### 1.1.1 WHAT MOTIVATED ME TO CHOOSE THIS STUDY?

My interest in conducting a study on the administering procedures of psychological tests on South African black learners developed as a result of my past experience as an intern psychologist at a South African historically white university. I was puzzled by the manner in which that particular university discriminated against students according to race. During the first two weeks of my internship, I found out that all the clients who consulted were white. I was the only black intern psychologist and not allowed to assess white clients, the reason being I was not fluent in Afrikaans even though some of them were English speaking. That bothered me because I could speak English. When I raised my concern I was told that some white clients might not feel comfortable with me as an assessor and I was advised to visit schools and recruit African clients that I could assess, on the grounds that I speak African languages fluently. I felt rejected but I did not despair.

I had to put more effort to everything I did, for instance, I translated the content from Afrikaans to English before I studied and recruited clients before I could assess them. Recruiting clients had its challenges as well. Most of the parents were illiterate and unemployed. Even though the assessments were free of charge for the disadvantaged, the clients that I had experienced difficulties to come to the clinic because they did not have transport, money for public transport and money to buy food. I was obliged to arrange my own transport to fetch them from schools, train stations or homes and bought them food because I was expected to assess a certain number of clients in a year. What came into my mind was “is this racial or cultural problem?”

The field of psychology was new to most of my clients. Some of them regarded me as an authoritative figure hence they bowed their heads as a sign of respect and were unable to give sufficient responses during the assessment, whereas some could not express themselves in English nor Afrikaans but responded in different African languages. Hence they did not have high score in psychological tests. The challenges of not having a leveled field in psychology between whites and blacks in South Africa also motivated me to pursue this study. My experience during my

internship left me with many questions because as an intern student who followed the same programme with my colleagues during the course work, I was forced to follow a different programme because I did not share the same language and culture with the white clients. What continuously bothered me was: “Is the unlevelled field in Psychology between blacks and white South Africa a racial, or cultural issue or both?”

In line with my academic training a substantial amount of my internship work involved assessments of clients by using psychological tests. Again, the field was not level. Apart from the fact that there was a limited amount of psychological tests available for my clients, it seemed to be quite acceptable to conduct some tests (deemed to be culture fair) regardless of the fact that those tests were standardised on American or European populations. I therefore developed an interest in the investigation of the adjustment of psychological tests to black South Africans in order to include them in the field of Psychology. I acknowledge that psychological testing is a dynamic process that is influenced by many factors, which includes (among others) culture, race, historical background and environment. I also acknowledge the fact that people are not exactly alike despite the fact that they are from the same cultural group, but my internship experience taught me that there are racial and cultural issues that can influence the performance of clients during psychological tests that we cannot ignore. This study focuses specifically on cultural issues and investigates only one psychological test, which is the Rorschach Comprehensive System.

### **1.1.2 SOUTH AFRICA'S HISTORICAL BACKGROUND**

The history of South Africa, before and since Western intervention, is marked by conflict. Europeans settled in South Africa and later introduced segregationist and apartheid policies. Mncwabe (1990:52), among others, records the impact of these racially divisive policies on South African culture, society and education. These segregationist policies left the majority of black South Africans with deep psychological scars. According to the College of Education of South Africa (CESA)

(1994:11) the apartheid policy in South Africa created instability, violence, alienation and resistance among black South Africans.

Racially separate provision of education has been one of the most controversial aspects of apartheid in South Africa. It generated tremendous resistance and conflict and, unsurprisingly, education formed a critical component of the constitutional negotiations that were initiated in 1990 (Lebeloane 1993:3).

Most of the historically black universities during the apartheid era did not train psychologists. Blacks who wanted to pursue their career as psychologists were denied the opportunity because they were not accepted in historically white universities. As a result South Africa still has only a few black psychologists even though the numbers are slowly increasing. In black schools, I found that there is still insufficient knowledge and availability of psychological services in these institutions. The learners and some of the educators are not familiar with and/or never exposed to psychological tests.

In this context, one of the challenges that South African mental health professionals are faced with is the administration of psychological tests to people of different cultures, languages, and socio-economic status. This study focuses on the administration of psychological tests to black South African adolescents. But who are these adolescents?

### **1.1.3 BACKGROUND OF BLACK SOUTH AFRICAN ADOLESCENTS**

The most common characteristic that black South African adolescents share with adolescents of other races or colour is that they face new biological, cognitive and emotional changes. Eagle & Schwartz (1994:2) state that the adolescence period is exemplified by self-searching and a drive to establish identification usually based on ego ideals. The 12 to 14 year old is in transition from the concrete operational stage of cognitive development to the ability to think more logically and abstractly.

On the other hand, most black South African adolescents, unlike their white counterparts, find themselves in disadvantaged social and economic positions as a result of South Africa's *apartheid* past. This negative position usually hampers the developmental and scholastic performance of black adolescents, in the following arenas.

#### **1.1.3.1 Home environment as an informal learning environment**

Mashile (1991:15) maintains that home environment is the most powerful factor in determining children's level of scholastic achievement. Parents who provide a rich early environment such as interesting toys and rich interactions are more likely to have children with good cognitive skills.

Most African parents have limited education and as a result school may be intimidating for them. It is also hard for an African parent who is struggling for mere survival to even think of taking part in school activities. Some parents believe that public servants such as educators are expected to take full responsibility for performing their assigned roles without any outside interference. Therefore, teaching children at school may be regarded as the educator's responsibility, while teaching social values and morals are generally perceived as the parents' responsibility (Nkabinde & Ngwenya, 1996:35).

In South Africa, most black children are from poverty stricken families. They are from townships and informal settlements. The majority of parents of those children is unemployed and can hardly afford to buy food, clothes and proper shelter, which are basic human needs.

#### **1.1.3.2 South African historically black schools as formal learning environment**

Most black schools in South Africa have poor facilities and as a result they do not provide a conducive learning environment. According to Simkins (1990:6), as far as education is concerned, the learners in those schools are uniquely disadvantaged.

Such learners do not receive any psychological support such as counseling, career guidance or any other help. Kroes (in Bouwer, 1989:54) lists the following factors with regard to black schools<sup>1</sup> in general, which prevent black children from fully and effectively taking part in their lessons:

- Poor and insufficient accommodation,
- Poor facilities, including insufficient or broken school furniture, lack of library facilities, lack of laboratories, etc.,
- Shortage of text books, teaching aids, etc.,
- Higher learner-educator ratio, which in rural areas could easily exceed 50:1.

Black children in most cases do not receive proper pre-school education before entering formal learning. I once conducted a comparative study of informal pre-schools in the townships and informal settlements as well as pre-schools in the cities. I found that pre-schools in the city have qualified educators, educational toys, children are exposed to writing and reading material, children participated in drawing colouring, picture reading, story telling, picture cutting, the preschool have proper buildings, computers, clean surrounding, well-equipped playing ground, children have nutritious meals, educators follow the curriculum from the Department of Education and children went on educational tours regularly.

As far as the informal preschools in the townships and informal settlements were concerned, the opposite prevailed. Some of the educators could neither read nor write. There were no writing or reading materials, no pictures on the walls, the children were not engaged in drawing, painting or colouring because of the lack of the necessary material. Children were crowded in backrooms, garages or tiny tin houses. The educators were teaching the children to memorise the poems they learned twenty to thirty years back while they were in Grades 1 and 2. They sang, danced and played traditional games. They participated mainly in activities which developed the children physically and socially. The intellectual and cognitive

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<sup>1</sup> Black schools in this study are schools that were strictly reserved for blacks (only) during the apartheid era in South Africa.

development of these children were neglected. The educators lacked the knowledge and skills to make use of freely available material such as old newspapers, empty containers of food, traditional play and games such as "**masekitlana**"<sup>2</sup> for language enrichment and verbal expression and "**diketo**"<sup>3</sup> for counting skills (Moletsane, 1996).

### 1.1.3.3 Socio-economic factors and family circumstances

The social and economic effects of apartheid have been comprehensively documented (Magwaza & Edwards, 1991:22). In the same vein, a study conducted by Stipek & Ryan (1997:711), cognitive competencies and motivation were assessed in 233 preschool and kindergarten children. The results revealed much poorer performance among the economically disadvantaged children compared with advantaged children.

Bouwer (1989:48) observed that the socio-economic status of blacks is commonly viewed as a decisive factor with regard to all aspects of children's performance problems. In many cases children in black townships find it impossible to do homework because they have time-consuming domestic chores to attend to in the afternoons, such as selling vegetables, to augment family income and general housekeeping. In the evening the homes are often overcrowded and children do not have a place where they can study. In their study of 640 black children aged three to fourteen years, Richter & Griesel (in Bouwer, 1989) found that parental socio-economic status, as indicated by education, occupation and income levels, was significantly associated with both scholastic achievement and psychological test performance. The relationship declined over age groups and was weakest among the older children.

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<sup>2</sup> **Masekitlana** is a monologue play which is usually played by children from South African townships and rural areas. It is not a competitive play and does not have rules. During play the players express their feelings and emotions by relating stories. Masekitlana is played and has been played by children many decades ago. The players are in most cases the children in distress. This play can be used as a therapeutic tool. While playing masekitlana children are emotionally supporting each other. Masekitlana improves the children's listening skills, enriches their language and teaches them to be empathetic and caring.

<sup>3</sup> **Diketo** is a game usually played by children from the townships and rural areas. Diketo is a competitive game and has rules. The players play with small stones while adding, subtracting, multiplying and dividing.



According to Halle, Kurtz, Costes & Mahoney (1997:527), socio-economic class status continues to be a powerful predictor of academic success. Children from higher socio-economic status (SES) backgrounds score higher on standardised achievement tests, are more likely to finish high school, and are more likely to attend college and postgraduate education than their less advantaged peers. Beharndin & Luster (1998:375-401) in turn observed that mothers with higher family income, fewer children and higher marital quality provide a more supportive home environment.

Economic hardship also undermines parenting more generally. Ge, Conger, Lorenz & Simons (1994) suggest that beyond demographic measures, per se, it is the parental experience of resource inadequacy that will be most likely to disrupt involvement. MacLeod (1996:126) notes that parents from low socio-economic groups are less educated and so they lack the knowledge, skills and resources and these deficiencies have the knock-on effect of rendering parents incapable of helping children.

According to Hofmeyr (1996:360) a discouraging struggle for economic survival often leads to large families living in crowded, dirty and noisy housing conditions with little breathing space and limited sleeping quarters. In some cases, when parents work in the city, children are often left with grandparents in the country, where inadequate care and poor discipline are the order of the day.

Most of the parents of black South Africans from low socio-economic status are illiterate, unemployed, experience financial stress and lack the skills of motivating and helping their children with schoolwork. Hofmeyr (1996:360) holds that a poor self-concept and little self-confidence are often perceived among the disadvantaged as a result of slovenliness, neglect and a poor physical environment. The disadvantaged evaluate themselves on the image that the community has of the family and the stigma attached to the family. It makes them feel like outcasts and they fear strangers. This lack of security leads to feelings of uncertainty and distrust towards the world. The working mother who is overloaded is often impatient and emotionally blunted. In South Africa, where many people

work long hours, commute long distances and do hard physical work, this might be the case.

It is therefore important for mental health professionals to take into consideration the above-mentioned factors when administering tests to disadvantaged children in South Africa. It is also necessary in this study to briefly sketch the history of psychological tests in South Africa.

#### **1.1.4 HISTORY OF PSYCHOLOGICAL TESTS IN SOUTH AFRICA**

Psychology is described as a science with a long past but a short history. Human beings have always taken an interest in behaviour and especially problematic behaviour. However, scientific studies of behaviour only developed towards the end of the nineteenth century (Louw & Edwards, 1993:13).

As early as the first half of 1920 there were several attempts to develop a group intelligence test for South African learners by professors from different Universities in South Africa. In 1924 the Research Grants Board of the Department of Mines and Industries of the Union of South Africa appointed a committee under Prof. RW Wilcocks to construct a group intelligence test. The resulting test, known as the South African Group Test Intelligence, was published in 1930 (Huysamen, 1980:11). After the introduction of *apartheid* policies the development of psychological tests were designed according to racial groups.

The post-apartheid state therefore inherited a system of separate tests designed for racially defined groups, with the result that few were available that have been standardised for all South Africans. Given the lack of adequate measures, the practice has arisen of using tests developed for a white, westernised population with other cultural groups and applying the norms with caution. As very few empirical studies have been undertaken into test bias, the testers are left with very little certainty about the validity and cultural appropriateness of the measures that they use. How to guard against the potential misuse of psychological tests and the need to adapt and develop culturally appropriate measures has been an important

point of discussion but few concrete steps have been taken to redress the situation. External pressures are starting to mobilise psychologists and test developers into action (The Professional Board for Psychology, 1998:iii).

The lack of adequate measures of *culture* has been observed in the practice of psychology. Indeed, there has been a growing concern over the failure of mental health professionals in general, and counseling and clinical psychologist in particular, to adequately meet the needs of a culturally diverse society (Kazarian & Evans, 1998:11).

#### **1.1.5 CROSS-CULTURAL PSYCHOLOGY IN SOUTH AFRICA**

Cross-cultural psychology began with the study of behaviour in widely diverse and previously unfamiliar cultures. Cultural differences become cultural handicaps when the individual moves out of the culture or subculture in which he or she was reared and endeavours to function, compete or succeed within another culture. However, it is these very contacts and interchanges between cultures that stimulate the advancement of civilisations (Anastasi & Urbina, 1997:341).

For instance, there has been a tendency in Western medicine to discredit the methods of the traditional African healer. However, some psychologists and psychiatrists who have studied and worked closely with traditional healers have developed empathetic understandings of their methods, and acknowledged the healing that they achieve (Buhrmann, 1986, Edwards, 1982 & Kottle, 1988 in Louw & Edwards, 1993:33).

Large numbers of black people in South Africa consult traditional healers. They have as much faith in traditional healers as they have in Western medicine. Most South African psychologists maintain that healthy co-operation between psychologists and traditional healers ought to exist. A comprehensive understanding of some types of psychopathology is found among the traditional healers in African societies. Similar views among traditional shamanistic healers in

Europe and Asia and among the Indians of North America are being recognised (Louw & Edwards, 1993:187).

Traditional beliefs and practices concerning illness and health are still widely followed especially in rural areas of South Africa. Expensive modern medicine is not as readily available, particularly in rural areas. Louw & Edwards (1993:689-690) presents concepts used by traditional healers in South Africa in two main language groupings namely, Nguni (Zulu, Xhosa, Ndebele, Siswati) and Sotho (Tswana, Sesotho, Sepedi) as follows:

#### **1.1.5.1 Reverence and respect for ancestors**

Traditional healers believe that the well-being of the society and its members depend on the goodwill of a creator, who is God "uMemeli (Nguni) or Mmopi (Sotho)". Holdstock (in Louw & Edwards, 1993:688) found that the relationship with the ancestors, and through the ancestors with God, permeates all being.

#### **1.1.5.2 Sorcery**

Sorcery, "ubuthakathi" (Nguni) and "boloi" (Sotho), refers to the deliberate use of supernatural powers to hurt or even kill a person as a means of taking revenge for the harm they have committed.

#### **1.1.5.3 Sickness due to natural causes**

"Ukufa kwabantu" (Nguni) or "lefu la batho" (Sotho), on the other hand, attributes ill health to supernatural causes. Several authors (Berglund, 1976, Gumede, 1990, Ngubane, 1977 in Louw & Edwards, 1993:689) identified the following divisions:

##### **(a) Animistic theories**

These theories ascribe a disorder to the behaviour of some personalised supernatural agent such as a spirit or God, for example:

- "Abaphansi basifulathele" (Nguni) or "ba fatshe ba re lahile" (Sotho), is withdrawal of protection of the ancestral shades, mostly caused by disharmony within the home.
- "Ukulahla amasiko" (Nguni) or "ho lahla maseko" (Sotho), is the failure to perform the necessary rituals such as sacrifices to the ancestral shades.
- "Ukuthwasa" (Nguni) or "ho thwasa" (Sotho) refers to a creative illness following the calling by the ancestral shades to become a diviner; in other words, a religious conversion experience.
- "Ukudlula" (Nguni) or "ho tlola" (Sotho) is failure to abstain during a period of mourning, and it is believed to result in a form of compulsion neuroses.
- "Isizwe" (Nguni) or "moya o ditshila" (Sotho) is aggressive spirit possession occurring by chance.

**(b) Magical theories**

These theories attribute a disorder to the covert action of a malicious human being who employs magical means to injure his victim; for example,

- "Ufufunyane" (Nguni) or "mafofonyane" (Sotho) is spirit possession attributed to sorcery.
- "Idliso" (Nguni) or "sejeso" (Sotho) is poisoning attributed to sorcery.
- "Igondo" (Nguni) or "leqotho" (Sotho) are genito-urinary disorders attributed to sorcery.
- "Umeqo" (Nguni) or "mohlala" (Sotho) is a disorder attributed to stepping over the harmful concoction of sorcery.
- "Umhayizo" (Nguni) or "lehabeya" (Sotho) are crying attacks attributed to sorcery by love potions.
- "Uvalo" (Nguni) or "letswalo" (Sotho) is anxiety attributed to sorcery aimed at lowering the defenses.
- "Ibulawo" (Nguni) or "bolawo" (Sotho) is bodily pains attributed to sorcery.
- "Tokoloshe" (Nguni) or "thokolosi" (Sotho) is witchcraft through a familiar, the supernatural agent of a witch.

**(c) Mystical theories**

These theories explain disorders in terms of an automatic consequence of some act or experience of the afflicted person, for example:

- "Umnyama" (Nguni) or "bofifi" (Sotho) is illness or adversity experienced because of contact with places or people immediately associated with major life and death events, for example: birth, death, sexual intercourse and menstruation.
- "Umkhondo" (Nguni) or "mohlala o mobe" (Sotho) is a dangerous track or ecological health hazard such as lightning.

These animistic, magical and mystical theories form the cornerstone of traditional African cosmological, religious, social and moral world-views of good and evil, health and sickness. It should also be emphasised that these views and patterns are continually changing, both shaping and being affected by the broader society.

These cultural beliefs and the traditional African way of living in South Africa are not well-known to mental health professionals familiar with and socialised within western culture. It is imperative that when psychological intervention or any type of therapy, counseling, diagnosis, and psychological tests are administered to black South African children, that the psychologist concerned should be familiar with the these traditional African culture, beliefs and ways of living. In that way, the misdiagnosis of black children by white psychologists in South Africa will be reduced, if not eliminated.

In order to develop a broader understanding of the field of psychological assessment procedures within the South African context, it is necessary to also reflect on current psychological trends in South Africa.

### 1.1.6 CURRENT PSYCHOLOGICAL TRENDS IN SOUTH AFRICA

South African students in psychology are trained mainly according to an American-European model of education. This model is culturally peculiar to South Africa. It does not address the unique circumstances, mental functioning and problems of the majority of South Africans. In practice, this western-oriented knowledge is applicable to a relatively small part of South African society, mainly whites and middle class black persons (Louw & Edwards, 1993:30).

Aponte, Rivers & Wohl (1995:58) observed that students in the majority of doctoral programmes are still not trained to administer psychological tests using culturally acceptable styles of service delivery or a social etiquette for interpersonal transactions that are acceptable to other ethnic clients. In addition, students are only infrequently provided with experiences in examining culture-specific perspectives that would be relevant for interpretation of test protocols. As a result, standard psychological assessments are deficient for practice with other ethnic populations. The failure to incorporate culture-specific tests into the assessment curriculum has further reduced the likelihood of providing acceptable services to these populations. In the absence of cultural competence, the practice of standard psychological assessment has unforeseen consequences. These may include not only faulty diagnosis, but also a caricature and distortion in personality description by minimising differences and stereotyping client behaviours.

There are few black psychologists in South Africa. This is partly a symptom of the poor standard of education that was available for blacks under apartheid. This has seriously impeded the offering of appropriate psychological services within the black community. Given the dominance of white psychologists in South Africa, it was to be expected that most of the available psychological research has focused on the psychological experiences and problems of whites.

In the field of psychological testing in particular there are large numbers of tests standardised for whites (western culture) and few for other race groups. The few tests standardised for black South Africans include intelligence tests, such as the

Individual Scale for Northern Sotho, Tswana, Zulu, and Xhosa-speaking pupils. As far as projective tests are concerned, there is TAT test that is standardised for Zulu or other African children. The Rorschach test is not yet standardised for black African children in South Africa.

The Rorschach as a psychometric test is valuable in South Africa because it has credibility in courts of law and in forensic psychology in general. Its administration procedure and norms should, however, be thoroughly assessed, taking account of the varied and diverse backgrounds of all South African children.

#### **1.1.7 THE VALUE OF THE RORSCHACH TEST WITHIN THE SOUTH AFRICAN CONTEXT**

Psychological tests are measuring instruments that are constructed according to strict scientific rules and which evaluate the degree to which certain attributes of personality are present or absent. More specifically, psychological tests are used for the measurement and evaluation of a range of variables such as intelligence, talent, attitudes, values, personality attributes and so on (Louw & Edwards 1993:41). The Rorschach Inkblot Method (RIM) is one of the psychometric tests used in South Africa even though its normative data is based on an American sample.

A major distinguishing feature of the Rorschach Inkblot Method (RIM) is to be found in their assignment of a relatively unstructured task, that is, a task that permits an almost unlimited variety of possible responses. In order to allow free play to the individual fantasy, only brief, general instructions are provided. For the same reason, the test stimuli are usually vague or ambiguous. The underlying hypothesis is that the way in which the individual perceives and interprets the test material or structures the situation will reflect fundamental aspects of his or her psychological functioning. In other words, it is expected that the test materials will serve as a sort of screen on which the respondents "project" their characteristic thought processes, needs, anxiety and conflicts (Huysamen, 1980:411).



The Rorschach Inkblot Method (RIM) test is one of the most popular projective techniques, consisting of ten inkblots. Hermann Rorschach, the Swiss psychiatrist, developed the Rorschach Inkblot Method (RIM) technique in 1921. Psychologists, in the study of imagination in the past, have used standardised series of inkblots. Hermann Rorschach was the first to apply inkblots to the diagnostic investigation of the personality as a whole.

Rorschach (RIM) continues to be administered by psychiatrists and psychologists in South Africa. Since this technique's normative data are based on western culture, most of the South African learners from historically black schools do not give an adequate number of responses, which according to the Rorschach Comprehensive System (RCS) is 14 or more when the RCS is administered to them.

According to Exner (1993:70), most brief records, that is, those containing less than 14 answers are not valid. Research findings make it clear that the overwhelming majority of brief records will not have the level of reliability prerequisite to the assumption of interpretive validity. When a brief record is given, the examiner should consider either of the two options. The first option is to discard the test and rely on other assessment data available and the second one is to retest the participants. To do so the examiner should interrupt the standard procedure.

It is this problem that led me to conduct in-depth research and administer the Rorschach among learners who give a limited number of responses to the Rorschach Comprehensive System.

## **1.2. PROBLEM STATEMENT**

### **1.2.1 INTRODUCTION**

Gibbs & Huang (1998:viii) state that children in the United States of America face daily challenges to their success and self-esteem. Due to a mental health system

that is poorly funded and all too frequently insensitive to race and ethnic origin, these children are often misdiagnosed and mistreated, if they are treated at all. The following questions are frequently asked to people who have studied the effect of ethnicity on mental health:

- What are the cultural values of a particular ethnic group?
- How do cultural conflicts affect mental health?
- Which assessment instruments are valid to use with these groups?
- To what extent should psychotherapeutic techniques be modified to be effective with clients of different culture?
- What kind of therapist is referred to as 'culturally sensitive'?

In contemporary psychological practice, psychologists are faced with the challenging task of assessing clients who come from diverse cultural backgrounds. Such assessments are often replete with difficulty and uncertainty and require special considerations to assure appropriate evaluation.

The psychologist faces the difficult task of making extremely important decisions and recommendations about individuals based on procedures and techniques developed in other countries such as the United States of America. A decade ago, Butcher *et al.* (in Louw & Edwards, 1993:30) already indicated that South African psychology is at a cross-road. They viewed South African psychology problems as follows:

- South African students are trained mainly according to an American-European model. The model is not culturally peculiar to South Africa and does not address the unique circumstances, mental functioning and problems of the majority of South Africans.
- There are few black psychologists, which is symptomatic of the poor standard of education that was available under apartheid. However, it means that much of the professional and academic development of

psychology has been done by whites and has therefore come from a white cultural and political standpoint. This has seriously impeded the offering of appropriate psychological services within the black community. Since 1994, many black students have been enrolling for psychology. This issue is therefore being addressed.

- In the field of psychological testing in particular, there are large numbers of tests standardised for whites and very few for other cultural groups.

Limited psychological test exposure is a factor that cannot be denied especially within those cultural groups where psychometric tests do not represent part of their cultural activities, such as South African blacks. The RIM is a valuable technique as discussed in the previous section.

### **1.2.2 KEY RESEARCH QUESTIONS**

According to Exner & Weiner (1982:15), RIM behaviour means what it means regardless of the age of the subject. However, the fact that its normative data is based on an American sample cannot be avoided. The extent to which this sample represents children from a broader geographic distribution and cultural differences, cannot be determined without collecting samples from other countries such as South Africa.

Pedersen, Draguns, Lonner & Trimble (2002:4) argue that anthropological and cross-cultural research has demonstrated the following:

- Cultural beliefs influence the diagnosis and treatment of mental illness.
- The diagnosis of mental illness differs across cultures.
- Research has revealed differences in how individuals express symptoms in different cultural contexts.
- Culturally biased interpretations of diagnoses vary according to the diagnostic categories relevant to the majority population, and

- In Europe and the United States of America, most providers come from the majority culture whereas most clients are members of minority cultures. In South Africa the reverse situation applies; that is, most providers are from the minority cultures (white) and clients from majority cultures (black).

Most black South African children find themselves in different home environments, learning environments, political, cultural as well as socio-economic backgrounds from that of the white South Africans of their age. The majority of them are never exposed to psychological tests and do not even know the role of a psychologist. It is therefore imperative for the researcher to be familiar with the participants' background when conducting research.

The research questions are divided into two categories: main question and sub-questions.

**(a) Main question**

- What adjustments can be considered and made to the administering procedure of the RCS that might enhance the probability of a higher rate and more reliable response profiles from black adolescents in South Africa?

**(b) The sub-questions that need to be addressed are:**

- What are the administering procedures when using the Rorschach Comprehensive System (RCS) among black South African adolescents?
- What do black South African fourteen-year old adolescent profiles look like when the Rorschach Comprehensive System (RCS) is administered to them?

- What are the variables to be noted when administering the Rorschach Comprehensive System (RCS) to black adolescents, which could generate a sufficient number of responses, and which could be considered when adjusting RCS administering procedures?
- What are the response rates of fourteen year old South African adolescents when an Adjusted Rorschach Comprehensive System (ARCS) is administered to them?

These questions are addressed in chapters 4, 5 and 6, where the participants' RCS' and ARCS responses are analysed and interpreted.

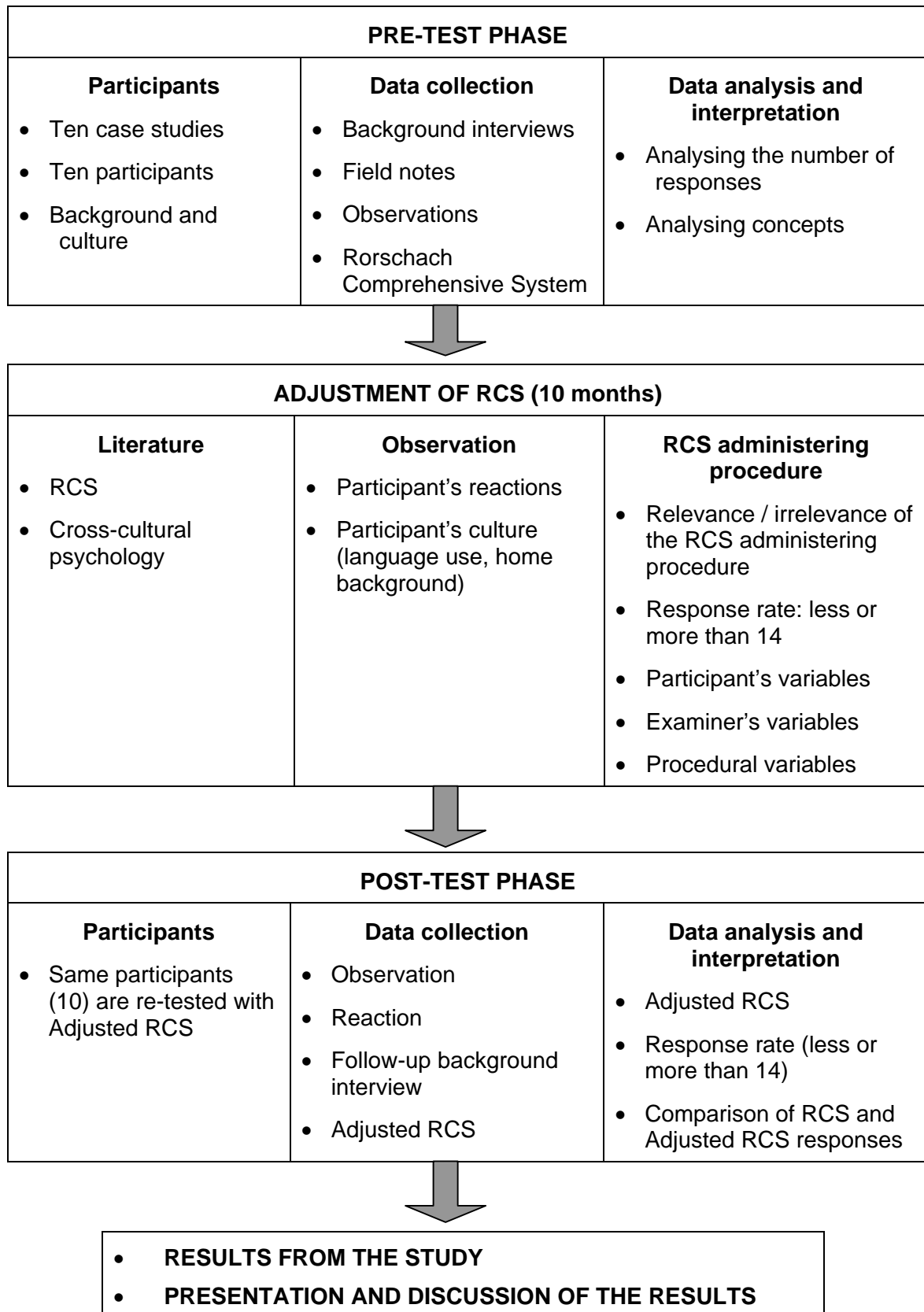
### **1.3 THE PURPOSE OF RESEARCH**

The purpose of this research, therefore, is to develop, design and explain the Rorschach Comprehensive System adjustment procedure, and to then implement the RCS administration in ways that generate a higher response rate and a more reliable response profile in a group of black South African adolescents.

### **1.4 RESEARCH DESIGN**

This study will be executed as an empirical research project where the researcher will be involved with numeric (Rorschach response rate) as well as textual data (administering procedures of the RCS) under medium control conditions. The key research questions have an exploratory, descriptive, explanatory as well as an evaluative nature. The general aim of the research design is the development of adopted administering procedures, validating the existing scales and tests through an item-analytic, factor-analytic and discriminant analytic study. The study concerns a specific theory about the effect of culture that is tested on empirical data. This research reflects the testing of a factor structure (RCS administering procedures) of a test that was developed in North America on a South African sample.

**FIGURE 1.1 RESEARCH DESIGN**



## PRINCIPLES OF RESEARCH DESIGN

<b>RESEARCH DESIGN</b>	<b>Purpose:</b> To develop, design and explain the Rorschach Comprehensive System adjustment procedure and to then implement the RCS administration in ways that generate a higher response rate and a more reliable response profile in a group of black South African adolescents.
	<b>Paradigm:</b> Qualitative, constructivist and interpretive approach
	<b>Format:</b> Case studies
	<b>Techniques:</b> Sampling, pre-test / post-test

### 1.4.1 EXPLANATION OF RESEARCH DESIGN

#### 1.4.1.1 Pre-test Phase

##### (a) Participants

According to Aiken (1989:68), an appropriate way to standardise a test is to begin by categorising or stratifying the target population on a series of demographic variables such as age, socio-economic status, geographical region and so forth.

In this research ten case studies will be selected. The participants selected as the “cases” in this study are ten 14-year-old black South African adolescents. They have been selected from four high schools located in black townships in Gauteng province. The participants are non-patients. Their home languages are Tswana and Zulu.

**(b) Data collection**

Background interviews will be conducted with ten participants. Data will also be collected from other sources such as literature reviews and the participant observations during the administration of the Rorschach test.

**(c) Data analysis and interpretation**

As researcher, I will count the number of responses of each participant and analyse protocols containing less than fourteen responses to investigate why fewer than ideal responses were given. According to Exner (1997:53) “as a rule, protocols that contain less than 14 responses should be discarded on the premise that they are unreliable and, as such are not interpretively valid.” The researcher will also interpret the pre-test findings.

**1.4.1.2 Adjustment of RCS phase**

**(a) Literature review**

The purpose of literature review is:

- To develop a powerful and appropriate theoretical framework to govern the study. In this research the theoretical framework is important because it gives the researcher information with regard to the participants as well as the RCS administering procedures.
- To familiarise the researcher with the latest developments in the area of research as well as in related areas. In this study literature review enables the researcher to know about research that has been done with regard to the Rorschach tests.



- To identify gaps in the knowledge base on the subject, as well as weaknesses in previous empirical studies. In this study the researcher gets information about the RCS research that has been conducted and the limitations thereof.
- To discover connections, contradictions or other relations between different research results by comparing various investigations, and to identify variables that must be considered in the research as well as those that prove irrelevant. In this study the researcher will analyse the information about the Rorschach test and the South African black adolescents in order to identify the variables that inhibit them to give more responses when RCS is administered to them (Bless & Higson-Smith, 2000:20).

The preliminary literature study provides the relevant information concerning the main theme of this research. In this study literature provides relevant and recent data describing:

- the origin of the Rorschach inkblot test
- the Rorschach Comprehensive System (Exner)
- the value of RCS
- the etiology thereof
- relevant current research and results, and
- cultural / cross-cultural psychology

The information acquired from the literature review will be vital for the RCS adjustment process.

#### **(b) Observation**

When adjustments are made the researcher will analyse and consider the participants reactions that were noted during pre-test phase. The observation of

the participants' reactions will enable the researcher to make adjustments with regard to the relevance of RCS administering procedures to the participants.

**(c) RCS administering procedures**

When Rorschach Comprehensive System adjustments are made, the following will be considered:

- I will analyse the protocols where less than 14 responses are given in order to identify the inhibiting factors when the original RCS is administered to the participants in this study.
- I will take account of participant variables such as the participants' culture, language, socio-economic factors, background, interpersonal interaction and test exposure; examiners' variables such as relationship between the examiner and the participant and examiners' expectation as well as procedural variables such as appropriateness of testing procedures, testing environment and seating arrangements.

**1.4.1.3 Post-test Phase**

**(a) Participants**

Ten months after the RCS has been administered to the participants for the first time and after the completion of the RCS adjustment processes, the same ten participants will be retested during post-test phase. This time the Adjusted Rorschach Comprehensive System will be administered.

**(b) Data collection**

Follow-up interviews will be conducted to inform the researcher about the participants' background after ten months. Changes pertaining to the participants'

backgrounds will be noted. Observations of the participants' reactions will also be made. Data will also be collected from the literature.

**(c) Data analysis and interpretation**

Within the design of this research, a qualitative form of data analysis will be conducted using field notes kept during the administering process of the RCS. According to Neuman (1994:319), the qualitative approach accommodates a critical approach towards data analysis due to the fact that the meaning of a social action such as the attribution of meaning depends on the context within which it appears. The response rate of the South African black adolescent child can only be interpreted within the cultural context of that child which differs from the context of the population from which the norm tables of the RCS have been compiled. A qualitative approach therefore enables the RCS profile of the South African black adolescent to be placed within a larger whole.

The analysis of the data will commence early in the research project, that is, the first phase of data collection. The results of early data analysis will guide subsequent data collection. This means that I will blend together the empirical evidence gathered during the first testing phase and abstract concepts such as limited test exposure, cultural issues, and so forth. I will analyse any background changes that occurred after the pre-test phase. The participants' observations and reactions will be compared to those of the pre-test phase and then analysed and interpreted.

**1.4.1.4 Principles of research design**

**(a) Paradigm**

This study is qualitative in nature and guided by a constructivist-interpretive paradigm. According to Denzin & Lincoln (2000:197) constructivism means that human beings do not find or discover knowledge so much as we construct or make it. We invent concepts, models and schemes to make sense of experience, and we

continually test and modify these constructions in the light of new experience. Furthermore, there is an inevitable historical and socio-cultural dimension to this construction. We do not construct our interpretations in isolation but against a backdrop of shared understandings, practices, language, and so forth.

According to Terre Blanche & Durrheim (1999:123), interpretive research methods try to describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement. The interpretive method is characterised by a particular ontology, epistemology and methodology. Researchers working in this tradition assume that people's subjective experiences are real and must be taken seriously (ontology), that we can understand others' experiences by interacting with them and listening to what they tell us (epistemology) and that qualitative research techniques are best suited to this task (methodology). Rather than translating the stuff of everyday experience into a language of variables and mathematical formulae, as one would do when following an explicitly positivist approach, the interpretive approach tries to harness and extend the power of ordinary language and expression, developed over thousands of years, to help us better understand the social world we live in.

The study is exploratory, descriptive and explanatory. According to Terre Blanche & Durrheim (1999:39) exploratory studies are used to make preliminary investigations into relatively unknown areas of research while employing an open flexible approach to research, descriptive studies aim to describe the phenomena whereas the explanatory studies aim to provide casual explanations of the phenomena. In this study, therefore, I will investigate the main research question through such qualitative inquiry: *“What adjustments can be considered and made to the administering procedure of RCS that might enhance the probability of a higher rate and more reliable response profiles from black adolescents in South Africa?”*

I will adjust the administering procedures of RCS, which is standardised for Europeans and Americans, to suit a group of black adolescents in South African. In adjusting the RCS administering procedures I will take into consideration factors

such as culture and language, test exposure and interpersonal relationships of the participants. My experiences with regard to African culture, language and psychological tests will play a crucial role in adjusting the test in this study. Accordingly, I will interpret the pre-test and post-test findings and construct or develop the adjustment of RCS administering procedures that are suitable to the participants in this study.

## **(b) Research techniques**

### **• Sampling**

The sampling in this study is purposive. According to Bless & Higson-Smith (2000:92), purposive sampling is based on the judgment of a researcher regarding the characteristics of a representative sample. A sample is chosen on the basis of what the researcher considers to be typical units.

The participants in this study had the following in common:

- 14 year olds,
- from historically black disadvantaged schools, who were
- never exposed to psychological tests before, and with
- Zulu and Tswana as their home language.

More information with regard to the selection of participants is highlighted in chapter 4 (section 4.2.3.1).

### **• Pre-test / Post-test design**

The RCS will be administered during the **pre-test phase** to black South African 14-year old adolescents according to the strict administering procedures as prescribed by Exner. The response rate of the selected participants will constitute the first set of data after which the RCS will be administered to the same participants by applying the adjusted administering procedures developed with the aim of enhancing the response rate of selected participants. The second RCS profiles of the selected participants will constitute the second set of data to be analysed and interpreted.

The participants are to be re-tested during **post-test phase** within ten months after the first administering process. The same selected participants will be involved in both testing procedures. The data will be collected from the complete population as described earlier in order to enhance the accuracy and precision of the research methods. Because the participants will be informed on the research process and the consent of their parents as well as school officials will be acquired, I do not anticipate problems in the practical application of the study.

- **Qualitative observation**

Qualitative observation will be used in order to determine which factors inhibit the participants in the study from responding in an optimal way.

For Silverman (1993:30) observation is fundamentally about understanding the routine rather than what appears to be exciting. Bryman (1988:61-66 in Silverman,1993:31), provides a useful list of the principal characteristics of observational research that was used in this study:

- (a) Seeing through the eyes: viewing events, actions, norms, values, etc. from the perspective of the people being studied.
- (b) Description: attending to mundane detail to help us to understand what is going on in a particular context and to provide clues and pointers to other layers of reality.
- (c) Contextualism: whatever the sphere in which the data are being collected, the assumption is that we can understand events only when they are situated in the wider social and historical context.
- (d) Process: viewing social life as involving interlocking series of events.
- (e) Flexible research designs: adherence to viewing social phenomena through the eyes of the participants has led to a wariness regarding the imposition of prior and possibly inappropriate frames of reference on the people they study. This leads to a preference for an open and unstructured research design that increase the possibility of coming across unexpected issues. Even though this study adopts a rather

structured, pre-planned research design, flexibility is evidenced in the way in which the researcher engages with the participants, as well as the approach towards *adjusting* administering procedures of the RCS that is fairly prescriptive in nature.

- (f) Avoiding early use of theories and concepts: rejecting premature attempts to impose theories that may exhibit a poor fit with participants' perspectives.

- **Interviews**

I will allow the participants to relate their stories during interviews. At a later stage I will focus on the targeted information. Interviews will enable the researcher to understand and know the participants better. I will observe and describe the participants' reaction and responses during the RCS and ARCS. The concepts used during RCS and ARCS from different languages will be analysed and interpreted during pre-test and post-test phases.

## **1.5 SOUNDNESS (VALIDITY) OF QUALITATIVE RESEARCH**

According to De Vos (1998:351), all research must respond to canons that stand as criteria of trustworthiness against which the project can be evaluated. These canons can be phrased as questions to which all research must respond. Lincoln & Guba (1985 in De Vos, 1998:351) propose four alternative constructs that more accurately reflect the assumptions of the qualitative paradigm:

### **1.5.1 CREDIBILITY**

Credibility is the alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described. The strength of the qualitative study that aims to explore a problem or describe a setting, a process, a social group, or a pattern of interaction will be its validity. An in-depth description showing the complexities of variables and interactions will be so embedded with data derived from the setting that it cannot help but be valid. Within the parameters of that setting, the population

and theoretical framework of the research will be valid. A qualitative researcher should therefore adequately state those parameters, thereby placing boundaries round the study.

In this study an in-depth description of ten case studies were generated. I describe, explore and explain the setting, the background and the culture of the participants.

### **1.5.2 TRANSFERABILITY**

Transferability is the alternative to external validity or generalisability, in which the burden of demonstrating the applicability of one set of findings to another context rests more with the investigator who would make the transfer, than with the original investigator. A qualitative study's transferability or generalisability to other settings may be problematic. The generalisation of qualitative findings to other populations, settings and treatment arrangements, i.e. its external validity is seen by traditional canons as a weakness in the approach. To counter challenges, the researcher can refer back to the original theoretical framework to show how data collection and analysis will be guided by concepts and models. By doing so, the researcher states the theoretical parameters of the research. Those who conduct policy or design research studies within those same parameters can then determine whether or not the cases described can be generalised for new research policy and transferred to other settings, while the reader or user of specific research can see how research ties into a body of theory.

In this study I developed the adjusted Rorschach Comprehensive System administering procedures which were relevant to the participants. The theoretical framework of the study guided the research during the adjustment phase.

### **1.5.3 DEPENDABILITY**

Dependability is the alternative to reliability in which the researcher attempts to account for changing conditions in the phenomenon chosen for the study, as well as changes in the design created by an increasingly refined understanding of the



setting. This represents a set of assumptions very different from those that shape the concept of reliability. In this study the RCS administering procedures were adjusted to be relevant and appropriate to the participants' culture.

#### **1.5.4 CONFIRMABILITY**

Confirmability captures the traditional concept of objectivity. Lincoln & Guba (1985, in De Vos, 1998:351) stress the need to ask whether the findings of the study could be confirmed by another. By doing so, they remove evaluation from some inherent characteristic of the researcher (objectivity) and place it squarely on the data. Thus the qualitative criterion is: "Do the data help confirm the general findings and lead to the implications?"

#### **1.6 LIMITATIONS OF THE STUDY**

Most of the RCS methodological research in the area of cross-cultural studies, although done in various countries (including developing countries), can be quite dated and its relevance for current research practice is not always that obvious. Mouton (2001:174) states that little research has generally been done in developing countries, where one often finds specific methodological challenges, for example, sampling in rural areas townships, involving illiterate populations, and so on.

One of the possible common research errors that can occur during the execution of the research process, is the so-called *placebo effect* where the subject in this case the black adolescent child, might report changes because he/she is expected to rather than actually experience these changes. This effect is particularly prevalent in clinical trials research and psychological therapy research. I therefore will consciously work against this effect, by continuously assuring that the participants' responses are authentic by allowing time for explanation. During the RCS administration, an Inquiry phase will also be conducted to verify the participants' responses.

Another possible research error of which the researcher is aware and careful of, is the so-called *Hawthorne effect*. According to Babbie (1992:240) these errors occur when the selected participants react to independent and irrelevant variables that do not necessarily form part of the initial variable being tested or investigated. In this research the participants are *black South African adolescents* who have never been tested before and who might have enjoyed the individual attention to such an extent, that a higher response rate could also have been ascribed to a heightened self-image and not necessarily an adjusted administering procedure.

As within a qualitative approach, I will work to ensure that the research accurately reflects the relevant evidence and applied checks on the evidence (Neuman, 1994:321). When developing the adjusted RCS administration procedure, I will consider factors such as language, cultural background of the participants in order to ensure that their responses during post-test phase are authentic. I will also compare the pre-test and post-test responses in order to determine the appropriate and effective Rorschach's administrative procedure for the participants.

## **1.7 DEFINITION OF CONCEPTS**

The following concepts were important for this study. They are therefore explained below but will be further elaborated upon in the theoretical framework of this study.

### **1.7.1 PSYCHOLOGICAL TESTS**

“A psychological test is essentially an objective and standardised measure of a sample of behaviour. Psychological tests are like the tests in other science, insofar as observations are made on a small but carefully chosen sample of an individual's behaviour. In this respect, the psychologist proceeds in much the same way as the biochemist who tests a patient's blood by analysing one or more samples in it. If the psychologist wishes to test the extent of a child's vocabulary, a clerk's ability to perform arithmetic computations or a pilot's eye-hand co-ordination, he or she examines their performance with a representative set of words, arithmetic problems or motor tests. Whenever or not the test adequately covers the behaviour

under consideration obviously depends on the number and the nature of items in the sample” (Anastasi & Urbina, 1997:4).

Anastasi & Urbina (1997:4) further mention that, the tests vary in the way they are administered as in the individual testing of each person by a trained examiner, the simultaneous testing of large groups, or the administration of tests by computers. Tests also differ in the aspects of behaviour that they cover. Some concentrate on the assessment of cognitive traits or abilities. These may range from broad aptitude such as readiness to profit from college work to highly specific sensori-motor skills required to perform a simple manual operation. Other tests provide measures of affective variables, or personality, such as emotional or motivational traits, interpersonal behaviour, interests, attitudes and values. The basic rationale of testing involves generalisation from the behaviour sample observed in the testing situation to behaviour manifested in other, non-test situations. Any influences that are specific to the test situation constitute error variance and reduce test validity. It is therefore important to identify any test-related influences that may limit or impair the generalisability of test results (Aronow, Reznikoff & Moreland, 1994:13). In this study the psychological test that will be administered is the Rorschach Inkblot test.

### **1.7.2 PSYCHOLOGICAL TEST ADMINISTRATION**

For the purpose of this study, “psychological test administration” will refer to the process and procedure where a registered psychologist conducts an assessment via a standardised psychological/psychometric test with an individual or a group of individuals in order to gain in-depth insight into some aspect of their broader psychological functioning. In this study the Rorschach Inkblot test is administered to the participants, for the first time (pre-test phase) according to strict Rorschach Comprehensive System procedures and the second time (post-test) according to the adjusted Rorschach Comprehensive System procedures.

### **1.7.3 STANDARDISATION OF PSYCHOLOGICAL TESTS**

Standardisation implies uniform procedure in administering and scoring the test. If the scores obtained by different people are to be comparable, testing conditions must obviously be the same for all. Such a requirement is only a special application of the need for controlled conditions in all scientific observations. In a test situation the single independent variable is often the individual being tested. In order to secure uniformity of testing conditions, the test constructor provides detailed directions for administering each newly developed test. “The formulation of directions is a major part of standardisation. It extends to the exact material employed, time limits, oral, preliminary demonstrations, ways of handling queries from test takers, and every other detail of the testing situation. Many other, more subtle factors may influence performance on certain tests thus, in giving instructions or presenting problems orally, consideration must be given to the rate of speaking, tone of voice, pauses, and facial expression” (Anastasi & Urbina, 1997:6).

### **1.7.4 RORSCHACH INKBLLOT METHOD (RIM)**

The Rorschach Inkblot Method (RIM) was first published as a formal assessment procedure in 1921 by Hermann Rorschach, a Swiss Psychiatrist, a book titled *Psychodiagnostics: A Diagnostic Test Based on Perception (1921/1942)*. “Although the Rorschach has come to be known as a “projective test”, the instrument was designed and intended for use primarily as a perceptual task and not as a means of analysing fantasy. Rorschach was concerned mainly with using the ways in which participants organise and structure their perceptual impressions of the inkblots to identify personality characteristics and types of mental disorder. Although he was psychoanalytically informed, he paid little attention to the content of what participants saw in the blots and did not invoke the concept of projection to his work (Weiner, 1992:215-216)”. The Rorschach consist of 10 cards, each one containing a bilaterally symmetrical inkblot. Five of the inkblots are done in shades of grey and black, two contain small areas of red, and three utilise pastel shades.

Hermann Rorschach modestly described his inkblot test as an experiment in the interpretation of accidental forms. Since then, countless patients have been asked "What might this be?" and thereby invited to interpret the impact of the blot. Rorschach's death at the age of 37 left the test unfinished. The test's recent reanimation owes much to the work of John Exner who has worked to make it more empirical, urging standard administration, providing both rigorous scoring criteria and solid norm to guide interpretation (Aronow, *et al.*, 1997:173).

### **1.7.5 RORSCHACH COMPREHENSIVE SYSTEM (RCS)**

Throughout the history of Rorschach testing, the emphasis on objectifying and quantifying seemingly subjective data has been a hallmark of the scientific approach to psychodynamics. The work of Exner and his colleagues has brought these efforts up to date in a compelling and comprehensive way (Brickman & Lerner, 1992:176-184).

In 1974 Exner published his first of three major works on the Comprehensive System (Exner & Weiner, 1982), a system of scoring and interpretation that attempted to take the best of the five systems, that is Beck, Klopfer, Hertz, Piotrowski and Rapaport and Schafer's systems' aspects and put them into one integrated format. Exner's careful, detailed summaries of the Rorschach literature, and the body of research that he and his colleagues have produced, are a major contribution to the literature on psychological assessment and represent the best single source of data on the Rorschach (Martin, 1988:10). The Rorschach Inkblot Method (RIM) as well as the Rorschach Comprehensive System will be clearly explained in chapter 2 of this study.

### **1.7.6 CULTURAL RESPONSIVENESS**

The term "cultural responsiveness" is described by Vargas & Koss-Chioino (1992:2), as the process through which culture can be integrated into psychotherapeutic interventions. It is somewhat synonymous with "cultural sensitivity" but is meant to emphasise an active stance rather than a more passive

appreciation of the psychotherapeutic. In this study I view cultural responsiveness as the process through which the participants react to the psychological test and how culture influences their reactions.

## 1.8 ORGANISATION OF THE THESIS

**Chapter 2** in this study focuses on the Rorschach Comprehensive System's literature review. The development of Rorschach Comprehensive System by Exner, the reasons why the Rorschach Comprehensive System was developed, its significance, value and cultural aspects are discussed. The three pillars of the Rorschach Comprehensive System namely: standardised administration, objective and reliable coding, and representative normative database, are also discussed in full.

**Chapter 3** explains the theoretical framework for the study. The ecocultural framework of relationships among classes of variables employed in cross-cultural psychology by Berry, Poortinga, Segall & Dasen (2000) is explained. This is supplemented by the model of African personality that was developed by Sow (1977, 1978 in Berry, *et al.*, 2000:105). The rest of the chapter focuses on the cross-cultural aspect of the Rorschach Comprehensive System. RCS's standardised norms are determined from a Western culture that is different from African culture. The researcher therefore highlights the cultural differences of the Westerns and Africans in order to identify the factors that could possibly inhibit the black South African teenagers to give sufficient responses when the Rorschach Comprehensive System is administered.

**Chapter 4** focuses on the Pre-testing Phase of Rorschach Comprehensive System. RCS is conducted to the ten participants for the first time. The examiner adhered to the strict RCS administering procedure. During the test administration the researcher interviewed and observed the participants reactions and language usage. Factors that prohibit or inhibit the participants to give sufficient responses according to the Rorschach Comprehensive System are identified.

The pre-test phase findings are analysed and interpreted in **Chapter 5**. The researcher carefully identified and noted the factors that could inhibit the participants from giving sufficient responses that according to RCS are 14 or more. The researcher takes into consideration those inhibiting factors when developing the adjustment of RCS administering procedures. The adjusted RCS procedure is developed with the aim of accommodating the participants' culture.

**Chapter 6** focuses on the development of adjusted RCS procedures. The original RCS and Adjusted RCS are compared. The 10 participants tested in chapter 4 are re-tested during the post-test phase according to the adjusted RCS administering procedure.

The findings of the pre-test and post-test phases are compared in **Chapter 7**. The appropriate RCS administering procedures for the participants in the study are highlighted. The recommendations, suggestions for further research and the limitations of the study are discussed.

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**CHAPTER 2**  
**THE RORSCHACH COMPREHENSIVE SYSTEM**

**2.1 INTRODUCTION**

A psychological test is a set of items designed to measure characteristics of a human being that pertain to behaviour (Kaplan & Saccuzzo, 1993:6). According to these writers (Kaplan & Saccuzzo, 1993:456) projective tests such as the Rorschach, are among the most controversial and misunderstood psychological tests and has in the past been vigorously attacked on a variety of scientific and statistical grounds. Kaplan & Saccuzzo (1993:456) observe that, despite such reservations, a survey of psychological test usage in the United States indicate the Rorschach to be used in 91% of the 251 clinical test sites surveyed. Although similar scientific research has not been executed within the South African context, experience has indicated that the Rorschach Tests have been used extensively in clinical settings and widely taught in doctoral training programs for psychologists.

Psychological testing offers a unique window into communication and interactional processes. The testing situation itself has been conceptualised as a container for the subject's pathological contents, defensive processes and interpersonal transactions (Brickman & Lerner, 1992:177-184). Brickman & Lerner (1992:177-184) further maintain that the Rorschach Inkblot Method (RIM), more than any other instrument, offers a context analogous to that of psychoanalytic therapy in terms of an unstructured and ambiguous experience provided within a defined framework. It invites and systematically investigates the expression of a wide range of conscious and unconscious material, which provides a unique medium for the emergence of transference and counter transference phenomena.

The cognitive revolution in psychology that has taken place over the last 30 years, in combination with the recent developments in neuroscience and cognitive neuropsychology, has set the stage for applying exciting new perspectives to the RIM.



The Rorschach responses process is a complex process integrating visual, semantic and executive cerebral functions. Cognitive psychological and neuropsychological ideas provide fertile resources for understanding the processes that underlie the deceptively simple task of answering the question: *What might this be?* (Acklin & Wu-Holt, 1996:169-178).

According to Exner (1996:464-477), the term *perception* is applied to the process by which some internal representation of the world (irrespective of the cultural background of the testee), is obtained from sensory information about objects and events, that is, *why do things appear as they do*. The Rorschach, as the study of perception, is designed to understand why certain responses are given and certain responses are not given.

Leichtman (1996:478-493) states that the Rorschach test can be used to assess personality because perception is shaped by personality characteristics and by stimuli. The use of ambiguous inkblots can reduce the extent to which stimuli determine precepts and it also highlights the participant's contribution to the formation of responses. Rorschach scores are held to capture the manner in which such characteristics are embodied in different styles of perception. Throughout the testing process the language, actions, and theories of both the participants and examiners imply that the task is perceptual.

The Rorschach technique allows the subject tremendous freedom of responses. Instead of answering either true or false to written statements, the subject can report seeing anything from an *aardvark to a zebra* on the Rorschach inkblots. The fact that the Rorschach deals with *visual images* increases the value of this procedure for revealing psychodynamic aspects of the individual. As can be seen with dreams, the unconscious is very comfortable in expressing itself in the *representational visual images*. The Rorschach images are thus ideally suited to revealing unconscious aspects of functioning during the waking life (Aronow, Reznikoff & Moreland, 1994:vii).

Rorschach inkblots, because of its images, provide adolescents and children who have never been exposed to psychological tests or psychological testing procedures and who cannot read or write, the opportunity to express themselves. The cultural background of the person subjected to the Rorschach Inkblot Method (RIM) forms one of the essential containers in which his or her responses to unstructured material, are moulded. This also means that this test enhances the possibility of exploring the inner world of the client within a culture-friendly approach, facilitating the opportunity towards free expression.

The Rorschach actually represents a problem-solving task, and not a projective test. The test requires an answer to the question: "*what the blots might be*" other than the interpretation of what they really are, which are ten inkblots. Participants who comply with the instructions of the test, produce a valid interpretable protocol without using projection in formulating their responses. At the same time, subjects may choose to embellish some of their answers with the products of their fantasy lives, in which their responses may well be determined in part by projection (Exner & Weiner, 1995:3).

Exner & Weiner, (1995:3) further mention that when Rorschach responses are taken as *representative of behaviour* and interpretations are based on *objective features of the data*, conclusions can be drawn with considerable certainty. On the other hand, when Rorschach responses are taken as *symbolic* and interpretations are based on *subjective features of the data*, conclusions are speculative rather than certain.

Since the Rorschach Inkblot Method (RIM) is an unstructured test, and remains underpinned by Western cultural norms, it is necessary to determine whether its administration process is appropriate for black South African adolescents, whose cultures differ significantly from those of the first world.

## 2.2 BACKGROUND

Standardised procedure, according to Gregory (1996:33-39), is an essential feature of any psychological test. A test is considered standardised if the procedures for administering it are uniform from one examiner and setting to the other. Most tests have norms or standards by which the results can be used to predict other more important behaviours. Personality tests (such as the Rorschach test) measure the traits, qualities or behaviours that determine a person's individuality to predict behaviour.

In 1884-1922 a Swiss psychiatrist, Hermann Rorschach developed a vehicle to study personality. Rorschach was strongly influenced by Jungian and psychoanalytic thinking. It was therefore natural that his new approach focused on the tendency of patients to reveal their innermost conflicts unconsciously when responding to ambiguous stimuli. Hermann Rorschach was convinced that people revealed important personality dimensions in their responses to inkblots. He spent years developing just the right set of 10 inkblots, and systematically analysed the responses of personal friends and different patient groups (Gregory, 1996:28).

Hermann Rorschach administered inkblots to various patients and he wrote a monograph, which was published in 1921. His initial experimentation was executed with 15 blots, but he was only able to have his work printed by agreeing to imperfect printing processes which resulted in varieties of shading that were not originally intended Rorschach plates (Aronow, Reznikoff & Moreland, 1994:3).

The Rorschach Inkblot Method (RIM) was first published as a formal assessment procedure in 1921, in a book entitled *Psycho diagnostics: A Diagnostic Test Based on perception* (1921 / 1942). Although the Rorschach has come to be known as a "projective test", the instrument was designed and intended for use primarily as a perceptual task and not as a means of analysing fantasy. Hermann Rorschach was concerned mainly with using the ways in which subjects organise and structure their perceptual impressions of the inkblots to identify personality characteristics and types of mental disorder. Although he (Hermann Rorschach) was

psychoanalytically informed, he paid little attention to the content of what the subject saw in the blots and did not invoke the concept of projection to his work (Weiner, 1992:215-216).

The Rorschach method spread to many countries during the 1920s. It was not long before influential persons who were now determining the destiny of the instrument began to modify and supplement the inkblots to accommodate new research findings and advances in conceptualisation. These revisions and additions produced differences between countries in preferred ways of using the Rorschach Inkblot Method (RIM) and led in the United States to the emergence of five distinct systems of administering, scoring and interpreting the test, namely, the systems of Beck, Klopfer, Hertz, Piotrowski and Rapaport / Schafer (Weiner, 1992:215-216).

The Rorschach Inkblot Method (RIM) test occupies a unique position in clinical psychology because it is one of the most popular measures of personality. There is no uniformly accepted system and administration method but multiple methods of administration, which is odd with current psychometric standards (Blais, Norman, Quintar & Herzog, 1995:101-107).

Exner & Weiner (1995:3) further maintain that the RIM test was regarded as an experimental procedure for differentiating perceptual differences among pathological groups. This might be useful in determining the diagnostic implications of perceptual process.

According to Wood, Nezworski & Stejskal (1996:3-7), the most significant problems identified with the Rorschach by the end of the 1960's include the following:

- (a) lack of standardised rules from administration and scoring,
- (b) poor inter-rater reliability,
- (c) lack of adequate norms,
- (d) undemonstrated or weak validity and
- (e) susceptibility to situational influences.

Defenders of the Rorschach test questioned the methodology and clinical relevance of existing research and cited the consensus of clinicians regarding the test's value. Many criticisms of the test were discarded as naive and unjust, fomented from bias, ignorance, or a misunderstanding of the method and the principles that led to its exploration by Hermann Rorschach. This controversy remained unresolved until the publication of *The Rorschach: A Comprehensive System*, Exner, 1974 (Wood, Nezworski & Stejskal, 1996:3-7).

Aronow, *et al.* (1994:572) updated the previous work and have compiled a book that simultaneously summarises and embodies the continuing, often polarised, occasionally hostile debate. The author of the Rorschach Technique, invoke but also dichotomise Allport's classic distinction between the following approaches:

- (I) Nomothetic (the discovery of general laws) and the
- (ii) Idiographic (discovery of the unique features of the individual) approaches to the personality assessment.

The *perceptual-nomothetic approach* to the Rorschach is pitted against the content *idiographic approach* to the Rorschach. The latter focuses less on whether, say movement or dimensionality was projected on to the inkblot and more on the content of the response, that is, *what* the patient saw, for example: animal, vegetable or mineral (Te'eni, 1998:233-247). The terms nomothetic and idiographic were suggested by Aronow, *et al.* (1994:572) to distinguish between the statistically based and the thematically oriented approach to Rorschach analysis. A corresponding distinction between nomothetic and idiographic purposes permits examination of both the advantages and the limitation of each approach in a more accurate contextual manner. Nomothetic purposes relate to situations best answered by adopting standardised instruments. Idiographic purposes on the other hand, relate to situations in which a phenomenological description of a patient's experience is needed.

The consideration and exploration of both approaches, *nomothetic* and *idiographic* are important for this study. It is essential to identify the approach that will address

and accommodate the cultural differences of the SA adolescents in order to determine the most appropriate way of administering RIM to specific cultures.

## **2.3. THE RORSCHACH COMPREHENSIVE SYSTEM (RCS)**

### **2.3.1 INTRODUCTION**

The renaissance of the RCS started in the 1970s. The major factor in the rebirth of the Rorschach has been attributed to Exner's work in the development of the Comprehensive System (Murray, 1993:342-357). Aronow, Reznikoff & Moreland (1996:572) support the above statement by referring to the fact that:

*“it is no secret in the Rorschach community that the test’s recent reanimation owes much to the work of John Exner, who has worked to make it more empirical, urging standard administration, providing both rigorous scoring criteria and solid norms to guide interpretation.”*

The search for objectively defined and reliable scorable categories was accompanied by an emphasis on codes that have meaningful correlates in aspects of personality functioning (Weiner, in Handler & Hilsenroth, 1998:215).

### **2.3.2 THE DEVELOPMENT OF THE RORSCHACH COMPREHENSIVE SYSTEM**

John Exner (Junior) developed a Comprehensive System in 1974, whereby five Rorschach systems used by Beck, Klopfer, Hertz, Piotrowski, Rapaport / Schafer were compared (Exner, 1996). These Rorschach methods which vary in the administration procedures, range from slight to major and involve fundamental aspects of the testing situation such as:

- seating of the subject,
- instructions given to the subject's response,
- inquiry is conducted after every card or only after all ten cards have been presented (Blais, Norman, Quintar & Hertzog, 1995:101-107).

Exner discovered the following differences in the use of Rorschach:

- (i) Survey data indicated that the differences among psychologists in how they were actually using the Rorschach extended far beyond allegiance to one or another of these above-mentioned five incompatible systems.
- (ii) A substantial percentage of Rorschach assessors were not following any of the five systems faithfully but instead were employing idiosyncratic combinations of elements selected from various systems on the basis of what they personally considered worthwhile. Hence, there were not just five Rorschach in use in the United States, but instead almost as many Rorschach methods as there were psychologists using the instrument.
- (iii) Many assessors had discarded any coding system at all in favour of relying on any exclusive thematic approach in their Rorschach interpretation. This abandonment of the formal evaluation of the perceptual characteristics of Rorschach responses was typically tied to a psychoanalytic emphasis on the associational characteristics of responses.

John Exner's work on the Rorschach Test has made it more empirical, urging standard administration procedures, and providing both rigorous scoring criteria and solid norm guide interpretation (Aronow, *et al.*, 1993:342-357).

According to Lerner (1998:42-43) Exner's goal has been to provide a standardised method of using tests which are easily taught, manifests high inter-scorer reliability, and for which the interpretive premises will withstand validation demands. From the beginning Exner focused upon the empirically defensive elements of the different systems and his yardsticks have involved standardisation, reliability and validity.

According to Weiner (Handler & Hilsenroth, 1998:219), Exner developed the RCS specifically with the aim of establishing a *systematic objectivity* previously lacking

in Rorschach assessment. He focused on compiling three essential pillars of the Comprehensive System, which are:

- (a) standardised administration
- (b) objective and reliable coding, and
- (c) representative normative database

The three essential pillars of the RCS are discussed below as follows:

**(a) Standardised administration**

Aiken (1989:67) maintains that any standardised test has standard directions for administration and scoring that should be adhered to closely, leaving little room for personal interpretation or bias. According to Weiner (Handler & Hilsenroth, 1998:219), Exner examined the methods used in the major systems and determined that the spare and simple approach originally employed by Hermann Rorschach was sufficient to generate an adequate protocol and was also likely to minimise unintended examiner influence. Detailed guidelines for conducting the free association and inquiry phases of the administration were then provided. Practitioners and researchers can thus expect that the Rorschach administered according to the RCS system will in fact be the same test and will contain essentially the same responses as would have been obtained by any examiner using the system.

**(b) Objective and reliable coding of responses**

Exner, according to Weiner (Handler & Hilsenroth, 1998:219), drew on past contributions by assessing the adequacy of scoring categories and indices proposed by many different Rorschach scholars. For inclusion in the RCS, these categories and indices had to be sufficiently objective to lend themselves to clear statements of criteria for scoring them, and they had to achieve substantial inter-rater agreement among independent scorers who had received a moderate amount of training. In the present form, the RCS comprises of:



- codes originally proposed by Rorschach and other early systematisers,
- codes previously developed as features of specific Rorschach scales, such as developmental quality scoring, and
- new and revised codes originally developed for or subsequently added to the RCS.

**(c) Representative normative database**

Exner (1995:44) mentions that whereas any population can be used to establish a set of norms, those norms are useful only when applied to subjects from the population for which they were established. Because norms are designed to be representative of the features of a group, it would be ideal to include all members of the group in the data pool. This is usually impractical for any measures that are to be applied to large and diverse populations. Thus, a representative sample must suffice, and where universal applicability is involved, sample selection poses many problems. Typically, large numbers are required, but a large sample is not necessarily representative.

As a result of standardised administration and an objective and reliable coding scheme in place, data was collected from various populations. The RCS database include information on 700 adult non-patients stratified to represent the 1980 United States census; 1 390 non-patient children and adolescents ages five to 16 years, and non-patient reference groups of 320 hospitalised schizophrenics, 315 hospitalised depressives, 440 diagnostically unspecified outpatients, and 180 outpatients with character disorder. Hence, the main purpose of the RCS is the embodiment of the RIM in a systematically objective procedure for collecting, codifying and standardising test responses. Achieving this end overcame previous obstacles to cumulative research and made possible studies with the Rorschach as a reliable assessment instrument with considerable validity for many important purposes. With reliability, validity and normative database in hand, Rorschach assessors at last gained some psychometric respectability for their instrument. They also became able to formulate clinical conclusions with more confidence than

was previously possible and to communicate these conclusions with greater effect (Weiner, in Handler & Hilsenroth, 1998:219-220).

Blais, Norman, Quintar & Herzog (1995:101) record that Exner collected 1 342 Rorschach protocols from practicing psychologists and compared mean profiles across the system, and 835 protocols were included in his study. The protocols were grouped according to the major Rorschach system and re-scored. The number of protocols in each system was; Klopfer: 329; Beck: 310; Rapaport: 78; Piotrowski: 66 and Hertz: 52. Exner found that the five Rorschach systems differed in their production of the number of human movement responses (M), the total number of responses (R), location and the number of multiple determinant responses given (Blends, B). The results confirm that the protocols of one system differ from those of the other systems in several ways.

However, the main purpose of the Rorschach Comprehensive System (RCS), according to Weiner (in Handler & Hilsenroth, 1998:220) and as already mentioned in section 2.3.2, is the embodiment of the RIM in a systematically objective procedure for collecting, codifying, and standardising test response. RCS, unlike the other systems mentioned in the previous paragraph, successfully provides a Structural Summary that facilitates the interpretative process of information about personality functioning.

Brickman & Lerner (1992:176-178) maintain that throughout the history of Rorschach testing, the emphasis on objectifying and quantifying subjective data has been a hallmark of the scientific approach to psychodynamics. The work of Exner and colleagues has bought these efforts up to date. Exner and his colleagues focused on the following procedures:

- valid and reliable scoring,
- generating a structural summary, and
- establishing interpretations based on verifiable norms.

This approach (Comprehensive System) has brought a modern sophistication and respect to the Rorschach approach towards personality evaluation. Exner's work has become the contemporary standard for Rorschach analysis (Brickman & Lerner, 1992:176-184).

Brickman & Lerner (1992:176-184) further maintain that Exner was concerned about the lack of uniformity with regard to Rorschach Inkblot Method (RIM) administration and thought that if this continues, one psychologist's Rorschach would no longer be recognisable to any other psychologist. Exner suggested a more reliable approach towards the administration procedures as well as the scoring and interpretation of the Rorschach protocols that was explored through a research integration of the different systems.

### **2.3.3 CURRENT STATUS OF THE RORSCHACH COMPREHENSIVE SYSTEM**

The main purpose served by the Rorschach Comprehensive System (RCS) is the embodiment of the Rorschach Inkblot Method (RIM) in a systematically objective procedure for collecting, codifying and standardising test responses. These achievements, helped to overcome previous obstacles in order to cumulate research and make possible Rorschach Comprehensive System (RCS) studies that demonstrated Rorschach test's reliability and validity (Weiner, in Handler & Hilsenroth, 1998:220).

Beyond systematic objectivity in administration and scoring, a coded set of Comprehensive System data, arrayed in a Sequence of Scores and Structural Summary, facilitates an efficient, interpretative process that generates information about personality functioning.

In this study, I focus on the administering procedure of Rorschach followed by Exner on adolescents. According to (Exner & Weiner, 1995:3), the Rorschach assessment of children and adolescents should be guided by three general considerations, which are:

- Rorschach data comprise both objective and subjective features, and best results are achieved when these features are distinguished from each other but also used together in a complementary fashion.
- Rorschach interpretations can be formulated from either an empirical or a conceptual perspective, but only an adequate integration of these two perspectives fully taps the test's potential to measure personality functioning.
- Accurate evaluation of Rorschach records obtained from young people does not involve any age-specific principles of interpretation, but it does require familiarity with age-level normative data.

## **2.4 RCS ADMINISTERING PROCEDURES**

### **2.4.1 INTRODUCTION**

Standardised procedure is an essential feature of any psychological test. Procedures for administering are uniform. Of course, standardisation depends to some extent upon the competence of the examiner. Standardisation rests largely upon the direction for administration found in the instructional manual that typically accompanies the test. The formulation of directions is an essential step in the standardisation of a test. In order to guarantee uniform administration procedures the test developer must provide comparable stimulus materials to all testers, specify with considerable precision the oral instructions for each item or subtest and advise the examiner how to handle a wide range of queries from the examinee (Gregory, 1996:33-34).

Gregory (1996:35) further maintains that a psychological test must possess norms or standards. An examinee's test score is usually interpreted by comparing it with the scores obtained from others on the same test. A norm is a summary of the test results for a large and representative group of subjects. The selection and testing of the standardisation sample is crucial to the usefulness of a test. This group must

be representative of the population for whom the test is intended or else it is not possible to determine the examinee's relative standing.

## **2.4.2 THE PHASES OF ADMINISTERING RCS**

### **2.4.2.1 Introduction of the test and seating**

According to Exner (1993:67), when administering the Rorschach Test, no special elaboration is required during the introduction *if the subject<sup>4</sup> has been prepared properly for the overall assessment process*. This can be done after a relatively brief interview, during which the examiner seeks to ensure that the subject has a reasonable awareness of the purpose of the assessment. Subjects are generally aware of the general purpose of assessment, but unfortunately much of that awareness includes some negative or erroneous assumptions. An important purpose in providing the introductory overview concerning the testing procedure is to ease any mistrust or anxiety that the subject may have about the situation.

As far as the children and adolescents who are referred for the assessment are concerned, they are generally aware of the purpose but their awareness might include negative assumptions. Negative or ignorant parents spawn frequently faulty assumptions but most of the misconceptions are inspired by the many rumours that circulate in even the most sophisticated of educational environments about psychological assessment and psychologists. The subject is entitled to be informed on what will happen and how the result will contribute to his/her well being when the results will be available and who will receive them. The routine should be honest, but the description of the procedures need not be overly elaborated (Exner, 1991:60).

According to Exner, (1993:64-69), factors such as seating, instructions, recording responses and inquiry all become critical to generating the data bank from which

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<sup>4</sup> Many writers of the Rorschach Inkblot Method books refer to participants as subjects or examinees. I acknowledge the use of those terms by those writers. I will use the term participants in this study in the empirical research chapters, i.e. chapters 4, 5, 6 and 7. Elsewhere, I may use the terms subjects or examinees to concur with the literature on the RCS.

many conclusions will be reached. The procedures employed with inkblots can often dictate whether a protocol is truly valid or whether it should be reduced to the level of a freewheeling interview. *Alterations in procedure can influence such elements as the number of answers and the characteristics of the responses as reported.* These serve only to minimise the ultimate data available to the interpreter and in the instance of the more naive user, can create some alterations in the final description rendered.

Weiner (in Handler & Hilsenroth, 1998:221) states that the RCS administration was developed not only for standardisation, but also as a way of minimising examiner influence on the subjects' responses. The above-mentioned factors are discussed as follows:

According to Weiner (in Handler & Hilsenroth, 1998:221), the RCS administration was not only developed with an eye to standardisation, but as a conceptually sensible way of minimising examiner influence on subject's responses.

The preferred seating for RCS administration is where the subject and examiner sit side by side. This can be done at a table or using two comfortable chairs with a small table between them, or any of several variation of this. There are two reasons for the side-by-side seating:

- to reduce the effects of inadvertent and unwanted cues from the examiner<sup>5</sup> that may influence the participant and
- the side-by-side position affords the examiner a much better view from which to see the features of the blot as they are referred to by the participant (Exner, 1993:65).

Many Rorschachers prefer and use different ways of seating. Klopfer and Hertz used the side-by-side seating. Piotrowski also recommended the side-by-side

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<sup>5</sup> The Rorschach Inkblot Method writers usually refer to test administrators as "examiners or testers". The researcher who is also a test administrator is also referred to as the examiner in the empirical research chapters of this study. I acknowledge the use of the terms "examiners and testers" by the other writers in the literature.

position, but stressed that it should not be used if it necessitated a change in the regiment used in interviewing or prior testing. Beck preferred to sit *behind* the subject and Rapaport recommended *face-to-face seating* on the assumption that it is the most natural way for interviewing and testing (Exner, 1993:65). Weiner (1992:221) mentions that in order to avoid the participant's direct line of vision, using side-by-side or catty-corner administration is important.

Seating should be side-by-side except in those rare instances when the examiner feels it important to alter that routine. Such alterations are mostly likely to occur with the very young child such as five or six year old who may feel ill at ease sitting in a large chair or working at a table or desk designed for an adult. In such situations, the examiner might decide to test sitting on the floor, standing or, in very unusual circumstances, outdoors. Prior to the administration of specific tests, some time should be devoted to making the participant feel at ease with the situation.

The seating position during the administration of the Rorschach Test constitutes a very important issue in this research. As far as the African culture is concerned, a child is not supposed to have direct eye contact with an adult when involved in a conversation. Children are taught to bow their heads when talking to adults as a sign of respect. This means that the chosen seating position for this study will be determined by the participants' seating preference.

#### **2.4.2.2 Instructions**

Exner (1993:68) states that the test begins by:

"Handing the first blot and asking, *"What might this be?"* That is the basic instruction to the subject and nothing need be added. If, in spite of the pre-test preparation, the subject comments, *"it's an inkblot"*, the examiner should counter with an acknowledgement plus a restatement of the basic instruction, such as; *"that's right, this is the inkblot test, and I want you to tell me what it might be."*

According to Aronow, *et al.* (1994:27), the instructions should be as follows:

*"I am going to show you 10 inkblots, and I would like you to tell me what this inkblot looks like or resembles. They are not designed to look like anything in particular, so there are no right or wrong answers. Different people see different things. Now, what does this first blot look like to you?"*

The first blot is then handed in an upright position to the subject. It is frequently useful to encourage the subject to hold the blot in his or her hand. This seems to bring about a more active involvement on the part of the subject.

#### **2.4.2.3 The response (Association) Phase**

According to Exner (1993:68-69), the period during which the subject gives responses to the blots, is referred to as "the *Free Association Phase*". The label "*Free Association*", can be misleading because the subject is not really associating to the blot. The examiner must record all the verbal material verbatim, quickly and effectively, and in some instances provide a nondirective form of encouragement. The examiner must avoid injecting any set, bias or direction into the situation except in those few instances when encouragement is required. Silence by the examiner is the rule, and is interrupted only during the exchange of cards or when a comment is necessary, but even then verbalisations from the examiner should be formulated with care. It is the perfunctory utterances that have the potential to impinge on the ambiguity of the situation. Even most of the responses, such as "mmm-hmm" can operate as a significant influence without any awareness by the subject. The subject should hold the card. If some reluctance to do so is manifested, the examiner should say, "*Here, take it*". If the subject opts to place the card on the table, the examiner should not interfere, but it should be placed in the subject's hand.



**(a) Questions and encouragement**

It is common for the subject to ask a variety of questions, especially early in the test. The response from the examiner should be non-directive, conveying the general notion that people respond to the blots in different ways. According to Exner (1993:69), the following are examples of questions commonly asked and responses that would ordinarily be appropriate:

- Subject : Can I turn it?  
Examiner : It's up to you  
Subject : Should I try to use all of it?  
Examiner : Whatever you like. Different people see different things.  
Subject : Do you want me to show you where I see it?  
Examiner : If you like. (it is probably best at this point to avoid any mention of the Inquiry)  
Subject : Should I just use my imagination?  
Examiner : Yes, just tell me what you see (it is more appropriate to use the word *see* rather than *think*).

The examiner may prompt. The objective of the prompt is to set the subject to give a record of sufficient length to permit a valid interpretation.

**(b) Collecting the protocol**

Exner & Weiner (1995:30-32) maintain that much of the preceding material emphasise that the importance of the structural data derived from the scoring of the responses. Those responses should be collected in a standardised manner. Every examiner should take care to avoid providing any sets about the test, and certainly should avoid reinforcing any particular kinds of responses. During this procedure, the subjects could give brief protocol or lengthy record. Both brief protocol and lengthy record could be equally problematic when scoring and interpreting the tests.

#### 2.4.2.4 Problem of brief protocols

Most brief records, that is, those containing less than 14 answers are probably not valid. Exner (1995:33) has studied the reliability (temporal consistency) of brief protocols for both adults and children, using retest data from 10 studies, four of which involves children. The results make it clear that the overwhelming majority of brief records will not have the level of reliability prerequisite to the assumption of interpretive validity. Records of less than 14 answers are, often given by the subjects who resist the test and attempt to avoid the demands of the test situation. There is no easy way to distinguish the low R record that is valid from one that is not. Thus, as a rule, protocols in which the number of responses is less than 14 should probably be discarded on the premises that they are unreliable.

There will be some obvious exceptions, but these will be the protocol of severely disturbed patients in which the  $x+$ % is extremely low,  $x-$ % is quite high, and or two or three bizarre responses occur and for which other data exist confirming the magnitude of the disability (Exner, 1993:70).

Exner (1993:70) further mentions that unfortunately brief records occur more often than might be expected. Many reflect a form of subtle resistance to the test, but in other instances the brief record simply may be the result of a subject following instructions very concretely and failing to generalise from encouragement given during Card I.

Exner (1995:34) maintains that if the participants are not well prepared for the test or assessment situation, they might give brief responses. Some subjects, especially young children want to go through the test as quickly as possible and their haste produces a short record. Whatever the cause, a record of less than 14 answers should not be accepted and should not be required.

Usually, when a brief record is taken the examiner should consider either of two options:

- (i) The first one is to discard the test and rely on the other assessment data that are available to evaluate the subject, and
- (ii) The second option exists if Rorschach data seem to be of importance to the assessment issue(s) that have been posed. It involves an immediate retest following the response phase of the test. To do so, the examiner should interrupt the standard procedure, which ordinarily means proceeding to describe the purpose of the Inquiry and explain to the participant:

*"Now you know how it's done. But there is a problem. You did not give enough answer for us to get anything out of the best. So we will go through them again and this time I want you to make sure to give me more answers. You can include the same ones you've already given if you like but make sure to give more answers this time."*

Some participants seek direction under this new circumstance and ask, *"How many should I really give?"* The response should depend mainly on whether the examiner feels that the subject has tried to be co-operative. For example, if subject seems co-operative, it is appropriate to say, *"Well, it is really up to you but only gave (...) answers and I really need more than that to get anything out of the test."* If the subject obviously has been more restrictive or guarded, the examiner should be more directive if a question is asked about how many answers are required, such as, *"Well, it's up to you but really need several more answers than you gave"*.

According to Exner (1995:34) most Rorschachers have been reluctant to retest after a brief interval, assuming that the recent exposure to the stimulus figures would generate a very similar verbal record, or that previous exposure to the blots and the test routine would afford the subjects opportunities to alter their responses in a manner that would change the interpretive outcome. Exner (1995:34-35) further maintains that other studies have been conducted in this regard. In one of those studies, sixty non-patient eight year olds, 30 males and 30 females who were randomly selected were tested twice. The retest for each subject was completed on the third or fourth day after the first testing. It was found that the recent

exposure of the test did not generate similar verbal record. In this study the participants who gave less than 14 responses will be retested (during post-test phase) after 10 months.

#### **2.4.2.5 Problems of lengthy records**

Exner (2003:55) states that whereas the most common problems in Rorschach administration involves the excessive short record, some subjects become overly involved in the task and, because of their obsessive style, will give endless numbers of answers if permitted to do so. In the early days of the Rorschach, and extending through the 1960s, examiners had no guidelines to use to halt a subject if he or she seemed determined to provide very large numbers of answers to each blot. Exner, 1974 (Exner, 1993:71-72) found out that Beck's tactic of encouraging for more than one response on each of the five blots yielded an increase in the average R of nearly 10 responses. However, the majority of the increase consists of answers in which a common detail area (D) is used, that based on pure form (F) and involve animal (A) content. In effect the increase of number of responses does not contribute significantly to the interpretative yield.

The Comprehensive System, which does not accept records shorter than 14 responses, and includes procedures for stopping persons from giving very lengthy records, in comparison to other procedures, yields lower variability in R. According to Janson (1999:28), some recent studies using the Comprehensive System show that for many variables, the differences between low and high R records are not significant, whereas other variables including some of the indexes, have relationships to R that possibly warrant modification of interpretations. Certainly more research is needed in this area.

Exner (1993:72) refers to a study executed regarding the problems with protocols from various patients and no patient groups ranging in length from 45 to 85 answers were drawn from the data pool of study. In some instances, the longer record produced a firmer conclusion that the subject was obsessive or pedantic, but few other differences evolved, and they were not consistent. These findings

suggest that it is reasonable to limit the number of answers that a subject is permitted to deliver under some circumstances. If a subject delivers six responses to the first blot, the examiner should intervene and take the blot from the subject. Subsequently, if the same subject delivers five answers to Card I, the same procedure should employ, and so on. However, anytime the subject delivers fewer than five answers to a blot no further intervention should occur. This tactic has some hazards, and should be employed cautiously. For instance, the calculations for both the *Affective Ratio* and the *Egocentricity Index* may be of questionable use for some variables. It is important to note that if the subject gives fewer than six answers on Card I, no intervention will occur, regardless of the number of answers on any subsequent blot.

#### **2.4.2.6 Recording the responses**

Exner (1993:72-73) maintains that all responses must be recorded verbatim. This may seem like a difficult feat, more especially for the Rorschach novice, but it is not as arduous as it might appear. Most Rorschachers use a relatively common scheme of abbreviations for the response content, and some logically derived abbreviations not unlike those found in speed writing. Examples of the abbreviations usually used are shown in Appendix 2. The reasons that responses must be recorded verbatim are:

- The examiner must be able to read them later in order to decide on the coding or scoring for the responses. The codes or scores are based on the presence of specific words or phrases. Responses that are not recorded verbatim cannot be coded accurately and the record will not be valid.
- The verbatim recording creates permanent record of the test so that others can also read the record and know exactly what the participant said. This is important for the purposes of consultation, and even more so if the participant is retested at another time to cross validate the findings, or to review changes that may have occurred as the result of treatment.

The paper used to record the Rorschach technique performance is simply eight and half inches by eleven inches paper turned sideways. The paper is then divided into three columns. The first column is narrow and used to record card numbers, responses numbers and reaction times. The second and third columns are wide and are used to record the *Association and Inquiry* verbalisations, respectively (Aronow, Reznikoff & Moreland, 1994:31-32). An example of this recording sheet is included in Addendum 1 and 2 of this thesis.

#### **2.4.2.7 Inquiry Phase**

Unfortunately, the Inquiry has been one of the most misunderstood and abused features of the Rorschach. When done correctly, it completes the richness of the test data. When done incorrectly, it can muddle a protocol terribly and often generates data that may be of clinical interest but which represent something other than true Rorschach data (Exner, 1995:11).

The *Inquiry phase* begins after the subject has completed to give response to the 10 blots. The purpose of the Inquiry Phase is to make the scoring of the Rorschach categories which are: location, determinants, content, populars and form level possible.

According to Ritzler & Nalesnik (1990:645), a good inquiry is essential for accurate scoring and valid interpretation. The purpose of the Inquiry Phase is to gain whatever additional information is necessary in order to score the response accurately as it occurred. The Inquiry Phase is not used to generate new information from the subject but to clarify what was perceived during the Response Phase. This is best accomplished if the examiner explains the procedure and its purpose clearly. Exner (1993:73-74) states that the preface to the Inquiry will vary slightly depending on the characteristics of the subject, but it should generally follow this format:

*" OK, we've done them all. Now we are going to go back through them. It won't take long. I want you to help me see what you saw. I am going to*

*read what you said, and then I want you to show me where on the blot you saw it and what there is there that makes it look like that, so that I can see it too. I'd like to see it like you did, so help me now."*

The crux of these instructions is that the examiner wants to see the object as the subject sees it. If that happens, the response is scored easily. Each response should be inquired by first re-reading, verbatim, the subject's answer. The reasonably co-operative subject will comprehend the task quickly and will usually provide the examiner with enough information to score the response accurately. Under these optimal conditions very few questions or comments from the examiner will be required and some circumstances the need for questions is eliminated. In fact, there are occasions when the ideally cooperative subject is sufficiently articulate during the Response Phase that an answer need not be inquired, but before making this decision the examiner should review the response carefully to ensure that information about the location and determinant(s) has been given (Exner, 1993:75).

## **2.5 RCS ADMINISTERING PROCEDURES AND THE SOUTH AFRICAN BLACK ADOLESCENT**

With the development and publishing of The Diagnostic and Statistical Manual of Mental Disorder, fourth edition, (DSM-IV), cultural content has been incorporated into the new classification system. The inclusion of Appendix 1 in the DSM-IV provides some assistance in incorporating cultural issues and conditions into the diagnosis process. Although a DSM cultural axis may be desirable in the future, in the current system there is a possibility of stereotyping in the absence of accepted diagnostic procedures for establishing cultural orientations. The resistance to any DSM modifications for culture appears to stem from minimisation of cultural differences and a psychometric foundation for our current assessment paradigm that has been accepted as cross-culturally valid (Aponte, Rivers & Wohl, 1995:63).

According to Potash, Crespo, Patel & Ceravolo (1990:657), individuals raised in different cultures are likely to have different perceptions of the world. Those

differences should be revealed in varying response patterns to projective responses. When administering RCS to the South African black adolescents, the following are important:

### **2.5.1 PREPARATION AND INTRODUCTION**

The examiners should prepare the participants thoroughly before the test, because they have not previously been exposed to psychological tests. None of the participants in this study was exposed to psychologist tests before. The examiner should explain the test before hand in order to ease the participants' suspicions and tension.

In testing, the preparation of test materials is important. Materials are generally placed on a table near the testing table so that they are within easy reach of the examiner but do not distract the test taker. When complex apparatus is employed, frequent periodic checking and calibration may be necessary. In group testing, all test blanks, answer sheets, special pencils, or other materials needed are carefully counted, checked and arranged in advance of the testing day.

### **2.5.2 CULTURAL KNOWLEDGE**

The examiner should be familiar with the participants' culture. If the examiner is familiar with the participants' culture, it will be easy for the two parties to relate well during the test. Cultural knowledge of the participant is also important when making seating arrangements, eye contact and proximity.

### **2.5.3 LANGUAGE**

South Africa is a multi-lingual society. The participants in this study are exposed to many African languages, for instance, Northern Sotho, Southern Sotho, Tswana, Zulu, Tsonga, Xhosa, English and Afrikaans. They have the tendency of mixing languages and not to stick to one language. The examiner should be familiar with



the participant's languages so that the examiner could easily record the mentioned concepts when responding to Rorschach cards.

The RCS administration to the participants who are South African black adolescents from disadvantaged schools and communities are fully discussed in chapter 4 of this study.

## **2.6 RORSCHACH COMPREHENSIVE SYSTEM (RCS) ADMINISTRATION**

The basic rationale of testing involves generalisation from the behaviour sample observed in the testing situation to behaviour manifested in other, non-test situations. Any influences that are specific to the test situation constitute error variance and reduce test validity. It is therefore important to identify any test-related influences that may limit or impair the generalisability of test results. The requirements for effective administration procedure according to Anastasi & Urbina (1997:13) are discussed below.

### **(a) Testing conditions**

Standardised procedure applies not only to verbal instructions, timing, materials, and other aspects of the tests themselves, but also to the testing environment. The selection of a suitable testing environment is important. Undue noises as well as other distractions impact negatively on the reliability of the test results. Adequate lighting, ventilation, seating facilities and working space for test takers are also significant. Posting a sign on the door to indicate that testing is in progress is effective is a useful way to prevent interruption during the test.

Whether the examiner is a stranger or someone familiar to the test taker may make a significant difference in the test score. In another study, according to Anastasi & Urbina (1997:14), the general manner and behaviour of the examiner, as illustrated by smiling, nodding and making such comments as "good, fine", were shown to have a decisive effect on the test results.

Criteria for the effective administration of psychological tests have been postulated by Anastasi & Urbina (1997:14) as follows:

- (i) Follow standardised procedures to the most minute detail. It is the responsibility of the test author and publisher to describe such procedures fully and clearly in the test manual,
- (ii) record any unusual testing conditions, however, minor,
- (iii) take testing conditions, into account when interpreting test results. In the extensive assessment of a person through individual testing, an experienced examiner may occasionally ask for special reasons to question about ones behaviour. In certain projective tests, it may call for full reporting of associations evoked by the stimuli, without any censoring or editing of content. But in all instances, the examiner endeavours to motivate the respondents to follow the instructions as fully and conscientiously as they can.

**(b) Rapport**

The training of examiners covers techniques for the establishment of rapport as well as those more directly related to test administration. In establishing rapport, as in other testing procedures, uniformity of conditions is essential for comparability of results. Any deviation from standard motivating conditions for a particular test should be noted and taken into account in interpreting performance. Although rapport can be more fully established in individual testing, steps can also be taken in group testing to motivate tests takers and relieve their anxiety.

Special motivational problems may be encountered in testing emotionally disturbed persons. Especially when examined in an institutional setting, such persons are likely to manifest a number of unfavourable attitudes, such as suspicion, insecurity, fear or cynical indifference. Cultural difference and attitude can also contribute to above-mentioned problems. Within the South African context, many black children have never been exposed to any psychological evaluation procedures, which may results in suspicion and uncertainty. These children represent cultures that do not

necessarily facilitate the involvement of psychologists as the latter is seen as part of the first world representation.

For the purpose of this particular research it is important to examine the impact the cultural differences have on the motivational and attitudinal nature of the individual who represents a specific culture. The researcher will examine the impact of culture after identifying the factors that inhibit the participants to give sufficient responses. This is indicated in chapter 6 (section 6.2.2) of this study.

## 2.7 CONCLUSION

According to Marsden, Michel & Mormont (1999:46), the Rorschach is a privileged test among all projective techniques because it is a method where body schema, body image and self-representation are all included. The Rorschach responses allow self-image to be situated in the environment, to determine the level of relation the image refers to, and to determine the stage reached by the subjects in their search for themselves through the different steps that leads to self-identification.

Morana (1999:90) maintains that sitting before the cards, facing inkblots, the subject applies all his or her mental activity in such a way that makes possible not only the analysis of his or her personality characteristics, but also the consideration of the psychic dynamisms of his or her cognitive and affective-emotional patterns.

It is therefore necessary to take into account the participant in totality. That implies that the participant's environment, culture, educational and socio-economic status should be considered when administering and scoring the Rorschach test. The cross-cultural aspects of psychological tests will be discussed in **Chapter 3**.

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**CHAPTER 3**  
**TOWARDS A THEORETICAL FRAMEWORK:  
CROSS-CULTURAL PSYCHOLOGY AND THE  
RORSCHACH COMPREHENSIVE SYSTEM**

*“Perhaps the most basic concept underlying psychological testing pertains to individual differences. No two snowflakes are identical, and no two fingerprints are the same. Similarly, no two people are exactly alike in ability and typical behavior” (Kaplan & Saccuzzo, 1993:13).*

### **3.1 INTRODUCTION**

A major task for practitioners, across all mental health disciplines, is to learn and apply skills that indicate that they are culturally competent in the assessment of clients from different cultural groups (Paniagua, 1998:ix). South Africa is a multicultural country and therefore mental health practitioners cannot disregard the importance of cultural differences that exist.

The field of cross-cultural psychology is the scientific study of variations in human behaviour, taking into account the ways in which behaviour is influenced by cultural context. This definition directs our attention to two central endeavours: describing the diversity of human behaviour in the world and attempting to link individual behaviour to the cultural environment in which it occurs (Berry, Poortinga, Segall & Dasen, 2002:1).

Culture defines and influences reality for each of us, with or without our explicit permission or intentional awareness. Pedersen, Draguns, Lonner & Trimble, (2002:xiv) maintain that making the client’s cultural context central rather than peripheral in the provision of psychodynamic, behavioural, and humanistic services strengthens rather than weakens those traditional psychological perspectives. However, because modern psychology first developed in a Euro-American cultural context, “mainstream psychology” typically reflects Euro-American monocultural

assumptions and biases in textbooks, theories, tests, ethical guidelines, methods and other aspects of the discipline.

In spite of the fact that the United States is a multi-cultural, multi-ethnic and multi-lingual society, it has developed a concept of cultural norm, a standard way of being with which all people are supposed to identify. The influence of this concept from the psychological point of view is that it led to the development of norms (a standard way of responding) for tests with parameters broad enough so that most people would fall within these boundaries, regardless of their socio-cultural differences (Frank, 1992:217-325).

In this chapter the Ecocultural Framework of Berry, *et al.* (2002:11) will be described and assessed as a contribution towards the theoretical framework for this study. This will be supplemented by the model of the African personality as proposed by Sow (in Berry, *et al.*, 2002:11). The rest of the chapter is dedicated to an in-depth exploration of cross-cultural psychological assessment and the specific impact of conducting the RCS within this context.

## **3.2 CULTURE AND PSYCHOLOGICAL ASSESSMENT PROCEDURES**

### **3.2.1 CULTURAL AND CROSS-CULTURAL PSYCHOLOGICAL THEORIES**

Dana (2000:115) states that culture is not like any other variable because it comprises the context for the operation of all the other variables. In his model (Dana, 2000:115) maintains that culture has provided a centralised role in understanding behaviour. Much of our behaviour is shared and learned behaviour is transmitted from one generation to the next.

Psychologists have been postulating behaviour as a function of personal and environmental interaction for a long time. Culture plays an important role in many prominent macro-theories of human development, such as ecological system theory, socio-cultural theory, social learning theory and the eco-cultural model. In each of these models psychological outcomes, both positive and negative, are influenced by culture in highly complex and interactive ways.

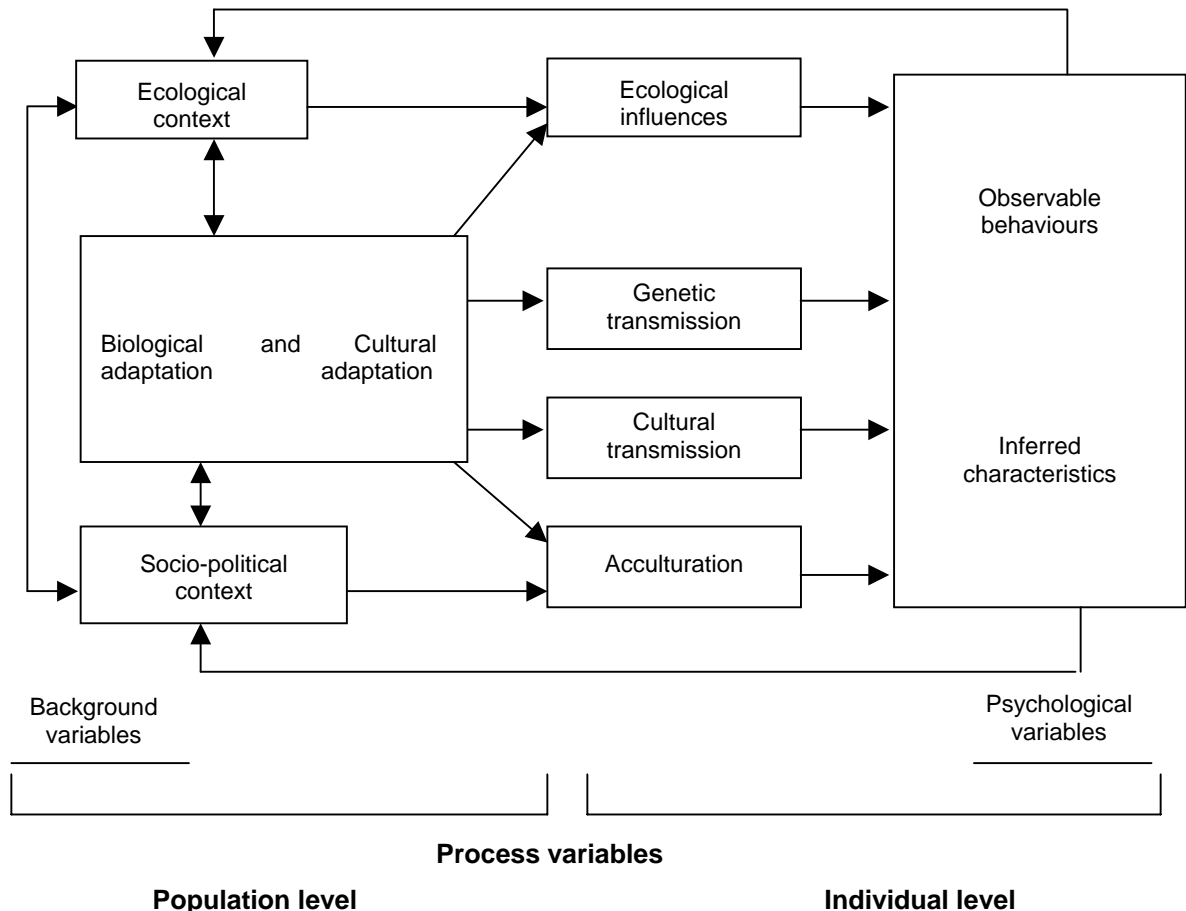
Cross-cultural psychology, according to Berry, *et al.* (2002:8), attempts to reduce the ethnocentrism of psychology by:

- Recognising the limitations of our current knowledge, and
- Seeking to extend our data and theory through the inclusion of other cultures.
- Reducing the culture-bound nature of the discipline.

The similarities and differences in human behaviour in different cultures are highlighted in the eco-cultural framework below:

**FIGURE 3.1 ECO-CULTURAL FRAMEWORK**

An ecocultural framework of relationships among classes of variables employed in cross-cultural psychology (Berry, *et al.*, 2002:11).



The ecocultural framework in figure 3.1 is a conceptual scheme rather than a theoretical model from which specific, testable hypotheses can be derived. It is a general guide to classes of variables and their relevance for the explanation of similarities and differences in human behaviour and experience to be found across cultures. In this study I explore the similarities and differences in human behaviour and experiences in different cultures because the participants in this study are tested with a psychological test that is not standardised for them.

According to Berry, *et al.* (2002:11) this framework derives from thinking about how behavioural, cultural and ecological phenomena might be related. Features of culture are to be understood by the manner in which they are related to each other within the system and the manner in which the system is related to the physical surroundings. Hence a relationship between the ecology and culture is proposed. The ultimate aim of all studies of humankind is to reach explanation in terms of which the conduct of humans, both individual and collective, is determined by the social structure in which every person finds himself or herself a member. As a result, the linkage is made between human behaviour and the sociocultural context. Together, the sequence of ecology-culture-behaviour came to be part of thinking about how to account for psychological similarities and differences around the world.

The general flow of the framework is from left to right, with population-level variables (left part) conceived of as influencing the individual outcomes (right part). The general flow is intended to correspond to the interests of cross-cultural psychology, that wish to account for individual and group similarities and differences in psychological characteristics as a function of population-level factors. Human beings are active participants in their relationships with the physical and cultural context in which they operate. Only two feedback relationships are illustrated in this figure, namely, individuals influencing their ecological and sociopolitical context. The framework highlights the importance of culture in human behaviour.

The major classes of influence illustrated in figure 3.1 are the two background variables of *ecological and sociopolitical context*, and *biological and cultural adaptations* made by a population to these two contexts. At the extreme right there are psychological characteristics that are the focus of psychological research (including both observable behaviours and inferred characteristics such as motives, abilities, traits and attitudes). The middle set of variables (process variables) represent the various kinds of transmission or influence to individuals from population variables (including the contextual, biological, and cultural adaptation factors). The framework also illustrates various ways in which features of the population (on the left) become incorporated into an individual's behavioural repertoire (on the right). These process variables include both genetic and cultural transmission, by means of enculturation and socialisation.

The distribution of psychological characteristics within and across groups can best be understood with the help of a framework such as this one. This framework indicates the variables in cross-cultural psychology. This tells us how and why people behave differently from or similarly to one another. When ecological, biological, cultural and acculturational factors are identified and taken into consideration, we should be able to account for how and why people differ from one another, and why they are also the same. Enculturation takes place by the enfolding of individuals by their culture, leading them to incorporate appropriate behaviour into their repertoire; socialisation takes place by more specific instructions and training, again leading to the acquisition of culture-appropriate behaviour.

In this study I will administer the RCS to ten individuals. It is therefore important for the researcher to know more about how individuals can influence their ecological and sociopolitical context. The variables that are highlighted above are significant for this study. This information will serve as a guideline when interpreting the findings that emanate from this research.

There appears to be little or no doubt that culture influences psychological outcomes including personality. The major disagreement with regard to culture is



the prominence of complexity, or the centrality of its role in the human development. In more recent formulations, each component of the three-way interaction (situation, person and behaviour) has a cultural component (Dana, 2000:116). My views on this issue will be highlighted when interpreting the research findings, that is, in chapter 7 (section 7.3).

### **3.2.2 CULTURAL PSYCHOLOGY**

As mentioned earlier, cultural psychology began with the study of behaviour in widely diverse and previously unfamiliar cultures that were conspicuously different from the investigator's own culture. It rapidly evolved into the systematic exploration of the different experiential histories of persons reared in different cultures. Essentially, the current field of cultural psychology represents recognition of the cultural specificity of all human behaviour, whereby basic psychological processes may result in highly diverse performance, attitudes, self-concepts and world-views in members of different cultural populations. The contribution of culture is being increasingly recognised and integrated in all fields of psychology from research and theory on life-span development, social behaviour, emotion, or thinking, on the one hand, to the practice of industrial-organisational, clinical or counseling psychology on the other hand (Anastasi & Urbina, 1997:341).

Anastasi & Urbina (1997:342) further note that when psychologists began to develop instruments for cross-cultural testing in the first quarter of the twentieth century, they hoped it would be at least theoretically possible to measure "hereditary intellectual potential" independently of the impact of cultural experiences. The individual's behaviour was thought to be overlaid with a sort of cultural veneer whose penetration became the objective of what were then called "culture free" tests. Subsequently, developments in genetics and psychology have demonstrated the fallacy of this concept (Anastasi & Urbina, 1997:342).

We now recognise that hereditary and environmental factors operate jointly at all stages in the individual's development, and that their effects are inextricably intertwined in the resulting behaviour. For human beings, culture permeates nearly

all environmental contacts. Since all behaviour is thus affected by the cultural milieu in which the individual is reared and since psychological tests are but samples of behaviour, cultural influences will and should be re-elected in each person's performance. It is therefore futile to try to devise a test that is totally free from cultural differences.

Later, the objective was to construct tests that presuppose only experiences that are common to different cultures. For this reason, such terms as "culture fair" and "cross-cultural" replaced the earlier "culture-free" label. There is no doubt, however, that the cultural background has a significant influence on the nature and content of each individual's reaction towards his/her life world as well as any psychological assessments within that specific life world. In order for the psychologist to implement and use the RCS effectively and with scientific assurance, cultural diversity and the impact thereof on the reactions of the participant should be recognised and dealt with in a professional and scientific manner.

### **3.2.3 CULTURAL ISSUES AND THE RCS**

Psychological tests are defined by Louw & Edwards (1993:41-42) as measuring instruments that are constructed according to strict scientific rules and which evaluate the degree to which certain attributes of personality are present or absent. More specifically, psychological tests are used for measurement and evaluation of a variety of variables such as intelligence, talent, attitudes, values and personality attributes. Looked at in general, any stimulus or situation that elicits particular behaviour can be regarded as a test. This view has led to different psychological tests that actually do not fulfil all the strict requirements of a test yet pass under the banner. Nevertheless, psychological tests which are standardised (which are constructed according to scientific principles) remain amongst the most widely used methods for gathering psychological data.

The current popularity of the Rorschach method for personality assessment in the United States has been explained through reference to the extensive use of the

RCS (Exner, 1991, 1993 and Exner & Weiner, 1995) which provides more empirical certainty than was available through earlier Rorschach systems. Although the RCS is based on empirical and clinical data from a pre-dominantly middle class Euro-American population, it is being used with individuals who might be significantly different in terms of their culture (Dana, 2000:303).

The RCS has become popular world wide, including in South Africa. This cross-national and cross-cultural expansion demands consideration of the system's validity and usefulness for personality assessment and clinical diagnosis across different contexts.

According to De Vos & Boyer, 1989 (Dana; 2000:307), Rorschach cross-cultural comparisons must distinguish between the following concepts assuming an ideal universal concept of mental health:

- intrapsychic adjustment (an etic concept referring to universals in personality structure and functioning) and
- social adaptation (an emic concept referring to adequate role behaviour as judged by the particular sociocultural groups normative standards).

De Vos & Boyer, 1989 (Dana, 2000:307) used the inkblot method to identify differences among cultural groups in personality features, such as flexibility or rigidity, maturity or primitiveness in thinking or openness to resort to particular coping strategies or defence mechanisms. Nevertheless, they cautioned, individual personality adjustments as measured by Rorschach (e.g., primitiveness in cognitive structures) can be socially adaptive or maladaptive from the perspective of different cultural contexts. Dana's set of recommendations (Dana, 2000:307) regarding the cross-cultural usage of both picture-story and inkblot techniques are:

- (i) The stimulus should be culturally relevant.
- (ii) The scoring should reflect variables that are culturally important for psychopathology and / or problems-in-living.
- (iii) Normative data should be available for the intended population(s).

- (iv) The interpretation of findings should make use of information available within the living context of intended assessment, to imply and verify the meaning of the scoring variables, and
- (v) Culturally relevant personality theories should be used to ensure that the data provided by scoring variables constitute a sufficient basis for personality study.

In attempting to understand human behaviour in a cultural context, one is immediately impressed by great commonality as well as differences between cultural groups. These are the two general orientations with respect to defining our starting point in understanding people in different cultures; *the emic and the etic views*.

- (i) The emic approach seeks to understand a given culture on its own terms without reference to the other cultures or perspectives.
- (ii) The etic approach emphasises the universal and compares cultures along similar dimensions, seeking to determine whether data or theories developed in one culture are appropriate for another. One might, for example, consider the applicability of diagnostic categories or the relative frequencies of certain disorders derived in one culture to different cultures.

Both these theoretic viewpoints are valid and essential, but each has its limitations. Emic descriptions tend to yield rich information about a particular culture, but may not be readily translatable into data suitable for rigorous scientific comparisons. In the case of the Rorschach scientific comparisons based on the data-related information is essential. The RCS examiner is required to understand the specific culture of the client<sup>6</sup> as well as other different cultures in order to analyse their similarities and differences.

Etic approaches, on the other hand, though providing intercultural comparisons, may inappropriately impose the same categories of comparisons across groups.

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<sup>6</sup> I acknowledge the use of the terms “client(s), subject(s), examinee(s) and participant(s)” by other writers. When administering the RCS and ARCS in chapters 4, 5 and 6, I will use the term “participant(s).” Elsewhere, I may use the terms subjects or clients.

The emic-etic problem is a pervasive one inherent to any comparison of cultural groups or cultures. There is no preferred strategy, and both approaches can be justified on the basis of particularly data and goals of the study (Kazarian & Evans, 1998:62).

Kazarian & Evans (1998:62) further state that assumptions about the differences between cultural groups can lead us to make errors in evolving a culturally based mental health perspective. Moreover, assumptions about similarities in basic processes may lead to equally troublesome situations and may cause a person, for example, to assume that subjects from different national or ethnic groups are similarly motivated. Different psychological factors may allow or prevent the expression of some behaviour. Therefore comparing behaviour in different cultural groups without giving enough weight to these potential sources of variance can result in misleading research or theoretical conclusions.

According to Aiken (1989:67), before a test can be used with some confidence as an accurate measure of the psychological construct it is supposed to measure, information concerning the reliability and validity of the test must be obtained. It is useful for purposes of score interpretation to have available data on the performance of a large group of people who are representative of those with whom the instrument will ultimately be used. RCS norms are currently based on an American sample. A sample study of the RCS being conducted in South Africa may yield insights in this regard.

#### **3.2.4 THE RORSCHACH AND CULTURE-FAIR PROCEDURES**

Construct bias occurs when psychological concepts do not represent different cultures. Issues of Rorschach constructs' cross-cultural validity have been overlooked in the early and current Rorschach literature. The main purpose served by the Comprehensive System is the embodiment of the RIM in a systematically objective procedure for collecting, codifying and standardising test responses as already mentioned. Rorschach assessors are able to formulate clinical conclusions than previously constructs, or example; stress tolerance, egocentricity, need for

closeness, cooperativeness, affect modulation, cognitive complexity, conventionality, problems in judgment and so on.

The assessment of *construct bias* cannot be established by statistical means alone. It must rely on extra-instrument knowledge concerning the specific cultural groups. John Exner recognises that perceptual styles are culturally determined and the potential repertoire is associated with aspects of daily life. Language and learned way of expression also contribute to the articulation of responses. *The test situation* and *the participant roles* have a specific cultural meaning (Dana, 2000:298).

When administering RIM, the cultural aspects of the patient or subject should be considered, especially with regard to those South African children who have not been exposed to psychological assessment procedures, let alone the Western culture from which Rorschach test's administration procedures and norms are determined.

According to Weiner (1998:45) the import of cultural differences must be assessed with respect to four considerations:

- (i) the interpretative significance of Rorschach variables for identifying personality characteristics;
- (ii) the influence of cultural differences on the coding of responses;
- (iii) the impact of language on the delivery and comprehension of responses and
- (iv) the implication of inferred personality characteristics for adaptation within the subject's cultural context.

### **3.3 THE RCS AND NORMATIVE DATA**

The strength of data within the psychological sphere is in its use to generate information regarding several personality features, such as basic coping styles, stress tolerance, capacities for control, abilities to handle emotions effectively,

characteristics of thinking, information processing, reality testing, self-image, self-esteem and perceptions of people. According to Kazarian & Evans (1998:70), when data relating to these several features are compared, across cultures, differences are very modest because the distributions of Rorschach scores are surprisingly uniform regardless of which culture or country a sample of subjects may have been drawn from.

This is not always the case especially when administering Rorschach in South Africa. The South African context proves to be much more diverse especially within the arena of psychological assessment and test exposure.

Exner, 1993 (in Kazarian & Evans, 1998:70) examined the distribution of scores for 24 Rorschach variables for subgroups drawn randomly from 293 adult nonpatient protocols collected from 12 different countries, namely: Argentina (15), Australia (25), France (37), India (9), Italy (16), Japan (14), Malaysia (22), Mexico (60), Micronesia (33), Philippines (40), Switzerland (8) and New Zealand (14). When the combined samples of protocols collected outside of the United States were studied for the presence or absence of *Popular* responses listed in the Comprehensive System, only 11 of the 13 *P* listed for the Comprehensive System occurred in at least 33% of the 293 records. The two that fall below the one-in-three criterion are the *P* for cards II and IX, with percentages for those two cards being 31% and 24% respectively. In fact, the mean for *P* is viewed for the samples containing 25 or more records, all are lower than mean of 6.89 reported for the American sample; (Australia (6.21), France (5.84), Mexico (5.93), Micronesia (4.67) and Philippines (5.02).

The differences among the distributions *Form Quality* ( $X+\%$  and  $X-\%$ ) are possibly more important and less easily understood. It has been the focus of considerable attention in recent research across cultures. It is not yet clear whether these differences exist because of shortcomings in the *Form Quality* table or the manner in which the *Form Quality* table is applied in selecting the appropriate scoring or whether they are representative of true cultural differences. It is an issue about

which much collaborative cultural research continues and which also has prompted an expansion of the table itself (Exner, 1995 in Kazarian & Evans; 1998:70).

Exner (in Kazarian & Evans, 1998:70) further mentions that the distributions of scores related to various personality features, when derived either from non-patient or patient samples, seems to be very similar across the cultures. Although there are some cultural differences that cannot be neglected, they generally affect the overall interpretation of Rorschach test data in only minor ways.

This means that the significance of the RCS for the South African psychological practice cannot be ignored. For the SA client's protocol to be statistically analysed, though, the response rate must not be less than 14 answers, the cultural validity of the current prescribed administering criteria for the RCS falls under suspicion. In this study, the researcher highlights the importance of culture and test exposure when interpreting the subject in his study's RCS protocol to obtain a true reflection of the test.

The international applicability of the RCS adult and children norm-based in the USA data has also come under scrutiny. Another study has been conducted in some European (Portugal, Spain), and Latin America (Chile, Venezuela) countries, which compared RCS local data with Exner's norms. These comparative investigations questioned the RCS norms' applicability for their respective societies. Sample sizes for most of the studies were between 200 and 300 subjects, often equally divided by socio-economic status. The participants' age, SES (socio-economic status) and level of education varied, with most samples stratified for SES to reflect the intended populations.

As for the administration setting, more than half used community samples. An interesting finding from the international studies that analysed a broad range of current RCS variables was their shared discrepancies with Exner's norms. Dana (2000:309) briefly explained the following aspects concerning the shared discrepancies with the RCS norms:



### 3.3.1 INFORMATION PROCESSING

Substantially higher proportions of participants from the South European and Latin American countries tended to simplify the inkblot stimulus field, as expressed by the percentage of *Pure F* responses or *Lambda* (for the international studies, *Lambda* means ranged from 1.06 to 1.46 compared with the RCS normative sample mean of 0.58).

### 3.3.2 COGNITIVE MEDIATION

Participants from the USA sample were comparatively more oriented toward giving conventional and perceptually adjusted responses, whereas participants from the international studies seemed to take a more subjective approach to the task. Huge discrepancies were found in the number of *Populars and Form Quality* percentages. For example: the mean values for *X+* in the international studies ranged from 0.45 to 0.55, compared with the RCS normative sample mean of 0.79.

### 3.3.3 AFFECTS

Participants from the RCS original samples were more responsive to chromatic colour (*Afr*). Large differences were found on responses of socialised affect (for the international studies, *FC* means ranged from 1.50 to 2.20, compared with the RCS normative sample mean of 4.09).

### 3.3.4 INTERPERSONAL PERCEPTION

The participants from Barcelona, Portugal and Venezuela gave substantially fewer movement responses involving two or more objects in which the interaction was clear positive or cooperative (*COP* means ranged from 0.24 to 0.88, compared with the RCS normative sample mean of 2.07).

These findings, that question the metric equivalence of the RCS norms, seem justified by the consistent pattern of differences. Consequently, using the RCS

normative data for interpretation within the nations presented in the previous studies may create various problems. Concerning biases in interpretation, it would imply giving privilege to an Anglo-American world-view. As regards practice, without qualitative local normative data, clinicians would be unable to draw distinctions between what is adaptive or psychopathological as well as uniform about the individuals' within-group particular status (Dana, 2000:311).

According to Exner & Weiner (1995:50), the problem of RCS normative data might lead to the argument that normative data for the test should be established by country, language or even by culture. Such a suggestion is not very realistic unless very large samples are available. Within the South African context where cultural differences based on different languages can further be expanded due to the fact that within eleven language groups, there are different sub-cultures found in the rural and urban areas as well as socio-economic differences.

The purpose of this research is to develop, design and explain the Rorschach Comprehensive System adjustment procedure, and to then implement the RCS administration in ways that generate a higher response rate and a more reliable response profile in a group of black South African adolescents. The administering process proves to manifest a strict and prescribed order ensuring a valid and reliable protocol. For the South African psychologist, involvement with the diverse cultural differences represented by clients, the administering process in itself can become problematic. Language difference could be a major stumbling block when administering RCS in South Africa.

### **3.4 THE RESEARCH AND LANGUAGE USAGE**

#### **3.4.1 MULTI-LINGUALISM IN SOUTH AFRICA**

South Africa is a multi-lingual country with 11 (eleven) official languages. Gauteng Province is one of the well-developed Provinces in South Africa. As a result, many people from other Provinces and rural areas move to Gauteng for employment opportunities. The languages spoken in those areas are; Zulu, Xhosa, Ndebele,

Swati, Tsonga, Venda, Northern Sotho (Sepedi), South Sotho and Tswana. Due to their interaction and socialisation with others, children speak several African languages.

Languages are learnt best when the focus is not on language learning. Most children in multilingual societies learn several languages simultaneously since their focus is not on language but on the messages contained therein. In order for language learning to be successful, the situation needs to be informal; the learner should be free from anxiety, the teacher should essentially be a friend, observer and facilitator and most of the learning process should be centred on meaningful tasks and peer group interaction (Heugh, Siegruhn & Pluddemann, 1995:3).

According to Gopaul-McNicol & Thomas-Presswood (1998:14) language is the primary means of accessing services and understanding and communicating. It is vital for the examiner to speak the language of the examinee. The data in this research is the participant's verbal and non-verbal responses which is language usage as well as reactions.

#### **3.4.2 THE AFRICAN PERCEPTION OF ENGLISH AS A LANGUAGE**

Heugh, Siegruhn & Pluddemann (1995:74) maintain that it is clear that people who speak African languages in South Africa have been denied proper access to English and yet it is proficiency in English, which opens the doors of learning and enables people to get ahead in life. For most of the people it is believed that the best way to get this proficiency in English is to acquire English for as long as possible and the sooner the better. On the other side of the coin, it is experienced that the African languages are devalued in most South African citizens' minds and it is widely believed that they are not suitable for functions such as further education, science, technology, business, law and government. Many South Africans are bilingual or multi-lingual, but in such a way that the African languages are used only in certain contexts such as the home, the street, religion, sport and local culture. They are most often used to express solidarity and social equity.

By way of contrast, English is used to separate the well educated and successful from those who are not; it is used for writing, print, and higher education. A person's status is often measured by his or her proficiency in English.

### 3.5 CULTURE AND WORLD VIEWS

Responses to projection techniques can be viewed as reflecting the underlying personality dynamics of the subjects as well as their family psychodynamics. It is also possible to interpret individuals' test responses as a reflection of a particular culture or society, because the individual's view of the world is largely shaped by the overall culture. Individuals raised in different cultures have different perceptions of the world. Those differences should be revealed in varying response patterns to projective techniques (Potash, Crespo, Patel & Ceravolo, 1990:657).

According to Exner & Weiner (1995:3), when examiners attend to objective features of Rorschach test data, Rorschach responses are taken as representative samples of behaviour, and the manner in which subjects deal with the test situation is considered to reflect directly on how they deal with other life situations.

Gibbs & Huang (1998:8) mention that the cross-cultural perspective, developed by anthropologists to establish a comparative framework for the analysis of all human societies, assumes that *all behaviour is governed by set of rules and norms that promote stability and harmony within a society*. Dysfunctional or deviant behaviour therefore, as defined by the group, disrupts group functioning and must be regulated by some type of institutionalised control mechanisms, such as spiritualists, faith healers and mental practitioners.

The rapidly expanding transcultural contacts increase the probability of tests being administered to persons from different cultures. Every examiner can anticipate testing one or more persons from a culture other than her or his own. Hence, the training of the examiners should include some knowledge of one or more dissimilar cultures, with special attention to the likely cultural effects on the behaviour and developments of individuals. Even more important are the probable effects of such

differences on the examinee's response to the actual testing process itself. Examples of some broad sources of differential testing behaviour are variations in the person's self-concept, world-view, degree of self-disclosure and habits of solving problems singly or in groups (Anastasi & Urbina, 1997:345).

Ethnicity indicates a sociological distinction regarding a social group or category that differs in its values, world-view and traditions from the other social groups in a complex society. Culture according to Vargas & Koss-Chioino (1992:2) refers to an ideological dimension of the human condition that guides and motivates behaviour.

Cultural aspects are of great significance as far as psychological tests are concerned. Louw & Edwards (1993:692) explain their cultural model (the normative model) as follows:

*"...normal behaviour is that behaviour which is accepted by most of the people in a particular group, community or society. Abnormal behaviour is therefore behaviour which is accepted and regarded as abnormal by the majority of the community. In order to determine what abnormal behaviour is, therefore we need to collect accurate information about which cultural, social and ethnical norms are valued in a particular community. A consequence of this model is that behaviour regarded as normal within one particular community might not be regarded as such in another."*

According to Louw & Edwards (1993:692), this model also creates problems.

- (i) Culture is dynamic. The behaviour which is regarded as normal at one time period may be labelled as abnormal at another. Consider for example, how attitudes towards interracial marriages and sexual relations have changed in South Africa.
- (ii) This model implies that everything that is regarded as normal within a particular community should be generally accepted as normal. There is the possibility that an entire community or society can be abnormal or

disturbed. Those people who resist the cultural demands are then regarded as abnormal whether or not this is true.

South African individuals represent rich and diverse contexts that demand highly complex understandings of assessment and intervention. I support this statement because South Africa is a multi cultural, multilingual society and it represents both first and third worlds.

### **3.6 AFRICENTRIC PERSPECTIVE, PSYCHOLOGICAL RESEARCH AND PRACTICE**

Gibbs & Huang (1998:171) state that African American adolescents are more vulnerable and victimised groups in contemporary American society. They have been mislabelled and miseducated by the school, mishandled by the juvenile system, mistreated by mental health agencies, and neglected by the social welfare bureaucracy, until very recent. They have been labelled an "endangered species" members of a growing "underclass" and "at high risk" for a variety of self-destructive and anti-social behaviours. As a result of generations of discrimination and deprivation, African American adolescents have developed high rates of psychological and behavioural disorder as well as certain problematic psychosocial behaviours. However, most African Americans, in spite of these problems, managed to become competent and successful. South African black adolescents are faced with a similar situation. They are sometimes labelled as "aggressive, disrespectful, criminals, misbehaving, and at risk children."

Graig (in Bouwer, 1989:57) who conducted a study on Zulu mothers, formulated an indigenous theory of childhood as follows:

- Children accept instructions without questioning. Adults perceive themselves as gate-keepers of knowledge, who open the door to knowledge slowly. The emphasis is adult-centered knowledge.
- Children learn by observation and imitation. The initiation lies with adults who decides what should be learnt.

- Authority relations between the adult and the learner are important.
- The inquisitive child is regarded as forward, cheeky and disrespectful.
- *Why* questions are discouraged.
- Passive learning is encouraged.

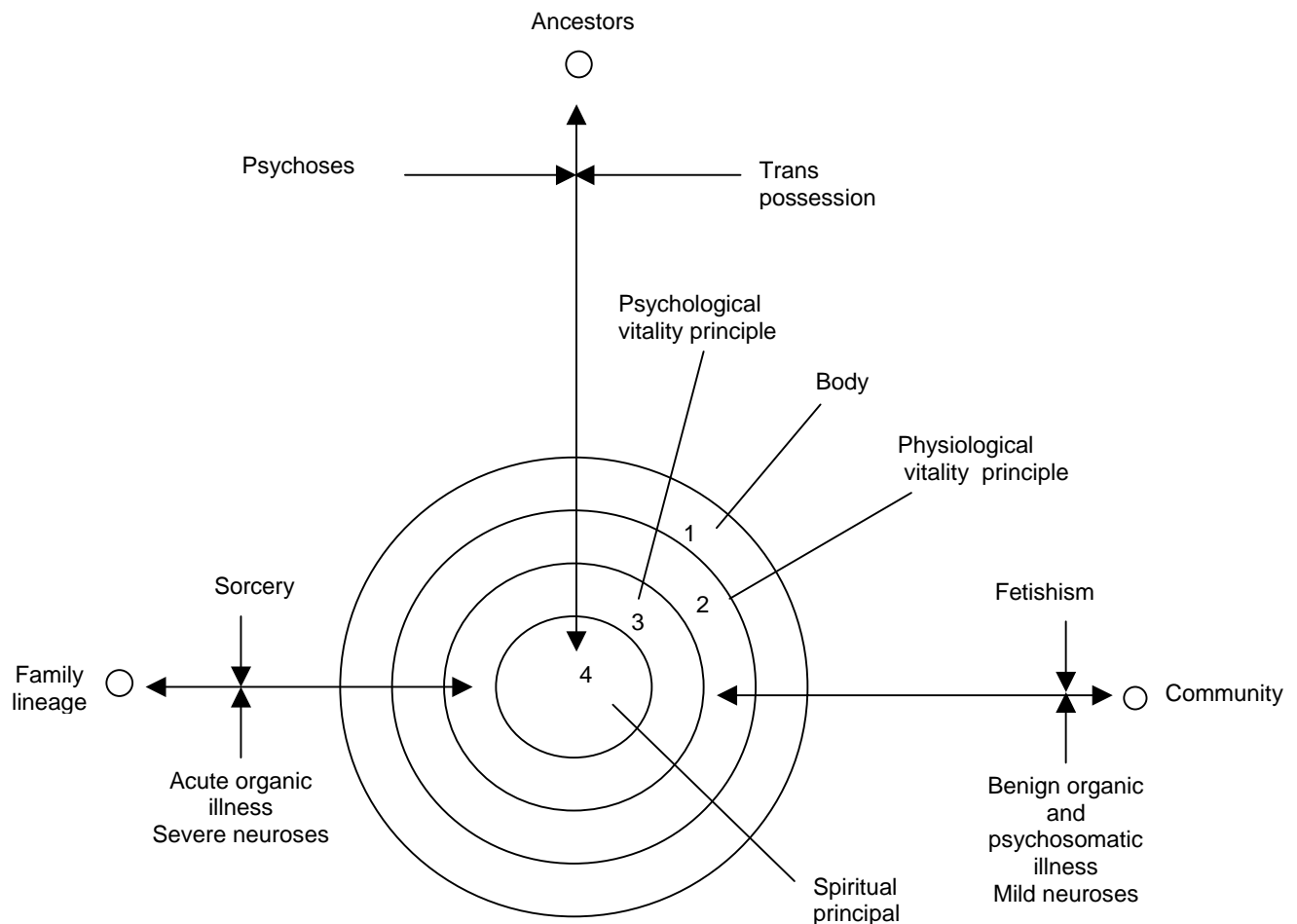
The kind of relationships discussed above does not encourage a child to be creative, to initiate, think or reason independently. Children are expected to respond verbally when the RCS is administered to them. Children who are passive learners therefore usually experience problems when responding to the RCS.

South African's historical background is one of the factors which impact negatively on intercultural interaction because of its influence on the attitudes of people. Hofmeyr (1996:361) states that South Africa, like other developing countries, is dependent on technology but there is a number of individuals who do not possess the basic skills to meet the demands of the labour market. There are highly skilled first world components and a largely illiterate third world component, and the differences are surmountable for the individual. For the unskilled or semi-skilled black family who moves to the city from the country for employment opportunities, the contact with the first world values and an unfamiliar cultural set-up is sometimes overpowering and confusing.

Dana (2000:21) maintains that both clients and psychologists bring to their relationship attitudes, values and behaviours that can vary widely. Under normal conditions, sorting the degrees of variance can be difficult. When one introduces cultural factors that have been mitigated by a history of racism, stereotypes and ethnocentricity, the task becomes unyielding. To deny the importance of these cultural variables would be a serious mistake with far-reaching implications for clients as well as the psychologist. Regardless of their racial background, psychologists are confronted with the demand to become aware of how personal culture, life experiences, attitudes and values have influenced the therapists personally and professionally.

Psychological concepts and theories are generated by scientists from many different cultures. Those proposed from non-Western societies are often referred to as **indigenous personality concepts**. During the colonial times, the descriptions of African personality made by Western psychiatrists were largely marked by prejudices and stereotypes. The following model represents African personality according to the Senegalese psychiatrist, Sow (1977, 1988 in Berry, *et al.*, 2002:105).

**FIGURE 3.2: MODEL OF AFRICAN PERSONALITY** (according to Sow, 1977, 1978 in Berry, *et al.*, 2002:105)



According to Sow's model of African personality (1977, 1978 in Berry, *et al.*, 2002:105), the outer layer is the body, the corporal envelope of the person. Next comes a principle of vitality that is found in man and animals. This can be more or less equated with physiological functioning. The third layer represents another



principle of vitality but is found only in humans; it stands for human psychological existence not shared with other species. The inner layer is the spiritual principle that never perishes. It can leave the body during sleep and during trance states and leaves definitively upon death. The spiritual principle does not give life to the body it has an existence of its own, belonging to the sphere of the ancestors and representing that sphere in each person.

The concentric layers of the personality are in constant relationship with the person's environment. There are three axes:

- The first axis links the world of the ancestors to the spiritual principle, passing through the other three layers.
- The second axis connects the psychological vitality principle to the person's extended family, understood as the lineage to which the person belongs.
- The third one connects the wider community to the person, passing through the body envelope to the physiological principle of vitality.

These axes represent relations that are unusually in a state of equilibrium. The traditional African interpretation of illness and mental disorder and their treatment can be understood in terms of this indigenous personality theory. A disorder occurs when the equilibrium is disturbed on one of the axes; diagnosis consists of discovering which axis has been disturbed and therapy will attempt to re-establish the equilibrium. A rupture of the first axis leads to serious chronic psychotic states, a rupture of the second axis leads to organic illness, and a disequilibrium with the third axis leads to more benign organic and psychosomatic illnesses as well as neurotic states. This is due to aggressions from enemies and can be cured through fetishism. As a general rule, healing requires the resolution of conflict (with community, family, or ancestors) and the consequent restitution of equilibrium.

Nsamenang (2001 in Berry, *et al.*, 2002:106-107) points out that modern views in psychology about the individual as autonomous differ from the African concept in which the person coexists with the community, with the world of spirits, and with

the ecological environment. The existence of an indestructible vital force which continues to exist in the world of spirits after death, is emphasised in Africa. Personhood is a manifestation of this vital force through a body. Respect for the person becomes manifest, for example, in the importance attached to greetings, the amount of time spent is not a waste of time and effort, but reflects the social value attached to the greetings. The high value of greetings implies a high regard for persons.

Nsamenang (1991:75 in Berry, *et al.*, 2002:107) further describes how in Africa “a man is not a man on his own” but rooted in the community in which and for which he exists. The importance of the community is reflected in the saying “Seek the good of the community and you seek your own good seek your own good and you seek your own destruction.

The model of African personality and indigenous personality concepts are important in the field of psychology. In this study the above-mentioned model provides the researcher with African psychological information and beliefs that will be used in the exploratory and the explanatory phases of this study.

### **3.7 THE RCS AND CULTURALLY DIVERSE CLIENTS**

Gibbs & Huang (1998:iv) state that in the next few years the motive for working with and for knowing the people of African origin will be not political liberalism or obligation, but enlightened self-interest. The population of American society is increasingly diverse, and if they are to achieve economic, social, educational and democratic ideals, they must develop multicultural knowledge and skills. For mental health professionals, one major barrier to attending to these problems has been inadequate knowledge and training.

As stated, according to Louw & Edwards (1993:30), South African psychology students are trained according to an American-European model, which is not relevant to some cultural groups. The complex diversity reflected within the South

African context, demands the model that addresses the mental functioning and problems of all South Africans.

Generally, clinicians who are asked to assess clients from different cultural backgrounds experience themselves to be initially at loss in their approach when relating to the client, as to how to formulate the problem, and how to determine which, if any, psychological tests to use or which treatment strategies might be effective. It has also become increasingly apparent that many psychologists (including South African psychologists) are confronted with the demand to adopt a broader cultural framework if they hope to serve people they may encounter in their practice (Kazarian & Evans, 1998:61).

A major task for practitioners across all mental health disciplines (psychology, psychiatry, social work, family therapy and the like) is to learn and apply skills that indicate that they are culturally competent in the assessment and treatment of clients from these groups (Paniagua; 1998:iv). This is an important imperative in the South African situation due to the fact that the majority of psychologists who are from western culture are not familiar with African culture.

The therapeutic relationship seems paramount with all multicultural groups. According to Paniagua (1998:5) the development of this relationship involves three levels:

### **3.7.1 THE CONCEPTUAL LEVEL**

The conceptual level includes the client's and therapist's perception of sincerity, openness, honesty, motivation, empathy, sensitivity, inquiring concerns and credibility. The clients become open, honest and motivated to share their concerns with the therapist they perceive as empathetic and sensitive. When administering the Rorschach, the introductory part is most essential because it determines the nature of the rapport between the client and the examiner. An important purpose according to Exner (1993:67) in providing an introductory review concerning procedures when administering the RCS is to ease any mistrust or the client's

anxiety. When the client represents a different culture, the therapist is also compelled to take cognisance of this cultural difference in advance and act appropriately.

According to Hofmeyr (1996:364), when working with people especially from the disadvantaged group, spontaneous greetings of welcome, a patient listening, genuine concern and honest attempt at assisting as well as recognition that they are worthy of care, is important. The scientific reliability and value of the Rorschach Test depends heavily on the first phase similar to the conceptual level, namely, preparation phase. The client's comprehension of the aim and general value of the Rorschach Test will impact significantly on the client's cooperation and nature and quality of his/her responses.

This research focuses on the first phase of administration of the Rorschach and mainly concerns the client's understanding of the instructions and collaborative reactions to the therapist. Representing a different culture, the administrator of the Rorschach Test is compelled to acquire additional information concerning that specific culture. Sufficient preparation in this regard will equip the therapist with efficient cultural knowledge to interpret the client's verbal and non-verbal communication within an appropriate cultural context.

### **3.7.2 THE BEHAVIOURAL LEVEL**

The behavioural level includes the client's perception of the therapist as competent in his or her profession, which may include issues regarding the training of the therapist as well as evidence of the specialisation in the assessment and treatment of particular mental health problems. This level also reflects the therapist's perception of his or her clients as competent in terms of the client's ability to follow instructions and to use skills to self-implement the treatment plan as discussed between the therapist and the clients.

According to Louw & Edwards (1993:688), traditional beliefs and practices concerning illness and health are still respected and implemented, especially in

rural areas of South Africa. These beliefs and practices form a coherent system that has maintained individual and social equilibrium for generations. In addition, more expensive modern medicine is not as easily available, particularly in rural areas. Since the traditional healers are easily available and represent the same cultural group as the clients, they are trusted and perceived as well-trained. On the other hand, the traditional healers believe that the clients will follow their instructions well.

Gregory (1992:56) urges the examiners to establish rapport, that is a comfortable, warm atmosphere that serves to motivate examinees and elicit cooperation. Initiating a cordial testing milieu is a crucial aspect of valid testing. A tester who fails to establish rapport may cause a subject to react with anxiety, passive-aggressive non-cooperation, or open hostility.

### **3.7.3 THE CULTURAL LEVEL**

According to Paniagua (1998:6), the cultural level represents two main hypothesis; cultural compatibility hypothesis and the universalistic argument. The cultural compatibility hypothesis suggests that the assessment and treatment of multicultural groups would be enhanced if:

- racial and ethnic barriers between the client and the therapists approach zero, and
- the therapist is effective in terms of providing both cultural and sensitive assessment and treatment to a particular group.

Paniagua (1998:6) argues that cultural compatibility hypothesis however, may not be practical in clinical practices. Paniagua (1998:7) advises that racial match may lead to cultural mismatch, but racial mismatch do not necessarily imply cultural mismatches, because therapists and clients from different racial groups may share similar values, lifestyles and experience. In South Africa, the middle class blacks can afford to stay in the historically white areas. As a result they are familiar with western culture even if their race is different from that of the whites. The fact that

the subject and examiner are from the same cultural group is not the only prerequisite in the RCS test administering procedure. The examiner is required to be familiar with the client's background including the socio-economic status when administering RCS.

Another hypothesis is a universalistic argument which means that effective assessment and treatment will be the same across all multicultural groups independent of:

- the issue of client-therapist racial, and
- the ethnic differences or similarities.

This hypothesis proposes that what is relevant in the assessment and treatment of multicultural groups is evidence that the therapist can display both cultural sensitivity (i.e. awareness of cultural variables that may affect assessment and treatment) and cultural competence (i.e. translation of this awareness into behaviours leading to effective assessment and treatment of the particular multicultural groups).

**(a) Cultural sensitivity**

When administering the RCS, the therapist is confronted with the demand to elicit responses from the client who represents his/her own cultural context. The South African context presents a vast diverse cultural heritage and the specific client might also represent a complex interwoven culture due to exposure to many different cultures over a certain period of time. The demand of cultural sensitivity therefore becomes a high complex issue and requires sophisticated competency of the therapist.

**(b) Cultural competence**

Within this study, the universalistic hypothesis can be formulated as an ideal. The fact of the matter is that, each client represents a certain culture when responding

to the RCS as cultural content impacts on the individuals' attribution of meaning in their life world.

According to Kazarian & Evans (1998:24), skills and knowledge for multicultural assessment are:

- recognising cultural diversity,
- understanding the role of culture, ethnicity and race in the socio-political and economic development of ethnic and cultural diverse populations,
- understanding the significant impact of socio-economic and political factors on the psychosocial, political, and economic development of groups,
- helping clients to understand / maintain / resolve their own socio-cultural identification, and
- understanding the interaction of culture, gender, and sexual orientation on behaviour and needs.

In table 3.1 the skills and knowledge for multicultural assessment as discussed by Kazarian & Evans (1998:24) will be elaborated upon in terms of the South African context.

**TABLE 3.1 SKILLS AND KNOWLEDGE OF MULTICULTURAL ASSESSMENT**

<b>Skills and knowledge of multicultural assessment</b>	<b>South African context</b>
<ul style="list-style-type: none"> <li>• Recognising cultural diversity</li>   <li>• Understanding the role of culture, ethnicity and race in the socio-political and economic development of ethnic and cultural diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• There are eleven official languages and each group have a different cultural background. The use of a translator require cognisance of the specific group's culture as well as acquaintance with their language.</li>   <li>• In rural areas, it is a common phenomenon that children and siblings are left with surrogate parents. Adolescents and grandparents become educators and caretakers while biological parents migrate to the urban areas where there are more different occupational opportunities.</li> </ul>

Skills and knowledge of multicultural assessment	South African context
<ul style="list-style-type: none"> <li>• Understanding the significant impact of socio-economic and political factors on the psychosocial, political, and economic development of groups</li>   <li>• Assisting clients in the comprehension, maintenance and resolution of their own socio-cultural identification.</li>   <li>• Understanding the interaction of culture, gender, and sexual orientation on behaviour and needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Urbanisation includes exposure to diverse cultural complexities and result in complex processes of acculturation. Parents and children consequently confront one another with different cultural life worlds, which in itself, represents its own implications. The psychologist is therefore confronted with a high interwoven cultural complexity, which requires effective cultural knowledge as well as professional adaptive skills in order to interpret the cultural world of the client effectively.</li>   <li>• South Africans need to accept their diversity and celebrate it. By so doing they can easily learn about other people's cultures.</li>   <li>• The interaction of different cultures in South Africans could serve as a mechanism of knowing and accepting each other.</li> </ul>

### 3.8 CHALLENGES OF CROSS-CULTURAL PSYCHOLOGICAL ASSESSMENT

In the light of the extensive literature survey conducted in this chapter, it has become clear that the psychologist within the South African context is confronted with many challenges of which most are culture-related. The challenges are due to the South Africa's diverse cultural heritage which could complicate the relationships between the psychologist and the client.

Gibbs & Huang (1998:9) identify specific variables which are important to assess on clients of other cultural group:

- cultural bound variables,
- language bound variables, and
- class bound variables.



These variables are relevant to children and adolescents, whose daily lives are circumscribed by their family and community experiences. In order to conduct an adequate assessment of a young client, including when administering RCS, the clinician should have some knowledge of the cultural background, attitudes, norms and child rearing practices of the family, some familiarity with the language, the immigration history, the belief systems and the level of acculturation of the family, and an understanding of the impact of socio-economic status (SES) on the family's lifestyle, community's experiences, opportunities and aspirations. Gibbs & Huang (1998:11) also state that the family's socio-economic status (SES) will largely determine the child's social environment, lifestyle, level of education and occupational aspirations.

The main factor that divides cross-cultural psychologists from other psychologists is their interest in understanding the reasons for variability in behaviour across the various cultural groups to be found around the world. While an interest in such issues has long been central to the practice of social anthropology, most psychologists have assumed that the processes they study are in some way more fundamental and impervious to cultural modification. Fundamental processes are not necessary invariant, but psychologists have most typically sought to explain variations in behaviour by reference to more accepted influences, such as the individual's genetic make-up, specific life experiences and / or current social situations (Smith & Bond; 1993:38).

Anastasi & Urbina (1997:18) mention that performance on individually administered intelligence tests and projective techniques has been investigated in relation to many examiner variables, including age, ethnicity, professional or socio-economic status, training and experience, personality characteristics and appearance. Although several significant relationships have been found, the results are often inconclusive or misleading because the experimental design failed to control or isolate the influence of different examiner or examinee characteristics. Hence, the effect of two or more variables may have been confounded. That test may be influenced by the examiner's behaviour immediately preceding and during the test administration has been more clearly demonstrated, for example:

### **3.8.1 EXAMINER'S VARIABLES**

#### **3.8.1.1 Warm *versus* cold interpersonal relationship, or a rigid and aloof *versus* a natural manner**

The relationship between the examiner and the subject is important because it can have a certain effect on the test outcome. Janson (1999:38) discusses the fact that during the RCS administration, the examiners take into cognisance of their own role in the test situation, and have sufficient understanding of how they may influence the interaction between themselves and the subjects.

Hofmeyr (1996:364) who conducted research on disadvantaged people in South Africa, maintains that in order to work harmoniously with the disadvantaged people, it is imperative to manifest a sincere interest in them, love them, build up a trusting relationship and apply a pliant approach.

The Rorschach Test is an unstructured assessment procedure leaving the uninformed client filled with uncertainty and suspicion regarding the significance of his/her performance on the test. It is therefore important for the examiners when administering RCS to the South African adolescents from the disadvantaged areas, to show their sincere interest in clients to create mutual acceptance.

#### **3.8.1.2 Examiner's own expectations**

During RCS administering process, the examiner's expectations can have an effect on the subject's responses. The examiner's non-verbal behaviour influences the subject's responses. Egan (1990:112) maintains that the face and the body are extremely communicative. This can be experienced even when people are together in silence, but the atmosphere can be filled with messages.

Anastasi & Urbina (1997:18) call the influence of the examiner's expectation effect, *self-fulfilling prophesy*. An experiment conducted with the Rorschach will illustrate this effect (Anastasi & Urbina, 1997:18). The examiners were 14 graduate student

volunteers, seven of whom were told among other things that experienced examiners elicit more human than animal responses, while the other seven were told that experienced examiners elicit more animal than human response. Under these conditions the two groups of examiners obtained significantly different ratios of animal to human responses from their examinees. These differences occurred despite the fact that neither examiners nor test takers reported awareness of any influence attempt. Moreover, tape recordings of all testing sessions revealed no evidence of verbal influence on the part of any examiner. The examiner's expectations apparently operated through subtle postural and facial cues to which the test takers responded.

It is clear that a wide diversity of test-related variables test score. In the majority of well-administered testing programmes, the influence of these variables is negligible for practical purposes. Nevertheless, the skilled examiner is confronted with the demand to be constantly on guard to detect the possible operation of such variables and to minimise their influence. When circumstances do not permit the control of these conditions, the conclusions drawn from the test performance should be qualified.

Kazarian & Evans (1998:63) state that specific challenging factors need to be considered in developing a cultural framework for clinical assessment and a number of possible problems need to be resolved before appropriate assessments can be implemented. Those factors or variables can be described within two main spheres, namely; *subject variables* and *procedural variables*.

### **3.8.2 SUBJECT VARIABLES**

#### **3.8.2.1 Language limitation**

One of the first challenges faced by the psychologist in a cultural interaction involves the probability of encountering an individual who represents a different native language. In order for the clinical interaction to proceed effectively, language

factors need to be taken into consideration and appropriate translation implemented, for example, by working through translators.

Ritzler (1995:125) maintains that projective methods and personality tests such as RCS keep language differences to a minimum by using very simple instructions and further minimise cultural bias by keeping the questions and instructions purposely ambiguous, for example; “What might this be?”

Challenges arise when the subjects provide Rorschach responses in different languages than their own language or than that of the examiner. For instance; if Zulu-speaking subjects are asked to give Rorschach responses in English or Afrikaans, they may lack vocabulary or the correct concept for the response. This could influence the number and rate of Rorschach responses.

Ritzler (1995:128) refers to a study that has been conducted to compare the Rorschachs of highly acculturated individuals and minimally acculturated individuals. The Rorschach was administered to each subject in English and native language. The non-acculturated individuals showed greater discrepancy between the English and native language and the native language Rorschach showed higher level of adjustment. Highly acculturated individuals showed a better adjustment in their English Rorschachs. To eliminate the discrepancy when administering RCS in this study, the subjects’ languages are used.

### **3.8.2.2 Cultural differences**

Individuals from cultures that are different from Western industrial civilization might display little experience or practice with some tasks such as paper-pencil inventories, computer-administered tasks and so forth. Assuring the equivalence of processes and personality variables under study is a basic problem in the study of behaviour across cultures. It is important to determine whether the variables operate the same way in all cultures under study. The clinical disorder of depression is manifested differently across cultures and comprises different

characteristics. Therefore, comparing depressed patients from different cultures might result in false generalisations across different cultural groups.

According to Ritzler (1995:122), knowledge of the client's level of *acculturation*, choice of the correct language for administration, and appropriately sensitive assessment methods will not be sufficient if the psychologist is not adequately attuned to the cultural factors in the client's test performance. This risk factor is the most crucial in invalidating multicultural projective assessment because its remedy requires that the psychologist be a native of the client's culture or be adequately informed about and experienced with that culture.

Smith & Bond (1993:248) add that there is cultural variation in concepts with gestures and how they are signalled. *Cultural fluency* requires that the examiner masters the vocabulary of manual signals. The examiner can easily offend people from different cultures by incorrectly using the wrong signal.

South African adolescents in the townships and informal settlements use different languages because of the multilingual society in which they live. They also use signals, facial expressions and body language in case they do not know the correct concept. The knowledge and the familiarity of the body signals and body language used are important when recording the subjects' responses. Otherwise the interpretation of the RCS will not be the true reflection of the subject's test.

### **3.8.2.3 Motivational differences**

Individuals representing different cultural backgrounds might operate under different motivational sets than the ones the clinician evaluator has adopted. Specific cultures might view self-disclosure within a clinical situation as inappropriate or even insignificant and would therefore not openly or willingly participate in personality assessment procedures. Hofmeyr (1996:364) states that the role of traditional values in particular should not be underestimated, even if they are already much mixed with Western values. It is therefore imperative that the

examiner identifies these motivational differences in order to maintain an objective stand when interpreting responses and performances of these clients.

#### **3.8.2.4 Perceptions of normality**

One basic important task of the psychologist studying cultural factors is to develop working definitions of mental health and illness that will allow for the identification of abnormality in clients from different cultures. The distinction between normal and abnormal behaviour is not easily drawn, even within one's own cultural group, and is more complex when standards applicable to many different societies must be established.

According to Smith & Bond (1993:254), a person may intend to communicate friendliness by asking another person about his or her family, but instead may be perceived as “nosey”, or spontaneously communicating or showing respect by lowering his or her eyes, but instead be regarded as indifferent. This applies to South African black culture where young ones are not supposed to look straight at elder people’s eyes when talking to them, but bow their heads as a sign of respect. It is important for the psychologists to have knowledge of the subjects’ culture so that they should know what is considered normal and abnormal in the subjects’ cultures.

#### **3.8.2.5 Interpersonal interaction and expectations**

Different cultures have an impact on different beliefs and attitudes about interpersonal interaction. Shyness in some countries might be considered as a “value”, whereas in other countries such as the United States it might be viewed as somewhat socially backward or in extreme, even pathological.

African culture particularly in South Africa, consider shyness as a sign of respect, especially when conversing to elder people. The examiner who is aware of the cultural differences, attitudes, beliefs and expectation will not misinterpret the subjects behaviour such as shyness as guilty feelings or backwardness when

administering Rorschach to the adolescents from the townships and informal settlements because that it how their society expect them to react when talking to the elder people. It is important for the examiner to know what is culturally relevant and appropriate for the subjects.

### **3.8.3 PROCEDURAL VARIABLES**

#### **3.8.3.1 Task appropriateness**

The communication of psychological ideas or materials proves to be even more difficult than straight translation, since the *psychological equivalence* must be maintained. It is important that the appropriate psychological meanings be included in the stimulus and also reflected in the interpretation of results from different cultures.

Thorough training in cross-cultural psychology is therefore necessary when administering RCS and other psychological tests. Dana (2000:10) maintains that measures of acculturation and cultural identity are not sufficient in the absence of explicit assessor knowledge, language skills, and culturally relevant experience. Some of the current professional training programs have various requirements for increasing cultural knowledge and there are several available measures of cultural competence that include awareness of self, beliefs/attitudes and several kinds of cultural knowledge and skills.

#### **3.8.3.2 Form appropriateness**

The task involved in the testing procedure need to be adapted for the individual being assessed. This demand focuses on whether there has been an appropriate translation and adaptation of the test stimuli. In some cases the test norms might need to be modified or redeveloped in the target culture for the test to be applied. According to Ritzler (1995:115) the interpretation of personality style and behaviour patterns may lose their validity when:

- the assessment methods are administered in a language other than the native language of the subject,
- the assessment methods are not sensitive to the cultural background of the uncultured subject, and
- the psychologist interpreting the assessment results does not understand the cultural background of the subject. This also implies to RCS.

Gregory (1996:48) maintains that psychological testing is a dynamic process influenced by many factors. Although examiners strive to ensure that the test results accurately reflect the tests or capacities being assessed, many extraneous factors can sway the outcome of psychological testing. In addition to those mentioned above, the clients' test exposure is one of them.

### **3.8.3.2 Psychological equivalence**

In order for psychological procedures to be effective in the target culture, the equivalence of the procedures needs to be demonstrated. Specific constructs underlying the test must be considered equivalent in both cultures. Moreover, the means of assessing these constructs must be shown to be equivalent. Sound psychological tests and therapeutic techniques that countries have as a result of the increased communication between countries and the great interchange between professionals from different countries, are important and should be encouraged.

When working with clients of different cultures, the examiner is confronted with ethnical dilemmas, and should collect as much background information from the client collateral source. According to Dana (2000:116), recent advances in the measurement of culture have led to a better understanding of cultural influences on behaviour, development and psychological adjustment.

Dana (2000:303) refers to the fact that although RCS is based on empirical and clinical data from a predominantly middle-class Euro-American population, it is being used with individuals who might be different in terms of their culture. On the



other hand the RCS has become popular worldwide. This cross-cultural or multicultural expansion requires consideration of the system's validity and usefulness for personality assessment and clinical diagnosis across different nations as well as with culturally different clients, who might live in radically diverse socio-economic environments within the United States and other multicultural societies. Mental Health Professionals in South Africa are faced with the same problems.

### **3.9 CONCLUSION**

In chapters 4 and 5, the empirical study regarding the administration of RCS to black adolescents from South African historically disadvantaged schools are explained. The findings are analysed concomitantly in chapters 4, 5 and 6.

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**CHAPTER 4**  
**THE ADMINISTRATION OF THE RORSCHACH**  
**COMPREHENSIVE SYSTEM:**  
**THE PRE-TEST PHASE**

#### **4.1. INTRODUCTION**

This study set out to administer the *Rorschach Comprehensive System (RCS)*, that had been standardised according to American-European norms, to black South African adolescents from disadvantaged environments. These adolescents had limited exposure to Western culture and had not previously been exposed to psychological tests. In order to administer the RCS with these adolescents, there were several factors to consider.

Language is a means by which people express their cultural values, and the lens through which they view the world (Heugh, Siegruhn & Pluddemann, 1995:16). In a multilingual group there may be differences in worldview, learning styles, behaviour, sense of humour and non-verbal communication as well as in the actual spoken language. For example: traditional African people think whites are rude because they receive gifts with one hand. On the other hand, whites may think Africans are greedy for putting out both hands when receiving gifts. Despite the fact that they differ in culture, the fact is, both sets of people have been taught to be polite.

Another factor to consider in the administration of the RCS is highlighted by Janson (1999:28), who draws attention to the fact that a long-standing concern in the Rorschach literature is the problem of varying response (R) when administering the Rorschach test. It has been pointed out that records with different responses (R) are not directly comparable for many variables. According to the administering procedures and interpretation criteria of the Rorschach Comprehensive System, records shorter than 14 responses are not acceptable. The Rorschach Comprehensive System's prescribed procedures restrain respondents from

providing lengthy records, in comparison to other procedures. This yields lower variability in responses (R). Some recent studies using the Rorschach Comprehensive System (RCS) indicate that for many variables, the differences between low and high responses (R) records are not significant, whereas other variables, including some of the indexes, have relationships to responses (R) that possibly warrant modification of interpretations.

Janson (1999:28) further states that there are studies that indicate that the researcher and procedure used may be very important for the number of Rorschach responses that a person produces. However, it has not often been studied whether elevated or lowered responses (R) resulting from researcher-participant interaction on one test occasion, will also continue to influence responses (R) on later test occasions. More research is therefore needed in this area.

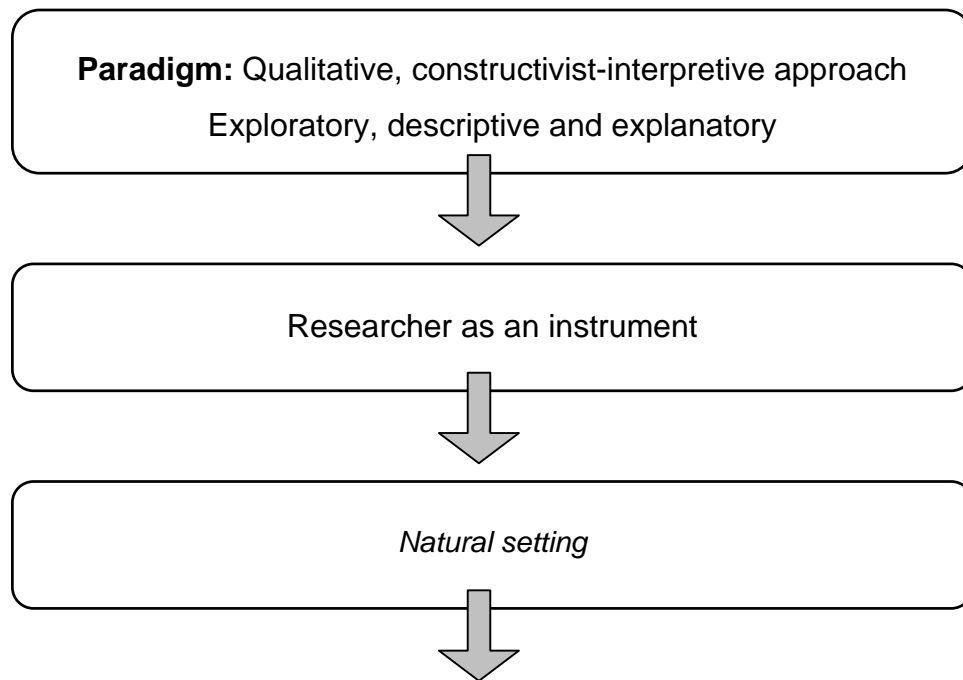
The research design for the field study will be explained and described in this chapter. The pre-test RCS administering procedure of the participants are also highlighted.

## **4.2. RESEARCH PROGRAM AND DESIGN**

### **4.2.1 INTRODUCTION**

The research method or program used in this study is qualitative, exploratory, descriptive and explanatory in nature. The research design of this chapter is presented graphically in the next session. This is followed by descriptions of each of the constructs as set out in the graphic representation.

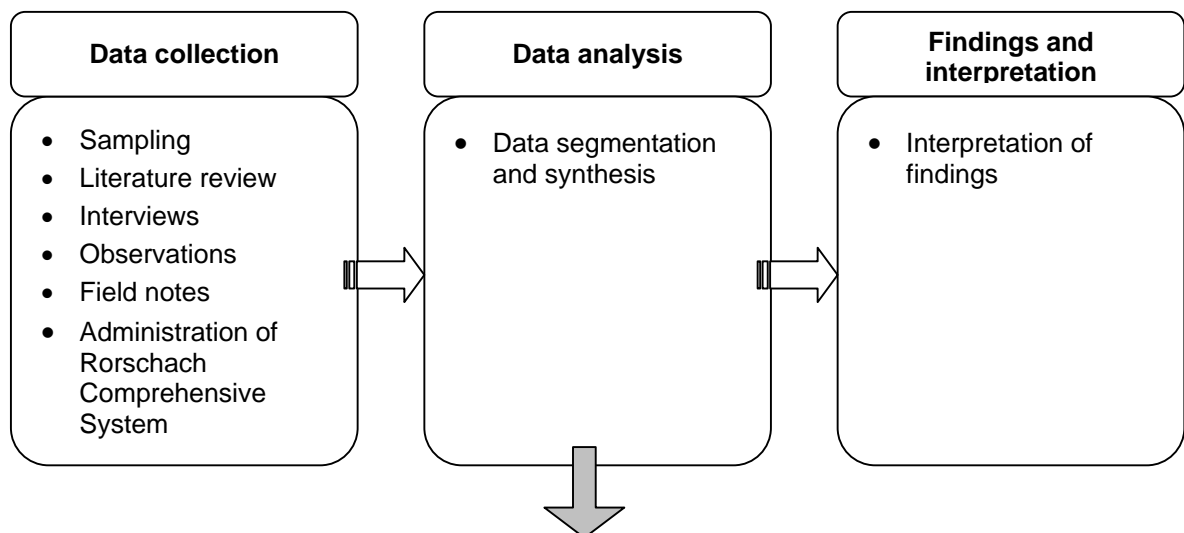
FIGURE 4.1: RESEARCH DESIGN



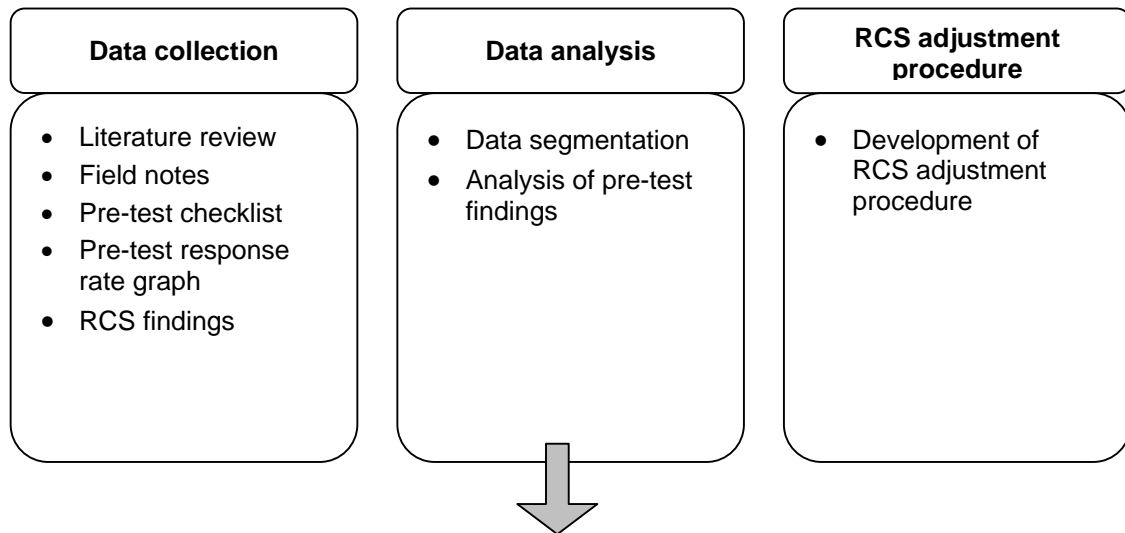
### **CASE STUDIES AS RESEARCH FORMAT**

Ten (10) case studies were conducted. Each case study went through the following phases: data collection, data analysis as well as findings, and interpretation. Even though these phases are separated for the purpose of conceptualisation, it should be noted that they often overlapped as well.

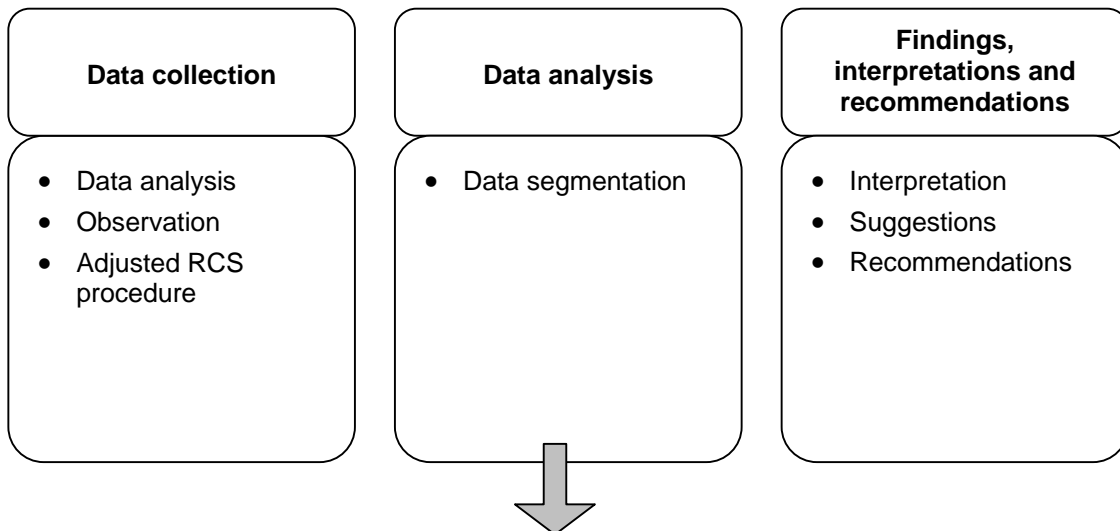
### **PRE-TEST PHASE**



### RCS ADJUSTMENT PROCEDURE



### POST-TEST PHASE



**FINAL RESULTS AND SYNTHESIS**

#### 4.2.2 EXPLANATION OF THE RESEARCH DESIGN

The holistic approach to research design is open to gathering data on any number of aspects under study in order to put together a complete picture of the social dynamics of a particular situation and/or person.

#### **4.2.2.1 Paradigm**

This study is qualitative in nature and uses a constructivist-interpretive paradigm. Knowledge and model construction are important for the researcher in responding to the main question, which is:

**“What adjustments can be considered and made to the administering procedure of the RCS that might enhance the probability of a higher rate and more reliable response profiles from black adolescents in South Africa?”**

When applying the interpretive paradigm, I explored, described and explained the participants' feelings and experience in human terms. I interacted with the participants and listened carefully to what they were saying during the interview and the RCS test. It was important for me to understand the perspectives of the participants in the study. What the participants say and do became the data in this study.

#### **4.2.2.2 Researcher as an instrument**

The researcher has a unique role in qualitative studies. Researchers are both the collectors of relevant data and the analysers of the data that is collected. The relevance of certain kinds of data can change as a qualitative study proceeds. It is possible to utilise more formal types of instruments such as questionnaires and tests in a qualitative study, but the use of any instrument should be grounded in the data; that is, the instrument is used because it can help to further understanding of the life experiences of the participants (Wallen & Fraenkel, 2001:434).

As the researcher in this study, I share the same culture as the participants. The participants are not familiar with the psychological tests. I understand their uncertainties concerning the psychological tests. I observed the participants' reactions during the RCS test. This enabled me to understand how and why the participants react to the different cards that they are presented with. This will be fully discussed in section 4.5 of this chapter.

#### **4.2.2.3 Natural setting**

Qualitative researchers go directly to a particular setting in which they are interested to observe and collect their data. For example, they spend a considerable amount of time in school attending parents-teachers association meetings, classroom lessons and so forth, directly observing and interviewing individuals as they go about their tasks (Fraenkel & Wallen, 1993:380).

In this study I spent thirty hours in four different townships schools observing, interviewing and testing the participants over a period of ten months. I spent three hours with each participant. Field notes and Rorschach protocols were maintained.

#### **4.2.2.4 Case studies as research format**

Case studies was chosen as a research format for this study because it allowed me to improve the way in which the RCS is administered with black adolescents while at the same time gaining insight about the reasons why certain adjustments may or may not be working. It also allowed me to focus on one aspect of a problem, for example, the RCS, and to explore it in considerable depth. In this study I focused on observing the participant's reaction in order to identify the cultural factors that inhibit full and adequate responses to the RCS.

The case study process is divided into three sections, namely: data collection, data analysis, findings and interpretation. The sections that are tabulated on figure 4.1 are therefore discussed.

### **4.2.3 DATA COLLECTION**

#### **4.2.3.1 Setting and sampling**

In this study the sample of participants (or settings) was carefully chosen based on the purpose of the study. Qualitative samples are often small, sometimes consisting of only a few individuals or a single setting (Wallen & Fraenkel, 2001:433).

In this study the Rorschach Comprehensive System tests was conducted in four schools, which were or are still considered as disadvantaged in the Gauteng Province in South Africa. The schools are considered disadvantaged because they are in a disadvantaged community or poverty-stricken area.

Two of the school buildings were dilapidated and school furniture not properly maintained. In some classes windows, doors and door handles were broken, globes were not replaced, and there was insufficient natural light. The walls were dirty and full of graffiti. The classes were over-crowded, that is, fifty to sixty learners in one classroom. In comparison with these two schools, the other two schools were well maintained.

The schools did not employ cleaners. The learners took turns in cleaning classrooms, windows and toilets. There were cleaning timetables in each class. The class teachers and the class monitors made sure that the cleaning timetables were adhered to.

All participants were non-patient Zulu and Tswana learners who were fourteen years old. Zulu, Tswana and Northern Sotho were the only African languages taught in the schools in this study. The sample was selected from the two main language groups which are Nguni and Sotho. Participants whose home language was Zulu were selected because Zulu was the only Nguni language taught at schools. Tswana speaking participants were selected because Tswana speaking learners were in the majority in those schools.

Fourteen-year old learners were selected for the study because it was their first or second year of high school experience. They were not as yet preoccupied with their final matriculation examinations (Grade 12) as in the case of 16, 17 and 18 year olds in Grades 11 and 12.

I obtained permission for conducting the research from the participants' parents and the Department of Education. The tests were conducted in the afternoon to ensure that the classes were not interrupted. I ensured that the participants had



something to eat before the RCS assessment and ensured that they arrive home safely after the assessments.

I administered the RCS to the participants with the intention of identifying the variables that might inhibit the participants from giving adequate responses (that is, minimum of 14 responses), and to develop the adjusted RCS administering procedures that was intended to accommodate the participant's culture.

This study is divided into two phases, namely, the pre-test and post-test phases. Ten participants were first tested with the Rorschach according to the Comprehensive System's strict rules and procedures (pre-test phase) and after 10 months they were retested according to the adjusted RCS procedures (post-test).

According to the information obtained from the participants, four participants did not know their parent's level of literacy, two participants lived with their grandparents because their parents were homeless, three participants' parents were unmarried, four participant's parents were unemployed, one participant's father passed away and three participant had no one to help with school work. The biographic details of the participants are given in figure 4.2 of this chapter.

#### **4.2.3.2 Literature**

In the course of the study I acquired more relevant information about the RCS administering procedures as well as black South African adolescents from various sources such as journals, books and articles. This is discussed fully in chapters 2 and 3.

#### **4.2.3.3 Interviews**

Interviewing was used in this study because it is one of the most common and powerful ways in which we try to understand our fellow human beings during a research process. However, interviews are not neutral tools of data gathering but tools of active interaction and contextually based results. Thus the focus of interviews is to capture the *how's* and *what's* of people's lives (Denzin & Lincoln, 2000:645).

It is vital for the interviewer to understand the language and culture of the participant. Denzin & Lincoln (2000:645) mention that although the participants may be fluent in the language of the interviewer, there are different ways of saying things and there are certain things that should not be said at all, linking language and cultural manifestations.

I conducted the background interviews before formally administering the RCS test. The interviews took place at the participants' schools. The participants were exempted from sweeping the classrooms so that they could be interviewed. The interviews enabled the researcher to know the participants better and to form a trusting relationship with them. This is also discussed in section 4.4.2.

During the RCS administration process, when I showed the inkblot cards to the participants and asked them "*what might this be*", some of the participants were ashamed to say certain words such as "menstruation" because it was embarrassing to say such a word to an older person in African culture. It was therefore important for the researcher to know or be familiar with the participant's culture so that she could understand, among other things, their language, beliefs, non-verbal language, attitudes and cultural stereotypes.

The purpose of the interview in this study was to acquire more information about the participant's background. The interviews were conducted before the RCS administration, mainly for the purposes of becoming acquainted with the participants, and to establish a healthy relationship between participants and researcher before the RCS administration. An example of family interviews is given in Appendix 1.

#### **4.2.3.4 Observation**

Due to the case study format of the research, observation was a key data collection method. According to Wallen & Fraenkel (2001:434), such methods are needed to enable the researcher to capture the language and behaviour of the participants. Hence observation and in-depth interviews were used. Observational

and interview data were collected in the form of field notes and audio taped interviews.

Observations were recorded in field notes, which were free-writing notes taken down immediately. They were often written on two levels: first, the facts – that is, very direct descriptions of what was observed and/or verbatim recording of what was overheard and second, the description of context for interpreting the raw facts, and to speculate on what it all means. During the Rorschach administration, I noted what was being observed and verbatim recording was done when the participants gave responses to the Rorschach cards.

#### **4.2.3.5 Field notes**

I took detailed notes of the setting while observing and interviewing the participants. What I heard, saw, experienced and observed was noted as field notes and formed part of research data. I also recorded the participants' reactions during the RCS administration.

#### **4.2.3.6 Administration of the Rorschach Comprehensive System: Pre-test and Post-test**

The Rorschach Comprehensive System (RCS) is a standardised test. According to McMillan & Schumacher (2001:250), standardised tests provide procedures for administering and scoring the instruments. The questions are asked each time the test is used. The scoring of responses is usually objective and most but not all standardised tests have been given to a norming group. The norm group allows comparison of a score with the performance of a defined group of individuals. This provides important and valuable information but the researcher should take care in interpreting norm-referenced scores.

According to Bless & Higson-Smith (2000:68), in the pre-test /post-test design, the researcher measures the dependent variables before (pre-test or baseline) and after (post-test) the event that is expected to bring about some change. The scores

on the dependent measure can be compared over two points of time and the difference between the pre-test and post-test may be due to an event that occurred between them. The pre-test and post-test phases of this study are explained below.

- **Pre-test Phase**

The purpose of the pre-test in this study was to identify variables that could prevent the participants from giving adequate responses when the RCS is administered to them. The purpose of the pre-test phase was also to find out what adjustments should be considered and made in order to develop the adjusted RCS that might enhance the probability of a higher rate of responses and more reliable response profile from the participants.

The pre-test results were –

- analysed according to the observation notes of the researcher,
- compared with the RCS norms, and
- used as samples for hypothesis regarding adjusted administering procedures.

- **Post-Test Phase**

RCS adjustments were made from the data acquired from the pre-test phase. The same (ten) participants were re-tested after ten months, using the adjusted Rorschach (RCS) administering procedure.

The post-test results were –

- analysed in accordance with the researcher's observation and notes,
- compared with the pre-test results, and
- used as recommendation when administering the RCS to black South African adolescents

#### 4.2.4 DATA ANALYSIS

Analysis of data in a qualitative study, according to Fraenkel & Wallen (1993:383), involves synthesising the information the researcher obtained from various sources into a coherent description of what has been observed or discovered. Data analysis in this study relied heavily on content description and, even when certain statistics were calculated, they tended to be used in a descriptive rather than an inferential sense.

- **Data segmentation and synthesis**

In this study the participants initially responded to the Rorschach cards and during the Inquiry phase the participants provided more and specific information about their responses. I segmented data from responses by concentrating on responses of each card and each participant, then shifted attention to the responses of the ten Rorschach cards of each participant, and finally I concentrated on all responses of the ten participants.

McMillan & Schumacher (1993:484) maintain that data are segmented (divided) into relevant parts or units and chunks of meaning within a holistic perspective. The intensive analysis usually begins with reading all of the data to gain a sense of the whole, which facilitates the interpretation of smaller units of data. The result of the analysis is some type of a high-level synthesis. While much of the analysis consists of analysing smaller parts of the data, the final goal is the emergence of a larger, comprehensive picture within the design limitations.

After the data has been collected through the use of research instruments the researcher should make sense out of it. The researcher should find out how the collected information can be used to answer the research question. According to Wallen & Fraenkel (2001:203), scores is one of the common techniques that researchers use in data analysis. When the Rorschach (RCS) was administered to the participants in this study, I scored the tests by counting the number of responses given by the participants. The responses were analysed and interpreted.

#### **4.2.5 FINDINGS, INTERPRETATIONS AND RECOMMENDATIONS**

Interpretations were formulated and re-formulated as the research process proceeded. This meant that initial claims and conclusions were gradually and systematically integrated into all the steps of the research process (Fraenkel & Wallen, 1993:383).

In this study the findings of both pre and post-tests were tested and interpreted. The purpose of interpretation in this study is also to detect possible errors that might be committed as well as the causes of those errors which include biases such as interviewer bias, participant bias and researcher bias.

Further investigation on the administering procedures of RCS on black South African children is required because few studies have been made in this regard. Recommendations are made in order to adjust the RCS administering procedures that take account of the participants' cultures and background, in order to increase and enhance response rates on the RCS.

#### **4.3 LANGUAGE USAGE AND INVENTED LANGUAGE (IL)**

In this study the concept IL (Invented Language) refers to the language that people in the townships invented by using borrowed words from other different languages. As a result of the invented language people in the township have their way of communicating. "Tsotsi taal" is another invented language. It is a mixture of African languages and Afrikaans. Most of the learners in the township use IL among themselves. They develop, formulate and invent their own concepts by mixing the languages, more especially if they do not know a specific concept in their own language. The table below shows the examples:

**TABLE 4.1: EXAMPLES OF INVENTED LANGUAGE USED**

<b>Afrikaans or English concept</b>	<b>Northern Sotho equivalent or Tswana</b>	<b>Invented Language</b>
Afrikaans : Blom (flower)	Letsoba	Leblomo
English: Bear	Bera	Ibera
English: Crab	Letlapakgerere	Ijankrap

**Leblomo (IL)** is originated from an Afrikaans word “**blom**”

**Ibera (IL)** is originated from English word “**bear**”

**Ijankrap (IL)** is originated from English word “**crab**”

The participants’ language and perception is discussed in section 3.4 of this thesis.

#### **4.4 PRE-TEST PHASE**

##### **4.4.1 PRE-TEST ADMINISTRATION PROCEDURE**

During this phase, the Rorschach was administered according to the Exner Comprehensive System. The following different steps and phases of RCS administration are discussed:

- Test preparation
- Introduction of the test
- Test instructions
- Response or associate phase
- Inquiry phase

I arranged with the school principals to administer RCS to the participants. Letters of consent were given to the parents. Permission to test the learners was given by the Gauteng Department of Education.

One week before the RCS administration, I executed the following test preparations:

- (a) I visited the selected schools in order to meet the participants. The guidance teachers introduced me to the participants and the participants introduced themselves individually to the researcher. I informally interviewed the participants about their families, friends, hobbies as well as future career. During these informal interviews, the role of a psychologist was also explained to the participants.
- (b) The learners participated in the testing procedures after school hours to avoid disruption of their lessons. Due to logistical problems experienced by the participants, it was necessary to make transport arrangements before the test could be administered. Due to the participants' lack of financial resources, it was arranged that I would supply the necessary funds for the participants to be transported to their individual homes. Those who lived nearby preferred to walk.
- (c) According to the information obtained from the guidance teacher, some of the children cannot afford to bring extra food so that they can eat after school. It was discussed and agreed upon that participants should be provided with refreshments before they are introduced to the test. The researcher ensured that participants were properly fed before being tested.
- (d) As far as cleaning of classrooms, are concerned, an arrangement was made with the class teachers and class monitors. It was agreed that the participants be exempted from cleaning classrooms on the days that they were tested.
- (e) Testing venues were arranged by the guidance teachers. In two schools, classrooms were arranged, in one school a staff-room was allocated, and in another school the home economics centre was assigned for the test.

#### **4.4.2 INTRODUCTION OF THE TEST**

After the test preparations were finalised, the administration phase commenced during which the Rorschach (RCS) was applied. During this session, the relationship of trust between the individual participant and the researcher was gradually established. I introduced myself to the participants, and explained the



purpose of administering the RCS test in order to ease the anxiety or mistrust that the participants might experience about the testing situation. During this stage it became clear that participants were suspicious about the possibility that test results might be used for purposes of academic assessment.

I reassured the participants that the test results would not be used for school purposes and that one cannot fail or pass, but that the test will provide some information that would enable me as researcher to know them better. After this explanation, the participants felt more at ease to participate. Once the decision to use the Rorschach in the assessment process has been made, it is vitally important that the test be used appropriately. Factors such as seating, instructions, recording responses and Inquiry are critical for generating the data bank from which conclusions will be reached.

**(a) Seating arrangement**

The preferred seating for Rorschach administration is where the participant and the researcher sit side-by-side. According to Exner (1993:65), side-by-side seating reduces the effects of inadvertent and unwanted cues from the researcher that may influence the participant and this position affords the researcher a much better view from which to see the features of the blot as they are referred to by the participant. Weiner (1992:221) adds that side-by-side seating is preferred because it avoids the participant's direct line of vision.

I therefore arranged the seating position as required by Exner (in Weiner, 1992:221) to avoid direct eye-to-eye contact with the researcher. It is common knowledge within the African culture that a person should avoid continuous direct eye contact with someone who presents authority or is older than you in order not to reflect any signs of disrespect. Exner's seating arrangements could therefore be appropriate within the African culture context.

**(b) Preparation of test material**

The testing material (10 Rorschach cards) were placed on the table, face down and in numerical order, with Card I on top. They were within easy reach of myself as researcher but not of the participant. The location sheet for the inquiry, paper, pens, pencils and eraser were on the table as well.

**4.4.3 THE TEST INSTRUCTIONS**

Aronow, Reznikoff & Moreland (1996:572) mention that Hermann Rorschach modestly described his inkblot test as an experiment in the interpretation of accidental form. Since then, countless patients have been asked; "What might this be?" The test therefore begins by passing the participant the first blot and asking, "*What might this be*" If, despite the pre-test preparation the participant comments, "*It's an inkblot*", the researcher should counter with an acknowledgement plus a restatement of the basic instruction such as "*That's right. This is an inkblot test, and I want you to tell me what it might be*".

I followed Exner's instruction without adjusting them. I passed the first inkblot card to the participants and said, "*What might this be?*" Some of the participants replied by saying, "I do not know, am I right? Am I correct?" They needed assurance, and I acknowledged what they had said and reassured them by saying that there was no right or wrong answer. Some of the participants' facial expressions reflected surprise while others was staring at the cards without uttering a word. The interpretation of the participant's reactions will be highlighted in chapter 5. Reactions were recorded strictly according to scientific procedures. The instructions were given in English (according to Exner). The participants were told to ask for translation in their mother tongue if they did not understand.

**4.4.4 THE RESPONSE OR ASSOCIATION PHASE**

During this phase the researcher records all verbal material verbatim, quickly and efficiently. Exner (1993:69) states that the researcher must avoid injecting any set,

bias or direction into the situation except in those few instances when encouragement is required. Silence by the researcher is the rule, interrupted only during exchange of cards or when a comment is necessary, but even then the verbalisations from the researcher should be formulated with care. Even the simplest response, such as "mmm-hmm" can operate as a significant influence without any awareness by the participant.

In this study, I avoided any significant facial expressions and restricted communication to prescribed test administration rules. I therefore talked less and gave the participants time to give responses without interference.

**(a) Participant's questions**

Although the relationship between the participant and researcher can form an important set, another element probably forms a more important set for most participants. It concerns correct or acceptable answers.

According to Exner (1995:6), if questions occur after the test has been administered, the answer of the researcher should be brief, honest and non-directive. Questions such as, "*Can I turn it?*" or "*Should I use the whole thing,*" are answered with "*It's up to you.*" If, at the beginning of the test, the participant asks, "*How many should I find?*" the researcher should respond, "*Most people find more than one thing.*" If the question is, "*What do most people see here?*" the best response is, "*People see all kinds of things.*" Some questions might require lengthy answers as in, "*How do you get anything out of these answers?*" When this occurs it is best to suggest waiting until the test has been completed before attempting to address them. In this study most of the participants asked different questions as well.

Questions posed in this study were; "*Are they bears? Is this right? Am I correct? Do you see it too?*" The participants generally reflected uncertainty regarding:

- Their own answers

- The correctness of their responses, and
- The approval of the researcher.

In some instances participants gave only one response to a card. In such cases the researcher encouraged them by saying, *"Take your time and look some more. I'm sure you'll find something else too."* If a participant has already given two or more answers to a card and asks, *"How many should I find?"* the researcher responded by saying: *"It's up to you."*

In this study, during the testing phase, certain participants indicated that they could not see anything or that they did not know what the blots were. I replied by saying *"take your time, people see different things and you may too."*

#### **(b) Attempted rejection**

Attempted rejection is a concept reflecting a participant's tendency of not giving responses when presented with Rorschach cards. In some cases the participants will report that they cannot find anything in the blot. If this attempted rejection occurs into Card I or II, it is likely that the researcher failed to create an adequate working relationship with the participant, or that the participant did not have adequate working understanding of the purpose of testing. In such a case, the researcher should stop the test and review either or both of these issues with the participant, and the test can proceed starting again with Card I. Attempted rejection problems are addressed by replying *"Take your time. We're in no hurry. Everyone can find something."* In a few instances it may be necessary to wait for a lengthy interval but most participants will deliver a response in less than one minute when confronted with this new instruction (Exner, 1995:7).

In this study, I found participants who did not give responses. I then discontinued the test proceedings for a while and explained the purpose and instructions of the test all over again. I also offered encouragement by asking participants to take their time, observe and that they will surely find something. In section 4.4, details of the participants' pre-test responses are presented.

**(c) Recording responses**

To enhance validity and reliability of the Rorschach data collected, responses are to be recorded verbatim. This can be difficult for most researchers, because some participants tend to speak very fast. As a result, the researcher may be unable to note everything they say. Although it is not desirable to interrupt a participant, Exner (1995:10) maintains that it is necessary in some instances to ask a participant to repeat part of an answer, or to request that he or she verbalise more slowly. A researcher might say, *"Wait! I'm having trouble keeping up with you. Go a little slower please"*.

To avoid this problem, the researcher can use abbreviations when recording the responses. An example of abbreviations according to Exner (1993:72-73) is shown in Appendix 2. I translated some of the words in Tswana and developed the equivalent abbreviations thereof. I did however experience certain challenges because some words such as "gee x-ray" do not exist in Tswana but are borrowed. Tswana words are longer and as a result the abbreviations are even longer than the English ones.

**4.4.5 THE INQUIRY PHASE**

The Inquiry Phase is conducted after all responses to the 10 cards are given. The purpose of the Inquiry is to insure that the coding (scoring) of the response is as accurate as possible. The code is designed to represent what the participant perceived at the time when the response was delivered. The immediate objective of the Inquiry is for the researcher to see what the participant has seen, or at the very least to understand where in the blot the participant sees something and what features of the blot cause it to be seen that way.

In the context of this study, the inquiry phase is significant. During this phase, the following were determined:

- Cultural influences

- Contextual answers
- Elimination of misunderstanding
- Possible language defaults

**(a) Introduction of Inquiry**

Exner (1993:75) maintains that it is critically important that the participant be prepared for the Inquiry. This is best accomplished if the researcher explains the procedure and its purpose clearly. The preface to the Inquiry will vary slightly, depending on the characteristics of the participant, but it should generally follow this format:

*"O.K., we've done them all. Now we are going to go back through them. It won't take long. I want you to help me see what you saw. I'm going to read what you said, and then I want you to show me where on the blot you saw it and what there is there that makes it look like that, so that I can see it too. I'd like to see it just like you did, so help me now. Do you understand?"*

The crux of these instructions is that the researcher wants to see the object as the participant sees it. If that happens the response is scored easily. In this study, some of the participants were suspicious and asked why they were being tested again. They therefore thought an Inquiry phase was a retest. I explained to the participants that the Inquiry phase was necessary because it enables the researcher to see what they saw on the card. After this explanation, they understood and cooperated fully.

**(b) The Inquiry procedure**

Once the researcher is satisfied that the participant is ready to begin, the cards are handed to the participant one by one, with the researcher saying, *"Here you said ... or Then you said"*, and finishing with a verbatim reading of what was given as the answer. If the participant has understood the prefatory instructions, he or she will proceed to articulate or point out the area that was involved and identify some of

the main features of the object that has been reported. In some cases a participant who appeared to understand the task may flounder at the onset. For example, after hearing the verbatim response read the participant might say, "Yes, *that's right*". If this happens it becomes necessary to repeat the purpose and procedure as in, "Remember now why we're doing this. I need to see it too, so you have to help me. Show me where it is and tell me what makes it look like that" (Exner, 1995:14).

In this study, certain remarks and questions formulated were: "I see the same thing that I saw before", and " I can't remember", or "Why do I have to do this again?" and "I cannot remember", or " I do not know why I've said this before" and "Did I say that?" Uncertainty of this nature has significant value and will be discussed during the analyses stage of this study.

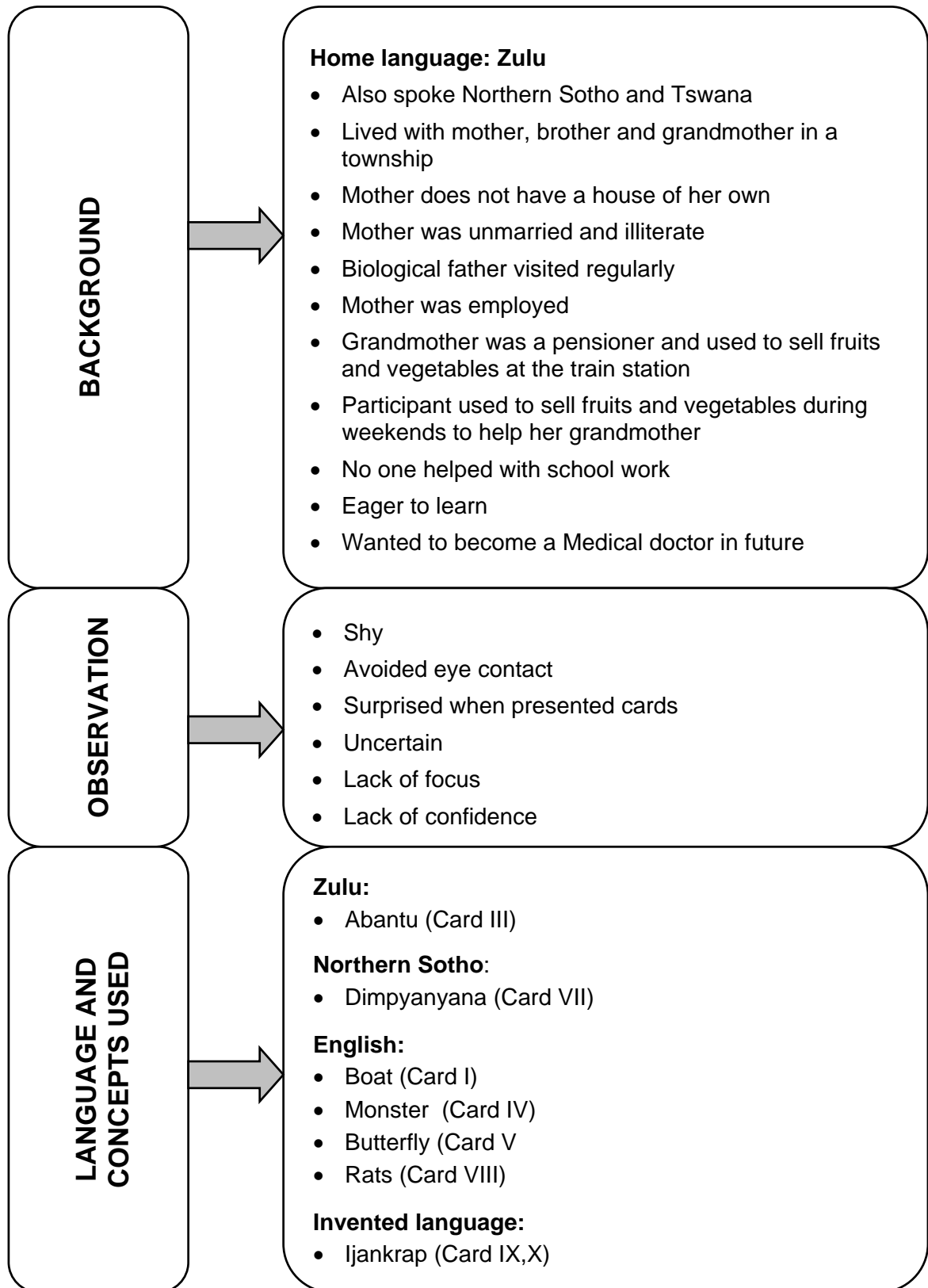
#### **4.5 PARTICIPANTS' BACKGROUND AND PRE-TEST OUTCOMES**

The participant's background and other relevant and significant information were acquired during the completion of the questionnaire, observation and Rorschach Inkblot test.

In figure 4.2 a graphic synopsis of participants' pre-test outcomes is given. At the top of each graph the total number of responses per participant is provided. This is not to be confused with the number of *concepts* that were used by the participant (indicated in the lower part of the figure). In some cases the participants used additional *concepts* to explain their responses. These descriptive concepts were therefore not considered to be responses in themselves, but it did provide data on the language usage of participants during the RCS procedure, and were thus included in the graphs. For further elaboration on this, the reader is referred to Addendum 1.

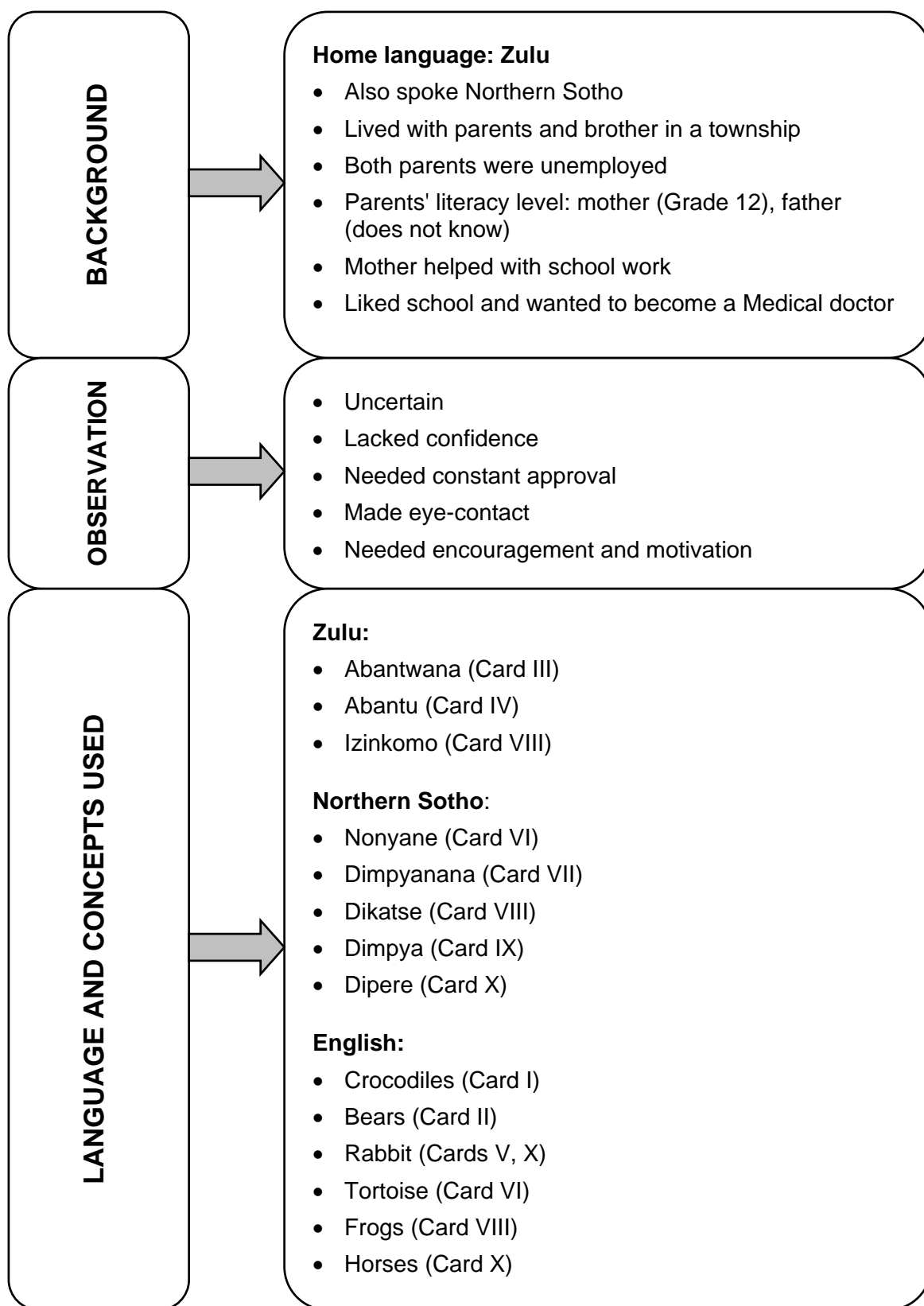
FIGURE 4.2: PARTICIPANTS' PRE-TEST OUTCOMES

Participant 1 (8 Responses)

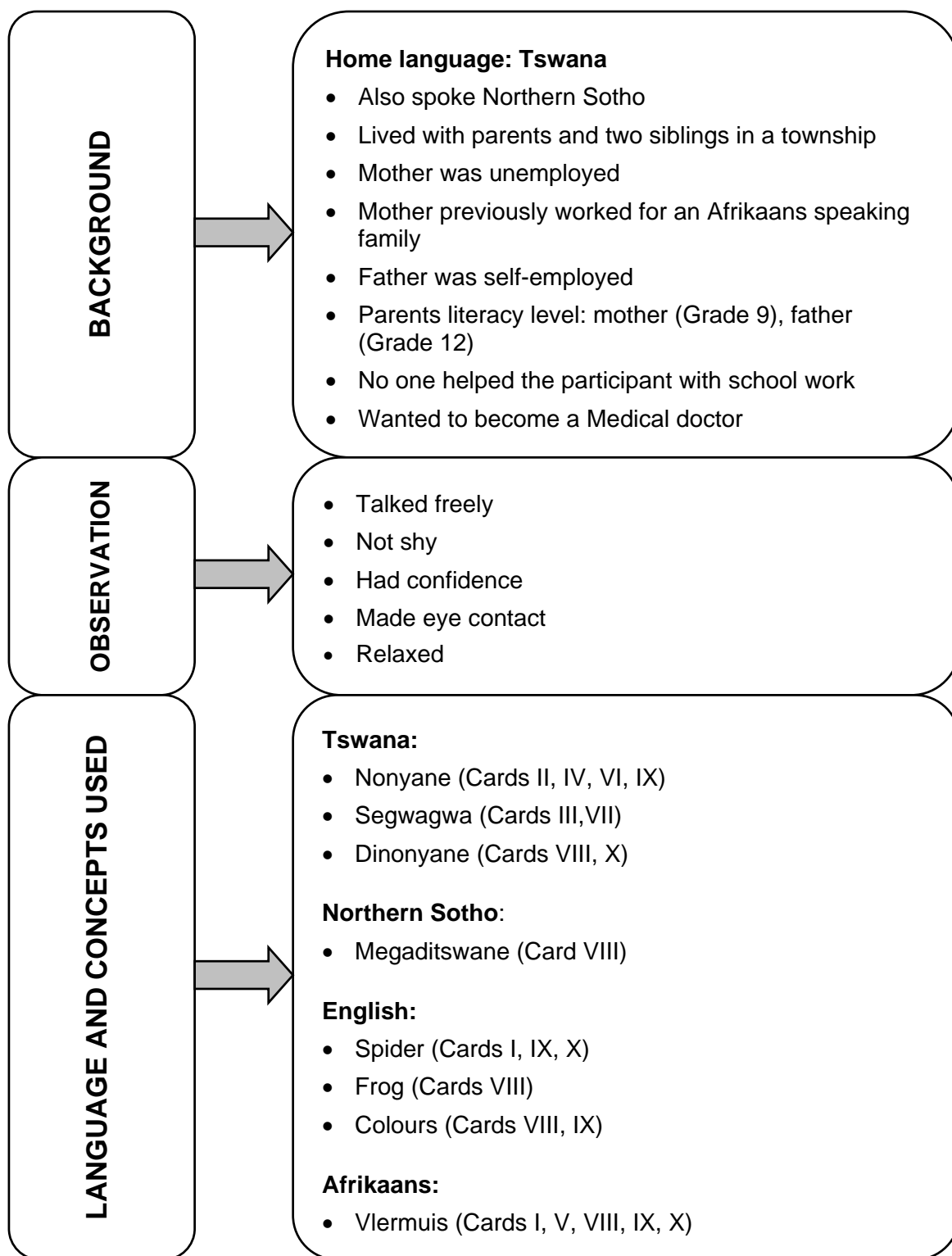




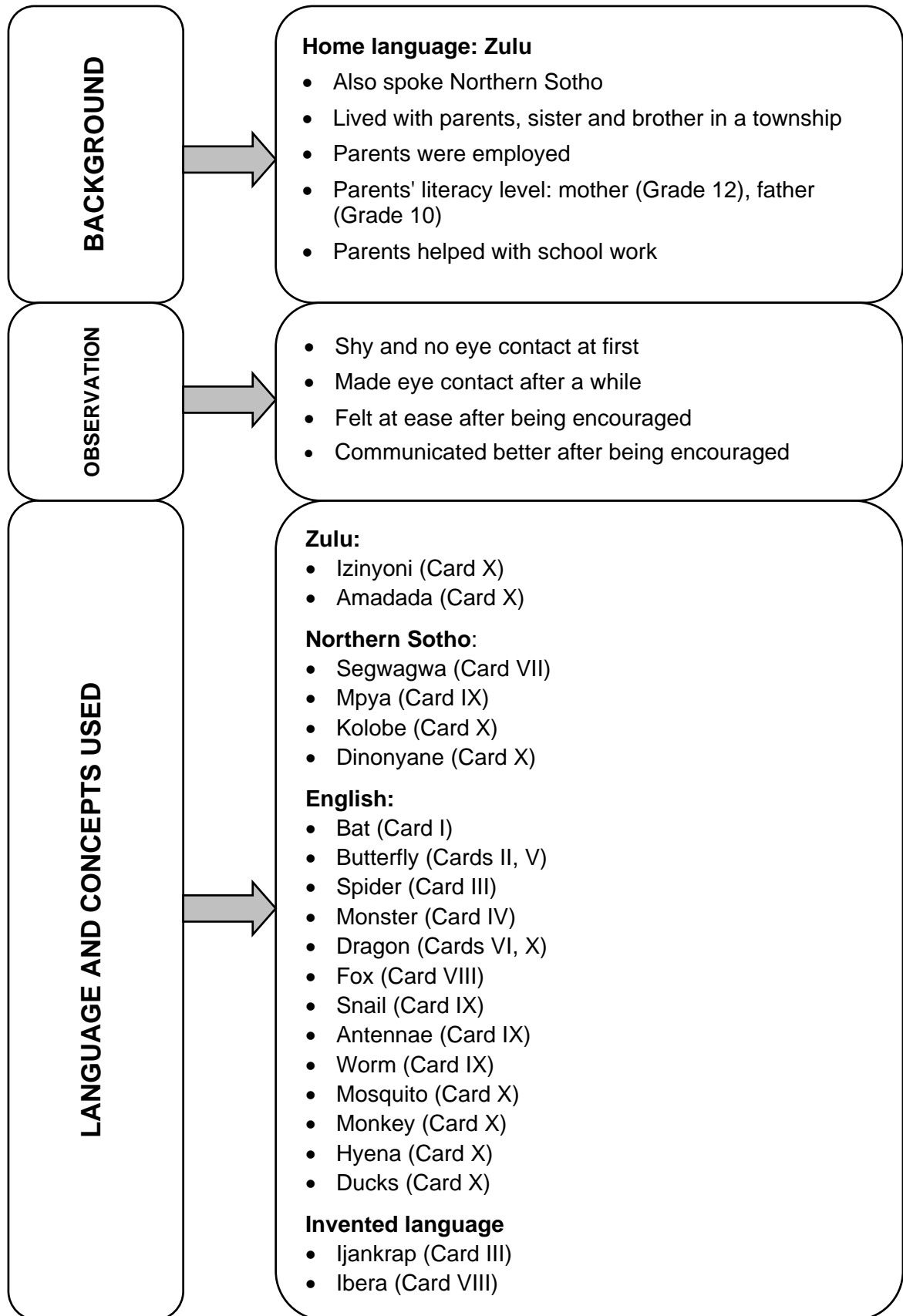
Participant 2 (15 Responses)



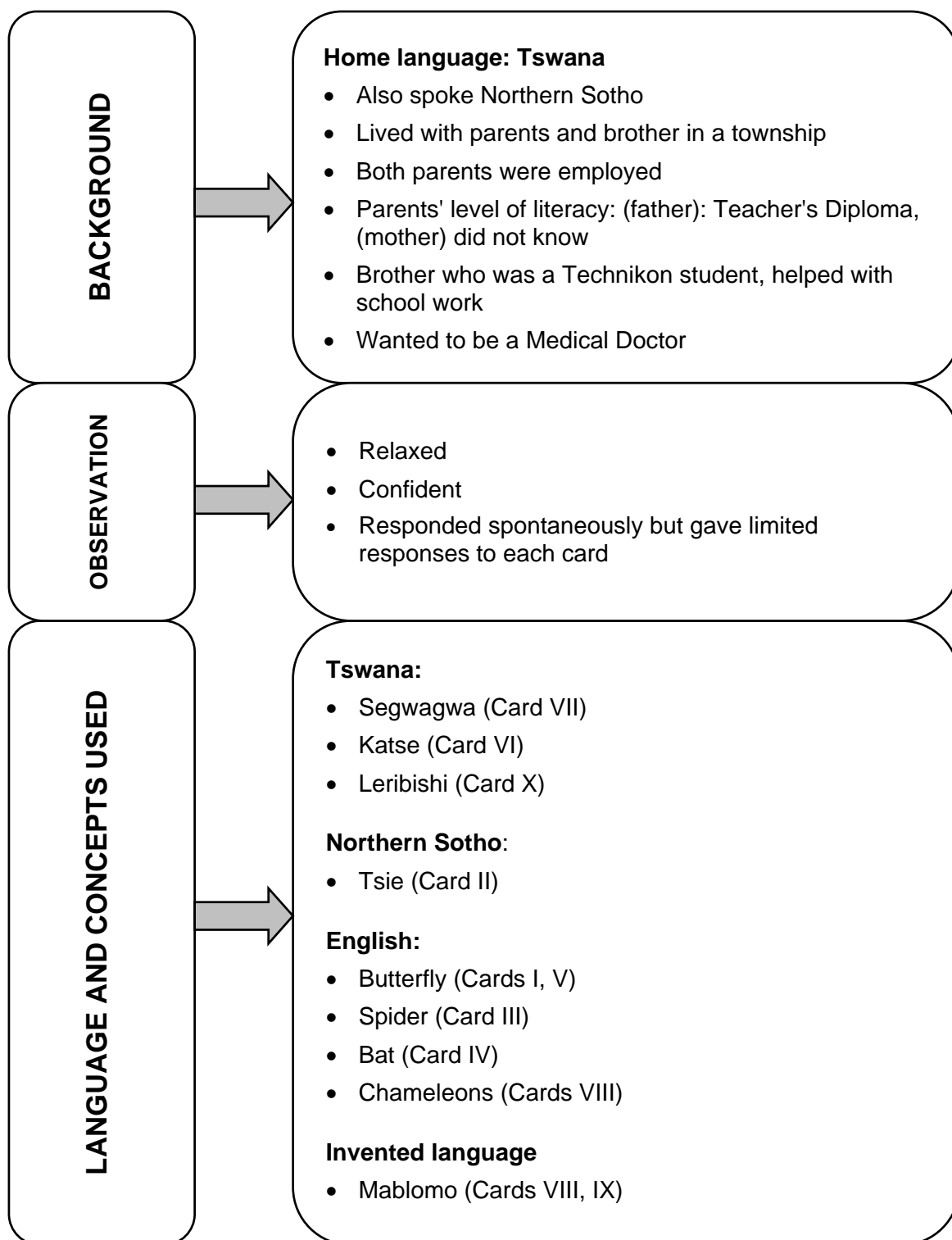
Participant 3 (17 Responses)



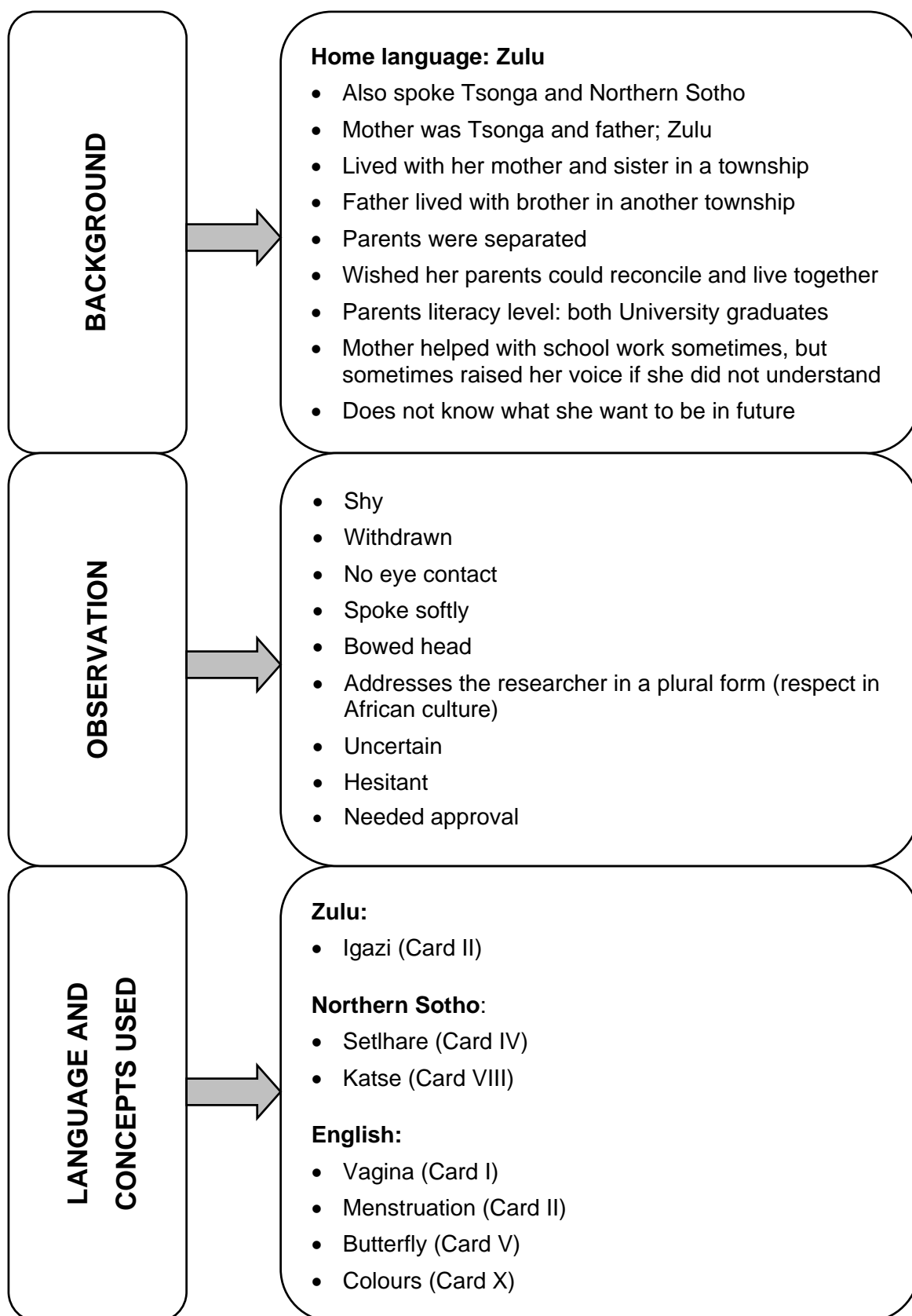
Participant 4 (20 Responses)



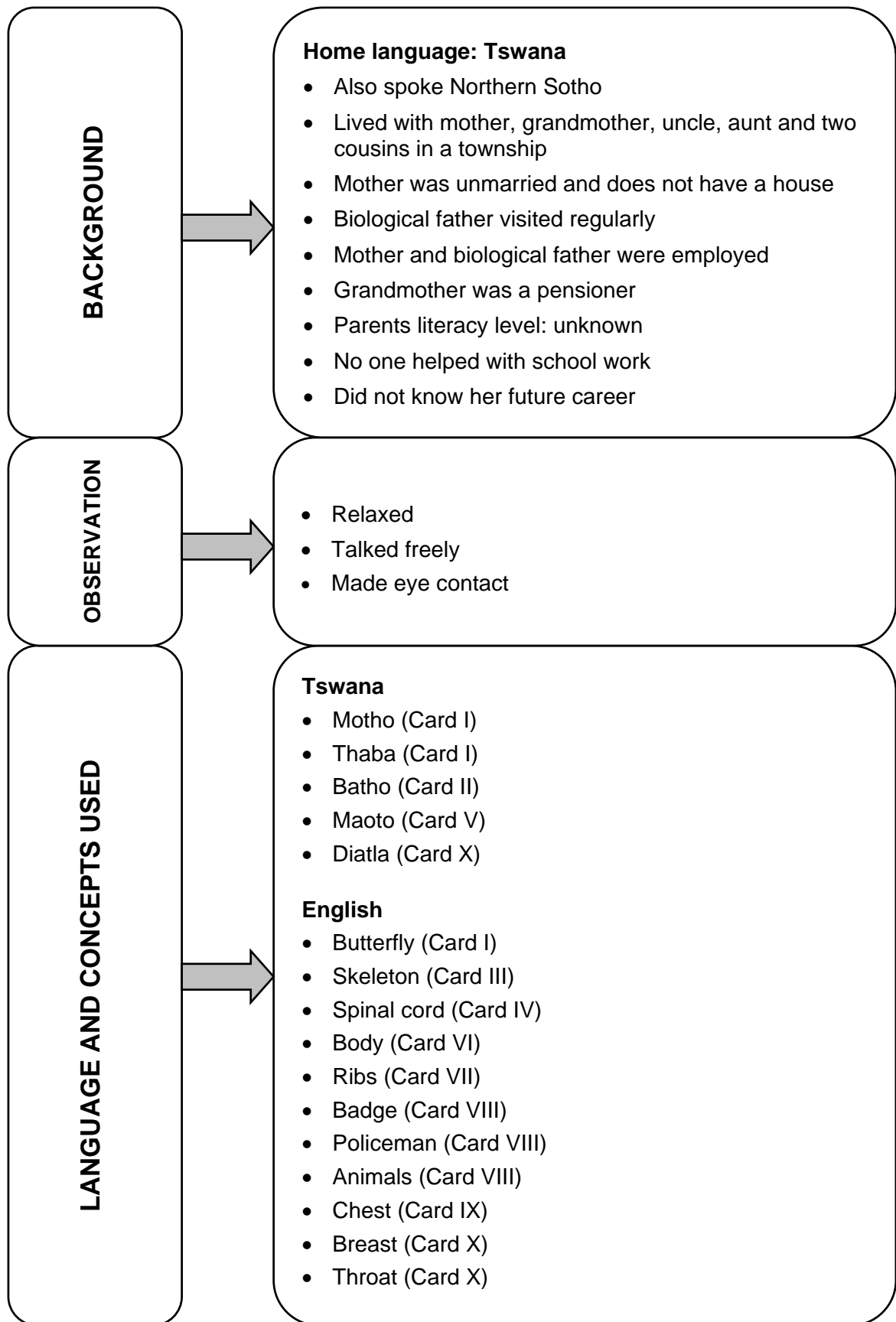
Participant 5 (11 Responses)



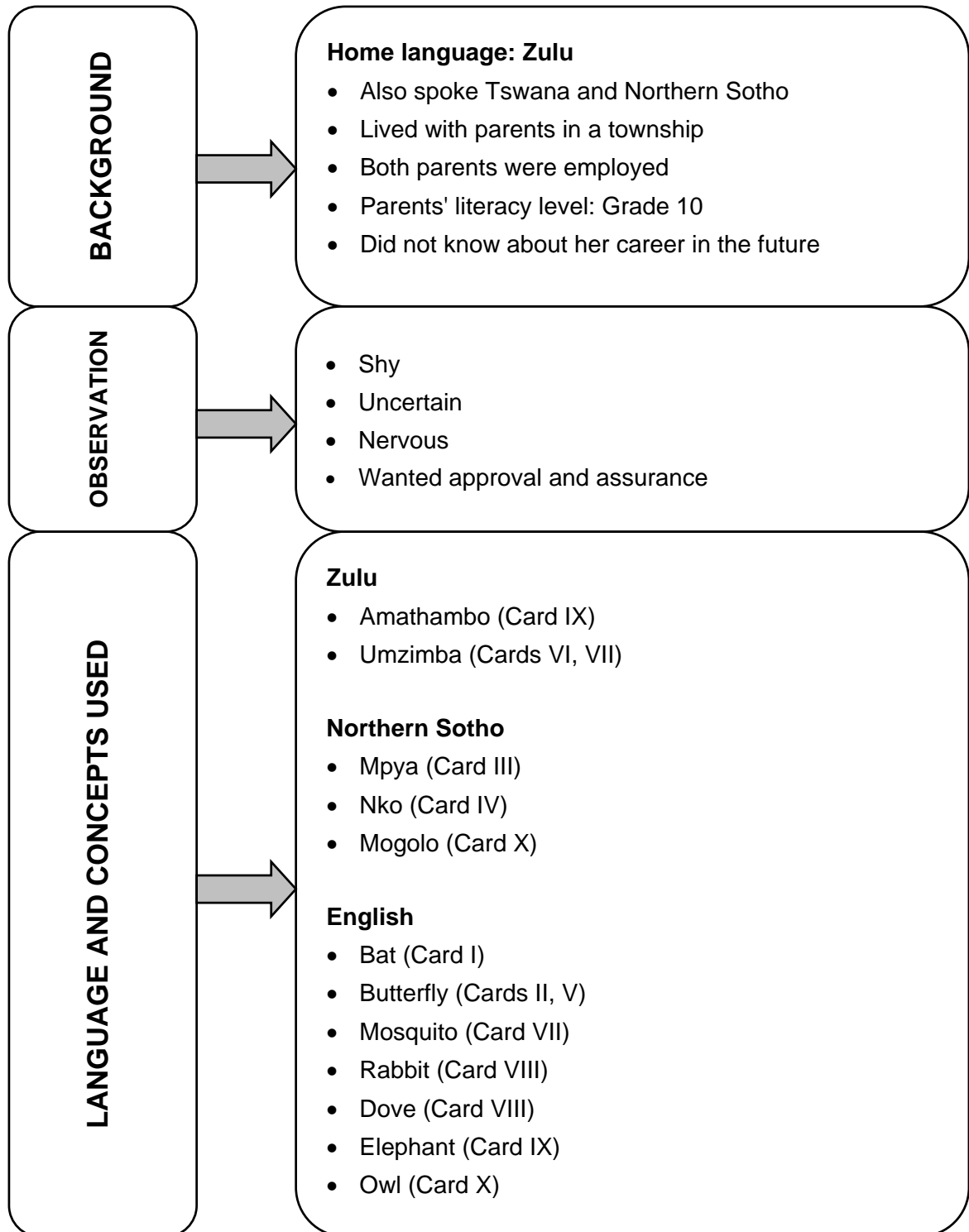
Participant 6 (6 Responses)



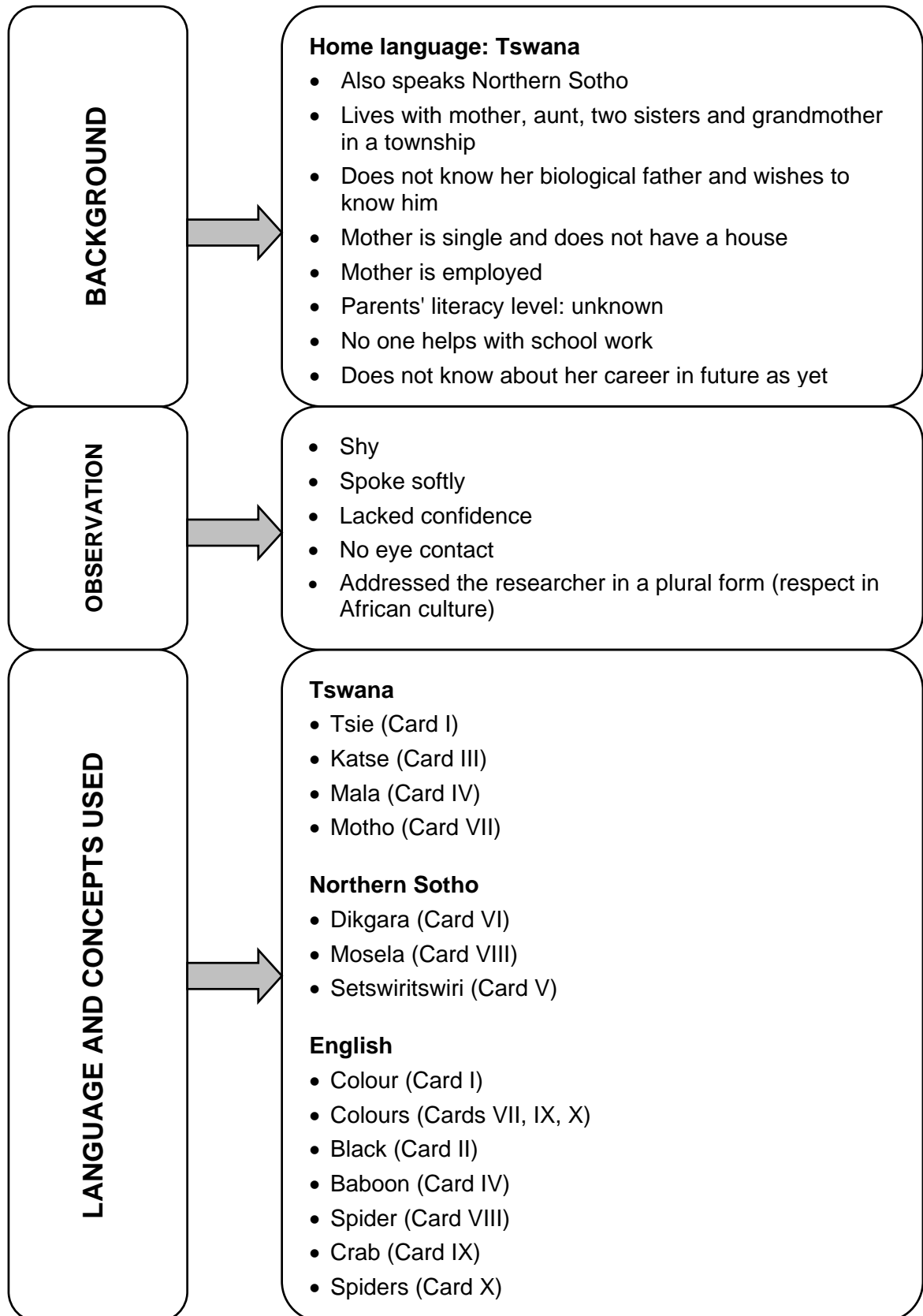
Participant 7 (14 Responses)



**Participant 8 (12 Responses)**

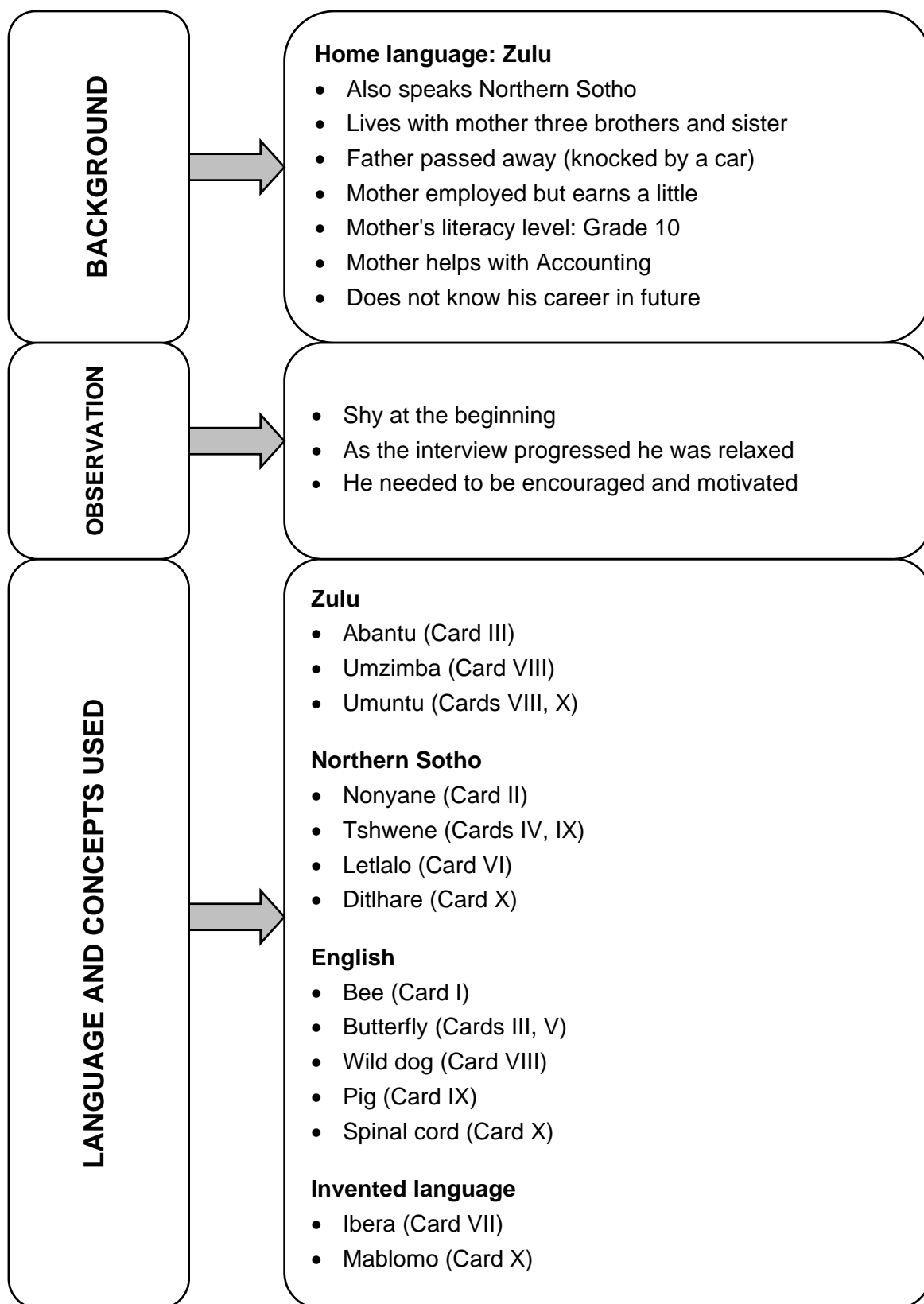


**Participant 9 (10 Responses)**





Participant 10 (14 Responses)



#### 4.6 EXPLANATION OF THE PRE-TEST PHASE

Culture and language play an important role as far as the responses of participants are concerned. Dana (2000:298) maintains that language and learned ways of expression contribute to the articulation of responses. This has been the case in this study. All the participants spoke two or more languages but sometimes lacked vocabulary in their mother tongue. The relationship between the participants and the researcher is also crucial. The researcher was regarded as an authoritative figure and as a result the participants were not at ease to enunciate concepts that were related to vulgar words. For example, the participants who related red spot on the card as menstruation were hesitant and shy to name the phenomenon. They needed assurance and encouragement. This signifies an aspect of African culture whereby a younger person is prohibited to say vulgar words to or in the presence of an older person. On the other hand, due to the fact that I was of the same cultural background as the participants, I understood their reactions.

The participants were tested for the first time with Rorschach inkblots cards. They therefore reacted differently to the test; for instance, some were surprised, tense, embarrassed and shy. More details on the reactions of the participants will be discussed in the next chapter, to elaborate on the observations that were indicated in section 4.5.

I made sure that the participants understood the test instructions and adhered strictly to Exner administering procedures. The participants posed questions and needed re-assurance from the researcher. On the other hand, I motivated and assured them by telling them to take their time and that there were no correct or wrong answers, and that people see different things.

The participants were exposed to several African languages, and hence they did not use their own home languages exclusively but resorted to use of invented language which is known and spoken in the townships as well. They were shy and sometimes bowed their heads when talking. This is a sign of respect according to African culture. During the pre-test phase it was evident that the lack of exposure

to psychological tests, culture and language contributed to the participants' uncertainties and reactions. These are explained in chapter 5.

#### **4.7 CONCLUSION**

The research design and the pre-test phase of this study were discussed in this chapter. My role as instrument in the research, the natural setting where data was collected, the method used to collect data, the analysis and synthesis of data as well as the interpretation were outlined.

The participants' background interviews, their reactions as well as their languages and concepts used during the RCS administration are clearly indicated. The number of each participant's responses were calculated and recorded. More detailed findings and interpretations of the pre-test will be discussed in the next chapter.

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**CHAPTER 5**  
**THE RORSCHACH COMPREHENSIVE SYSTEM,**  
**PRE-TEST PHASE:**  
**RESULTS AND INTERPRETATIONS**

## **5.1 INTRODUCTION**

It will be recalled that during the pre-test phase, the RCS was administered to ten participants strictly following Exner's administering procedures. In this chapter the findings on each participant case is described and interpreted. I draw attention to each participant's background, reactions during the test administration, seating arrangements, language usage as well as the number of responses.

A checklist (Checklist 5.1) was used as a tool to facilitate the interpretation of the findings. Graph 5.1 indicates the participants' response rates on the pre-test. The pre-test findings allowed for the identification of the variables that were critical for the adjustment of the RCS administering procedures, which will be discussed in following chapters.

## **5.2 PRE-TEST PHASE: RESULTS**

The purpose of this chapter is to explicitly state the pre-test findings. According to Gregory (1996:138) the findings as well as the whole procedure leading to them must be thoroughly and critically reviewed. The purpose thereof being to direct any errors of measurement, bias and mistakes that could have distorted the description of the aspect of social reality under study. The findings for each of the 10 (ten) participants or cases in this study are now presented.

**Participant 1 (Number of responses: 8)**

The participant was from an economically deprived family. She had made many sacrifices during her youth; instead of playing with her friends she took over adult responsibilities by selling fruit and vegetables in order to acquire money for the family. The participant did not know her mother's literacy level. The participant's mother did not help with the schoolwork. The participant did not have enough time to spend with her family due to her commercial activities.

The participant was shy and avoided eye contact with the researcher. Her facial expression indicated that she was surprised when she looked at the first card. She was uncertain and did not make any effort to focus in order to give more responses. She lacked confidence and was hesitant when responding. She seemed comfortable with side-by-side seating position. She avoided eye contact with the researcher and bowed her head most of the time.

The participant's responses were short and precise. Most responses were given in English even though the participant's home language is Zulu. The participant was encouraged with the first two cards, because she was giving only one response to a card. When she saw the first card she was surprised. She did not want to attempt the second and the sixth cards. It seems she wanted to finish the test as quickly as possible, for instance in the case of Card (III). She grabbed the next card before I could give it to her. In some instances the participant bowed her head and did not make eye contact with me, as in the case of Cards I, II, IV, V and VI. This could be a cultural habit, which requires a child to bow her or his head when talking to an adult as a sign of respect.

During the Inquiry the participant did not show any interest. At the beginning of Inquiry she asked why she was asked to do it again. She cooperated only after I again explained the purpose of Inquiry.

The participant gave more English concepts (4) than in her home language, which is Zulu, (1), Northern Sotho (1) and Invented language (1). The reason for giving

more English responses could be the fact that English is the medium of instruction in her school. The participant seemed comfortable with side-by-side seating.

### **Participant 2 (Number of responses: 15)**

The participant was from an economically disadvantaged home. Both her parents were unemployed. The participant did not know her parents' literacy level.

The participant reacted with uncertainty and lacked confidence; hence she needed the researcher's constant approval. Irrespective of her shyness, she succeeded in making eye contact after being encouraged by the researcher. She was encouraged with the first two cards. She responded efficiently after she was motivated.

I motivated and encouraged the participant with the first two cards. Even though she gave a sufficient number of responses according to RCS, which is 15, the participant was uncertain. As stated, she needed my approval, for example; Cards; I, (Am I right?), II (Are there bears?); V (Is this right?) and VI (Am I correct?)

During the Inquiry, she wanted to make sure that I understood by pointing on the card in order to show me what she meant, for example; Cards IV, V, VIII and X.

The participant gave more concepts in English (6), followed by Northern Sotho (5) and the least in Zulu (3). English is the medium of instruction at school, therefore the participants is more familiar with English concepts. The fact that the participant gave more Northern Sotho responses than her own home language, which is Zulu could be because the participant's neighbours and most of her friends spoke Northern Sotho. The participant did not show any sign of discomfort with regard to side-by side seating.

### **Participant 3 (Number of responses: 17)**

The participant was from an economically deprived home. The participant's mother was retrenched from work and his father was self-employed without fixed income. Her parents helped her with schoolwork.

He communicated well during the test. He was open, had confidence and made eye contact with the researcher. He seemed relaxed, he shifted and turned the chair so that he could make eye contact with the researcher. After reading the instructions of the test, the participant showed a lot of excitement. He responded immediately to each card. He did not need any motivation and encouragement.

After the Inquiry instruction was read, he did not ask any questions, but responded immediately. In most cases he pointed on the card in order to show me what and where he saw it; for example: Cards, III, VII, VIII and IX).

Even though the participant responded freely and spontaneously, he repeated the same concept in different cards, for instance: bird (nonyane) was given in Cards, II, V, VI, VIII and X, frog (segwagwa) in Cards III, VII and VIII; colours in Cards VIII and IX; vlermuis in Cards I, V, VIII and X. This can be an indication that he had a limited vocabulary. It may also indicate an inclination towards preservation. He gave the same number of concepts in Tswana (3) which is his home language, as well as English (3) which is the language of instruction at school, and equal number of concepts for Northern Sotho (1), which is the language most spoken in his neighbourhood and in Afrikaans (1), which was taught by his mother who used to work for an Afrikaans speaking family as a domestic worker. The participant seemed uncomfortable with regard to side-by-side seating arrangement. He shifted his chair time and again towards me.

### **Participant 4 (Number of responses: 20)**

The participant's home environment was supportive as far as schoolwork was concerned. Both parents were involved in his schoolwork. However, the participant

did not know the type of work her father was doing and where her mother was working.

At the beginning of the test, the participant was shy and did not make eye contact with me. As the testing progressed, and after she was encouraged, she felt at ease, communicated with confidence and made eye contact with me.

The participant did not pose questions. I encouraged the participant with the first two cards because the participant was giving one answer to a card. She was reluctant to respond at first, but after being encouraged she started to give more responses.

During the Inquiry Phase the participant responded immediately without questioning me. She pointed on the card in most cases in order to clarify what she meant, for example, Cards, I, IV, VII, IX and X. She was also smiling while she was explaining, for example with; Cards VII, IX and X.

The participant gave most responses in English (13), then followed by Northern Sotho (4) and gave equal concepts in Zulu (2), which was her home language, as well as in Invented Language (2). According to the participant, she could not remember some of the concepts in his home language but in English because English is the medium of instruction and because of the help she got from her mother. She was shy and seemed comfortable with side-by-side seating.

#### **Participant 5 (Number of responses: 11)**

The participant was from an organised and stable family with both parents at home. The family lived in a spacious house as compared to most of the houses in South African black townships. The participant did not know his mother's level of literacy. The participant assumed that his mother was educated because she could speak and write English. His father, who is a school principal, had a Teaching Diploma but did not help the participant with schoolwork.



The participant was relaxed and confident. He responded immediately without any indication of being surprised. After the instructions were read to the participant, he responded without any hesitation. He did not question anything. The participant gave insufficient responses because he gave only one response to almost all the cards except Card 8 where he gave two responses, despite the fact that he was encouraged with the first two Cards; I and II.

During the Inquiry Phase the participant responded without questioning. He explained in detail what he saw and why he saw it, for instance; Card X he explained why he saw an owl as follows: "This owl is like a puzzle. Its parts are scattered like a puzzle. I can see, small mouth here (pointing on the card), big eyes and nose here (pointing on the card).

The participant gave an insufficient number of responses (11) according to RCS. Most responses were given in English (4), followed by Tswana (3) that was the participant's home language and the least responses were in Northern Sotho (1) as well as Invented Language (1). The reason why the participant gave more responses in English could be that English was the medium of instruction at school, and again, since the participant viewed people who spoke English as educated, he wants to be regarded as such by the researcher. He was relaxed and comfortable with side-by-side seating.

### **Participant 6 (Number of responses: 6)**

The participant was from an educated family. Both parents were university graduates and teachers by profession. Her parents were separated and their separation affected her emotionally. The participant mentioned during the interview that she wished her parents could be together again. She also mentioned that she would like me to help to solve her parents' problems. The participant's mother assisted her with homework. The participants indicated that her mother would also raise her voice to her at times while helping her with homework.

The participant was shy, withdrawn and tense. She did not make eye contact and she spoke softly. In most of the cases she bowed her head. When talking to me, she addressed me in a plural form; that is: "le" instead of "o" in Northern Sotho. This signifies the respect that she gave to me as the adult researcher. In some cases she was silent before giving responses and was uncertain and hesitant.

The participant gave insufficient responses, that is, six responses. The participant was uncertain and hesitant when giving responses, for instance, most of the time, she remained silent for a while before responding (Cards I, VII and IX). In some cases she did not attempt to give responses, but just said that she did not know, for example, Cards III, VI, VII, and IX). She seemed ashamed and embarrassed to say other words such as vagina and menstruation, for example in Cards II and I. She wanted approval and reassurance from the researcher, for instance: "Can I say it?" (Card I)", "Is it a vagina? (Card I), "Am I correct? (Card II), and " Is this right?" (Card X).

During the Inquiry Phase the participant did not make eye contact with the researcher. On two occasions she could not remember her initial response even after the researcher has read it to her, for instance, (Cards IV and X). She indicated that she had eye problems, (Card IV) and again that her eyes were *bothering her (Card IX)*.

The participant mixed Zulu, Tsonga and Northern Sotho. She mentioned that it was difficult for her to speak Zulu only because her mother is Tsonga, her father Zulu-speaking and friends and neighbours Northern Sotho speakers. She gave most responses in English (4), then, in Northern Sotho (2) and the least responses were given in Zulu (1). The participant had insufficient Zulu vocabulary, which could be as a result of mixing languages. She therefore did not give sufficient responses. She was tense and bowed her head most of the time, but did not indicate any sign of being uncomfortable with side-by-side seating.

### **Participant 7 (Number of responses: 14)**

The participant's home environment was influenced by the fact that her mother, who was an unemployed and single parent, did not have a house. The family lived in her over-crowded grandmother's four-roomed house with her mother, grandmother uncle, aunt and two cousins. The participant did not know her mother's literacy level. There was no parental involvement as far as schoolwork was concerned.

The participant was relaxed and talked freely. She made eye contact with me as researcher. The participant gave sufficient responses (14). After the instructions were read to her, she did not need any encouragement for the first card, but gave three responses. With the second card, she gave only one response; I then encouraged her. The participant seemed surprised when giving responses to what she thought were human body parts, for instance Card III (skeleton) and card VII (ribs).

The participant explained clearly what she saw by giving the details during the Inquiry phase. On several occasions she pointed with her finger on the card in order to show me exactly what and where she saw what she thought it was, so that I could see it exactly what she did, for instance: Cards I, III, IV, V, VI, VII, VIII and X.

The participant gave more responses in English (11) than in her home language, Tswana (5). The reason could be the fact that English is the medium of instruction at school hence she was familiar with English concepts. She has mentioned during the interview that, she needed to know English in order to be educated. She therefore regarded English as the language of educated people. The participant moved the chair frequently and seemed not to be comfortable with side-by-side seating.

**Participant 8 (Number of responses: 12)**

The participant's parents were both employed. They helped her with schoolwork. The participant did not know where and the type of work her parents were doing.

The participant was shy and very uncertain when giving responses. She was biting her nails and seemed nervous. She sometimes waited for a while before responding. She wanted approval and assurance from me as researcher.

The participant gave 12 responses, which were insufficient for RCS scoring. The participant was unsure and this was indicated by her being silent before responding, for instance, Cards I, IV, VIII and IX. The participant also needed encouragement with the first two cards because she gave only one response on each card. She was tense and this was indicated by nail biting, for example; on Cards I, IV, VIII and X. When responding the participant needed approval and assurance from me, for instance on Cards; V (Am I right?), VIII (Correct?) and X (Do you see it too?).

During the Inquiry, the participant did not hesitate but instead, gave short explanations. Her insufficient responses could be as a result of lack of Zulu vocabulary. She spoke three African languages well and switched from one language to the other while speaking. She gave more concepts in English (7), then Northern Sotho (3) and least in Zulu (2). This could be because English is the medium of instruction at school. The participant was comfortable with side-by-side seating.

**Participant 9 (Number of responses: 10)**

The participant was from a disadvantaged family. Her mother who was a single parent did not have a house, hence they were crowded in her grandparent's house with her aunt, mother and two sisters. There was no one who could help her with schoolwork. She seemed to be emotionally affected by the fact that she did not know her biological father. She mentioned during the interview that her father left

her mother with family responsibilities and was upset about it. The participant did not know her mother's literacy level, instead she assumed that her mother might be educated because she could speak and write in English.

The participant was shy and spoke very softly. She lacked confidence and did not make eye contact with me. During the interview, the participant addressed me in a plural form; that is: "le" not "o". As mentioned previously, this could be as a result of Northern Sotho influence whereby children are required to address adults as "le", not "o" as a sign of respect.

The participant was motivated and encouraged on the first two cards because she was giving only one response to a card. She gave only 10 responses, which were not sufficient enough to be scored. She bowed her head and did not make eye contact. This could be as a result of cultural factors, which inhibit children to look adults straight into their eyes when talking to them as a sign of respect. The participant tried to explain to the researcher what she saw, but on two occasions she has mentioned that she could not remember what she said, for example Cards II and VIII.

After I reminded her by reading her first response, she gave a different response from the first one, for example; during the Response Phase she responded that she saw a tail whereas during the Inquiry Phase she said she saw a spider with wings.

The participant gave most concepts in English (7), then Tswana (4) and least in Northern Sotho (3). The reason for giving more responses in English could be because English is the medium of instruction; therefore she was familiar with English concepts. She mixed Tswana and Northern Sotho to an extent that she could not make distinction between those languages. The participant was comfortable with side-by-side seating.

### **Participant 10 (Number of responses: 14)**

The participant was from an economically deprived family. His mother was a widow and was unable to maintain four children. His mother helped with his school subject, Accounting. The participant did not know the type of work his mother was doing. He only knew that his mother did not earn enough money because she was unable to meet the basic needs of her children.

The participant was shy at the beginning of the test, but after a while he was relaxed. The participant gave sufficient responses (14) according to RCS. He needed to be encouraged and motivated for the first two cards because he was only giving one response on each of them. If that could have continued, it could have led to less than 14 responses, which are insufficient for RCS scoring. After being encouraged, the participant's rate of responses increased. In some cases, especially when he saw something related to a human's body, for example, Cards: VIII (human body) and X (spinal cord), he frowned and seemed scared.

During the Inquiry Phase the participant explained in detail what he saw. He understood the instructions and did not question anything. The participant gave most concepts in English (5), then Northern Sotho (4), and least in Zulu (3) as well as in Invented language (2). The participant seemed uncomfortable with side-by-side-seating.

### **5.3 SYNOPSIS: PRE-TEST**

Checklist 5.1 summarises and clearly elaborates the pre-test results for the 10 participants in the study. It includes the background, negative and positive responses that were observed, reactions to side-by-side seating, language usage and the number of responses during the pre-test.

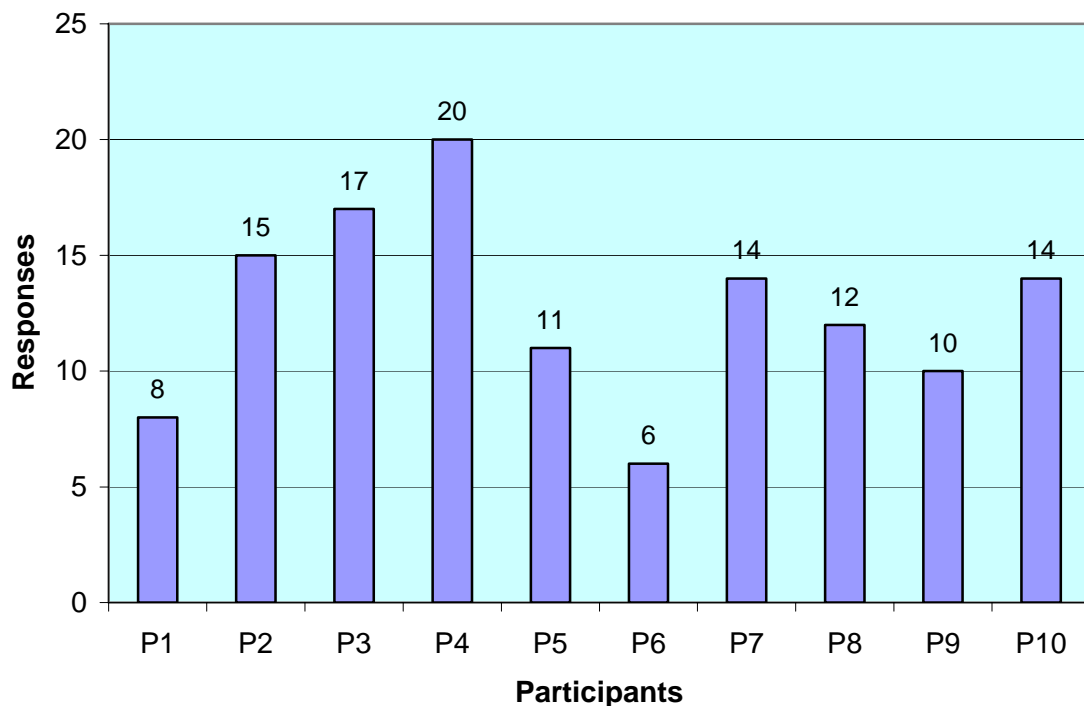
**CHECKLIST 5.1 PRE-TEST CHECKLIST**

Participants	Background							Negative Reaction Observed								Positive Reaction after Encouragement					Side-by-Side		Language Usage			Responses			
	Single parent family	Separated/Divorced family	Extended family	Parent's house	Parent passed away	Parents employed	Parents unemployed	No eye contact and shy	Uncertain	Lack of interest & hesitant	Repetition of concepts (Perseverance)	Inability to remember initial responses	Tense, nervous & nail biting	Bowed head	Need constant approval	Emotionally affected	Improved eye contact	Confidence	Relaxed	Improved communication	Improved responses	Comfortable	Uncomfortable	More English concepts	1 or more Afrikaans concepts	1 or more invented language concepts	14 or more responses	Less than 14 responses	
1			x				x	x	x				x									x			x				x
2				x			x	x						x		x	x			x	x	x					x		
3				x						x													x				x		
4				x		x		x								x				x	x	x			x		x		
5				x		x																x			x				x
6		x		x		x		x	x	x		x	x	x	x							x							x
7	x		x																	x	x		x				x		
8				x		x		x	x	x		x		x						x	x	x							x
9	x		x			x		x			x	x	x		x							x							x
10					x	x		x						x		x	x	x	x	x		x					x		

### 5.3.1 PRE-TEST RATE OF RESPONSES

During the Pre-test phase five participants gave less than 14 responses (participants 1, 5, 6, 8, and 9), which is according to RCS insufficient and cannot be scored, and five participants gave more than 14 responses (participants 2,3,4,6, and 10), which can be scored. The rate of responses, are illustrated in graph 5.1 below.

**GRAPH 5.1 PRE-TEST RATE OF RESPONSES**



The Y-axis indicates the rate of responses whereas the participants are indicated on the X-axis. The following is the order of participants responses from the most to the least responses: P4 (20), P3 (17), P2 (15), P7 (14), P10 (14), P8 (12), P5 (11), P9 (10), P1 (8) and P6 (6).

The sum total of responses given during pre-test is 127. The average responses given are therefore 12,7. According to the observation by the researcher noticed certain behaviours and reactions which are indicated below.



### **5.3.2 NO EYE CONTACT**

According to the researcher's observations six out of 10 participants, (60%) (participants 1, 2, 4, 6, 8 and 9) were shy and did not make eye contact. Some were nervous, bit their nails and bowed their heads when talking to the researcher. For the South African black adolescents it is part of their culture to avoid contact with the adults as a sign of respect.

### **5.3.3 UNCERTAINTY**

According to the researcher's observations, five (50%) of the participants (participants 1, 2, 6, 7 and 8) were uncertain during the testing procedure. This could be due to the fact that they were never exposed to psychological tests before. As a result, some of them wanted the researcher's approval as to whether they were correct or not, some were hesitant and silent for a while before they responded. Many of the participants lacked confidence during the test administration.

### **5.3.4 LACK OF INTEREST AND HESITANT TO VERBAL EXPRESSION**

The researcher also noticed that two participants (20%), (participants 1 and 6) showed lack of interest and hesitation when responding to other cards. The researcher tried to motivate them but they kept on saying that they did not see anything and did not want to attempt to respond. This could be because the participants were never exposed to inkblot drawings during their early childhood or during preschool. It can also be because of factors such as high level of discomfort with the assessment situation, negative previous experiences with testing in general or affective factors that may have been unknown to the examiner/ researcher.

Sometimes the participants were hesitant to say what they saw because they were embarrassed to utter certain words such as "vagina" or "menstruation" to an adult. According to African culture, children are not supposed to say vulgar words or any

word, which symbolises human private parts to an adult, as a result, it was difficult for them to say what they saw.

### **5.3.5 REPETITION OF CONCEPTS**

During the RCS test, I noticed that two participants, (20%) repeated concepts, (participants 3 and 9). This may have been due to various factors:

- Limited language competency
- A tendency towards preservation.
- A limited expressive vocabulary, or
- Some visual perceptual limitations.

It may also have been a way of coping with the challenges or the testing situation.

### **5.3.6 INABILITY TO REMEMBER THE INITIAL RESPONSE**

During the Inquiry phase, two participants, (20%) could not remember what they have said or saw during the Response phase (participants 6 and 9). They needed to be reminded. This could be as a result of short-term memory problems or a lack of focus and concentration or interest in what they were looking at or saying.

### **5.3.7 SIDE-BY-SIDE SEATING**

It was evident that seven participants (70%), (participants 1, 2, 4, 5, 6, 8 and 9) seemed comfortable with side-by-side seating arrangement. According to my observation the participants were shy, bowed their heads most of the time and as a result they were afraid to express or show their dissatisfaction if any. They just accepted the seating arrangements as told without any objections. On the other hand, three (30%) of the participants (participants 3, 7 and 10) seemed uncomfortable with side-by-side seating. They indirectly showed their discomfort by shifting the chairs frequently.

### 5.3.8 HOME LANGUAGE DEFICIENCY

According to the researcher's findings nine (90%) of the participants gave more concepts in English than in their home languages (participants 1, 2, 4, 5, 6, 7, 8, 9 and 10). English is the medium of instruction at school; hence the learners are familiar with English concepts, for instance, names of animals, parts of animals and humans, plants, flowers, insects and birds. This may have prompted the overwhelming majority of English responses.

It was also noticed that four (40%) of the Zulu participants gave more Northern Sotho concepts than in their home language. This proves that the environment in which the children grow up has an influence as far as language is concerned. Those learners only speak their home languages at home and speak Northern Sotho, either with their friends or neighbours. Hence, they have limited home language concepts. This is some reflection of how people in the townships are mixed and learn other languages from childhood. They therefore prefer not to stick to one language. In South Africa, English and Afrikaans have been the only official languages in the past. English which is the most preferred official language for the South African blacks is introduced at Grade 3 level in Black schools; hence most of the learners acquire more English vocabulary than Afrikaans. Some of the participants whose parents work or worked for Afrikaans speaking families, as domestic workers, knew Afrikaans concepts taught by their parents. Only one participant (10%) gave Afrikaans concepts (participant 3). Four participants (40%) gave Invented language responses (participants 1, 4, 5 and 10).

All of the participants reflected similar language difficulties during the testing situation. The participants preferred using concepts borrowed from other African languages as well as Afrikaans and English. It is clear though, that the use of English concepts was more frequent because of the increased exposure to English as medium of instruction at the schools the participants were attending. It became clear as well that English is regarded by most of the participants as the language of the learned/educated people. In this regard it was also noted that some of the participants experienced it as embarrassing to mention their concepts/ideas in their

mother tongue preferring to conceptualise it in English for example: concepts such as vagina, menstruation, etc.

Most of the time they preferred to respond in English even if the prompt were formulated in their home language. A few of them, who gave certain concepts in Afrikaans, indicated that they heard those concepts from their mothers who proved to be domestic workers and were exposed to Afrikaans speaking employers. It was thus a normal reaction that the influence of the employer's culture and language affected the mothers to such an extent that they transferred their experiences and acquired knowledge of the language to their children at home.

It was evident from the ten case studies that most of the parents did not assist their children with schoolwork either because they are illiterate or because of other more compelling problems such as over-crowding, the lack of housing, financial problems, unemployment or marital difficulties. Most of the participants did not know their parents well, for instance, their level of literacy, work place and the type of work their parents are and were doing. This may indicate that the participants do not communicate often about literacy issues with their parents or, if they do, it is not of such significance to them at this stage of their development, that they do not retain such information at this moment. The interview with the researcher helped the participants to express their emotions about various issues.

However, the participants were also used to one-way communication, whereby the adult who was a teacher gave instructions and information, and they received information passively. The RCS testing was a new experience because they were required to talk and express themselves while the researcher listened and wrote down what they said.

#### **5.4 CONCLUSION**

In this chapter the pre-test findings of each participant were discussed and interpreted. A checklist that indicates the participants' background, negative and positive responses, seating arrangements and responses have been recorded.

It was evident from the pre-test findings that there were social and cultural factors that inhibited the participant response rate. I bring in those factors in the next chapter in order to develop the adjusted RCS administering procedures.

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**CHAPTER 6**  
**THE DEVELOPMENT AND ADMINISTRATION OF**  
**ADJUSTED RORSCHACH COMPREHENSIVE**  
**SYSTEM PROCEDURES:**  
**THE POST-TEST PHASE**

## **6.1 INTRODUCTION**

In the previous chapter the process was described whereby participants were tested for the first time with Rorschach Inkblots according to Comprehensive System procedures. The research steps followed can be summarised as follows:

- An analysis of the participants' verbal and non-verbal responses.
- An analysis of the researcher's observation of the participants' behaviour and reaction during the testing phase.
- An analysis of the questions posed by the participants during the testing procedures; and
- An analysis of the participants' language usage and culture.

During the process of administering the Comprehensive System it was found that the standard RCS (Exner) procedures did not elicit optimal response rates from the participants in this study. This was evident in the fact that most of the participants did not provide the minimum number of responses that would facilitate further interpretation of their responses. Based on the observations during this phase, I developed the hypothesis that certain adjustments to the standard administering procedures might accommodate the unique cultural differences that seem to be inhibiting these participants. It was also assumed that such adjustments would still have to comply with the scientific criteria that are applicable when the adjusted RCS is administered.

In this chapter the results from the pre-test phase are applied and implemented as criteria for the formulation of specific adjustments to the current administering

procedures in order to enhance the possibility of optimal response rates. During the post-test phase, the same participants were re-tested 10 months after the first assessment. The Rorschach Comprehensive System was re-administered by implementing the adjusted administration procedures.

## **6.2 THE DEVELOPMENT OF THE ADJUSTED RORSCHACH COMPREHENSIVE SYSTEM (ARCS) ADMINISTERING PROCEDURE**

### **6.2.1 INTRODUCTION**

Dana (2000:10) maintains that standard or Anglo-American emic instruments are culture specific but are often applied as if they were etic instruments. They are labeled as pseudo-etics to suggest their unproved authenticity as universal instruments. These standard instruments may however be modified, adjusted or corrected for use with multicultural populations.

According to Dana (2000:8), cultural formulations and conceptualisations for purposes of diagnosis or intervention require considerably detailed knowledge of culture. Whenever a diagnosis is required (DSM-IV), an outline for cultural formulations calls for information in other areas. This may include information on cultural identity, particularly from orthogonal instruments that describe involvement with the culture of origin and the host culture as well as language abilities and preference. A cultural explanation of the individual's illness contains idioms of distress, the meaning and severity of the illness described using cultural reference norms, and any local categorisation for illness as well as causes and explanations. Cultural factors related to the psychosocial environment and levels of functioning as well as cultural elements in the relations with the clinician are also included.

Inaccuracies in the assessment and diagnosis of mental disorder can have three consequences: *over-diagnosis*, *under-diagnosis* and *misdiagnosis* (Paniagua (1998:106). These three consequences could be applicable in this study if the participant's culture is ignored. Paniagua (1998:107) recommends the following

guidelines that the practitioner may use to minimise bias during the testing of multicultural groups:

The practitioner or researcher should:

- Examine his or her own bias and prejudice before engaging in the evaluation of clients who do not share the practitioner's race and ethnicity;
- Be aware of the potential effects of racism;
- Include an evaluation of socio-economic variables and use them;
- Try to reduce the socio-cultural gap between the client and the person conducting the assessment;
- Include an evaluation of culturally related syndromes;
- Ask culturally appropriate questions; and
- Consult paraprofessionals and folk healers within the particular multicultural group.

In this study I took into consideration the participants' background, culture, language and the fact that they were not previously exposed to psychological tests.

### **6.2.2 VARIABLES TO BE CONSIDERED IN THE ADJUSTMENT OF RORSCHACH COMPREHENSIVE SYSTEM (RCS)**

It is evident from the pre-test findings that these black South African adolescents did not respond optimally when the RCS procedures were used. There were inhibiting factors such as language and lack of exposure to psychological tests. After thorough analysis of data represented in the previous chapter, I identified variables that need to be considered when the RCS is administered to South African adolescents. The variables fell into three categories:

- participant variables;
- procedural variables; and
- researcher variables



### **6.2.2.1 Participant variables**

#### **(a) Poverty and nutrition**

The researcher should make sure that the children are not hungry. The need for food is among the most basic of human needs. Adequate food is needed in order to survive, to grow and reproduce, to carry out physical work, and to learn from one's experiences.

Poverty leads to poor diet that can cause poor development and health. Poverty also results in poor clothing, which especially for adolescents, result in a poor self-image. A poor self-concept and lack of self-confidence are often perceived as a result of slovenliness, neglect and a physically poor environment. The adolescents therefore may evaluate themselves on the image that the community has of the family and a physically poor environment as well as the stigma attached to the family. It may make them feel like outcasts and also lead to a fear of strangers. A lack of security often leads to uncertainty and distrust in the adolescents. Furthermore, most of the participants in this study have parents who are unemployed, single and illiterate.

#### **(b) Participant's background**

Using the participant bio-data, combined with the interview and observational data described in previous chapters, I identified the following factors that need to be taken into consideration when the RSC administering procedures are adjusted:

- The participants were never exposed to psychological tests. They never previously consulted a psychologist. They are however familiar with general practitioners and traditional healers.
- The participants were at first shy when interviewed by a person who was unfamiliar to them.

- The participants were from a low socio-economic background, with a high level of unemployment and illiteracy amongst their parents. There was little or no parental involvement in school activities.
- The school curriculum was compiled in English as a first language, which makes the mastering of the content difficult. In many instances the comprehension of the content was neglected. Teachers would rather encourage learners to memorise in order to reproduce during the examination. The participants were used to repeating the content in order to master it. It is further important during the Rorschach test to repeat the instructions so that the participants can understand them. This practice may provide some form of familiarity to the participants.
- Traditional African culture does not encourage children to question adults. During the RCS this might have meant that participants were reluctant to ask for further clarification if they did not understand the administering instruction.

**(c) Participant's culture**

There are several factors regarding the culture of the participants that cross-cultural researchers need to consider. The most prominent of these in this study is the interpretations of shyness and/or respect and the use of black non-standard English. A shy person according to the Western culture implies that he or she is backward. In African culture, an African child who is shy, who avoids eye contact when talking to the elder people, who speaks with a low and soft voice, rubbing hands or forehead, or being hesitant when saying certain concepts regarding sex organs, does not signify stupidity or backwardness, but respect for an elder person.

According to Aponte Rivers & Wohl (1995:25), black non-standard English is usually learned from family and peers in informal settings. It is associated with and used to convey intimacy. It is used spontaneously and reflects a feeling of solidarity with others who share its use. During psychological assessments it is therefore

imperative that the researcher identifies the dominant language among the bilingual or multilingual participants.

**(d) Interpersonal interaction**

People of different cultures have different beliefs and values. They can also react differently under certain situations. For instance: individuals from other cultures might view self-disclosure in a clinical situation as inappropriate and would therefore not participate willingly. This may also be the case for South African adolescents who were not exposed to psychological testing before. Shyness and non-disclosure in African culture is considered to be a positive value. The reluctance by the participants in this study can therefore be viewed as culturally appropriate and functional behaviour. In adapting the administering procedure the researcher should thus be respectful of such responses and then consider ways in which to incorporate it into the adapted administering procedure.

According to Nsameng (2001, in Berry, *et al.*, 2002:107), African culture's respect for the person becomes manifest, for example, in the importance attached to greetings; indeed, the amount of time spent at the start of a meeting is not a waste of time and effort, but reflects the social value attached to the greetings.

**6.2.2.2 Researcher variables**

**(a) Relationship between the researcher and the participant**

The relationship between the researcher and the participant could have an effect on the test results. According to Janson (1999:38) it is important during RCS administration to be aware of their roles in the test situation and also to understand how they may influence their interpersonal relationship.

When administering the RCS to the participants, the researcher should not be rigid and aloof in a clinical way, but rather show interest and respect in the participants

in order to be accepted by them. This should be the foundation of the relationship between the researcher and the participants.

When introducing himself or herself to the participant, the researcher should reassure the participant that he or she is not a teacher but a psychologist. The learners regard teachers as authoritative figures, and therefore are often not in a relaxed and free relationship with these educators. The researcher should also remind the participant of the role of the psychologist, and inquire of the participant if he or she knows anything about psychologists and psychological tests.

#### **(b) Researcher's expectations**

The researcher's expectations could also affect the results because of the inclination towards the self-fulfilling prophecy, as explained in section 3.8.1.2. The researcher's expectations could operate through subtle postural and facial cues to which the participants could also respond. While administering the RCS the researcher could combat this notion to some extent through conscious reflection on her own expectations of the outcomes of the process. Even though expectations cannot be entirely separated from the administering procedure, the effects thereof can probably be limited through *awareness* of it.

#### **6.2.2.3 Procedural variables**

##### **(a) Appropriateness of testing procedures**

Ethical and valid testing entails administering tests in the language in which the test-taker is sufficiently competent (Draft policy document of SAMDC, 1998:5). Aponte *et al.* (1995:77) mentions that the participants might resist if they are suspicious of the test. Some participants may therefore require more introductions to the process than a sentence or two. Instructions should be clearly explained, and repeated to make sure that the participants understand them. The participants should also be allowed to respond in the language they are comfortable with.

**(b) Testing environment**

Taylor & Dick (1997:1) further state that the researcher should prepare a quiet room for the test. Anastasi & Urbina (1997:3) mention that special attention should be given to the selection of a suitable room, which is not noisy, with adequate lighting, ventilation, seating facilities and working space for test takers.

Even though the schools where data collection takes place might not have ventilation facilities, the researcher should try to look for a bright and cool room in which to conduct the RCS according to adjusted procedures. A sign with the words "Do not disturb, quiet please, testing in process or silence is required in this area" should be plugged on the door to ensure uninterrupted engagement during the testing procedure.

In the pre-test phase of this study the participants were tested in a large classroom and disturbed by friends and classmates. A big classroom can be intimidating to some of the participants, more especially when only one participant is tested in it. It could be appropriate if the researcher could arrange a smaller venue such as the room of the guidance teacher, the headmaster's office or any smaller room at the school. Unfortunately the classrooms were the only rooms allocated by the guidance teacher for testing, in this study.

**(c) Seating arrangement**

As discussed earlier, different Rorschachers prefer different seating arrangements. Klopfer, Hertz & Piotrowski prefer side-by-side seating; Beck prefers sitting behind the participant, whereas Rapaport recommends face-to-face seating and Weiner, side-by-side or catty-corner administration.

In this study, I took into account the contrasting backgrounds in which the South African adolescents from historically black townships find themselves e.g., home and school backgrounds. Some of the children are highly influenced by their tradition and culture, whereas others are influenced by formal education, which in

turn has elements of Western culture. For instance, African culture prohibits children to make eye contact with the adults, which could be suitable for Exner's side-by-side seating. At school the learners are facing the teacher and they are required to make eye contact with the teacher. In chapter 4 it has been found that some of the participants preferred face-to-face seating with the researcher because of the testing situation.

In this study, I leave the seating choice to the participants. The participants should nevertheless be given the following options:

- side-by side
- face-to-face or opposite the researcher, or
- catty corner, that is at the corner of the table

Because limited eye contact between children and adults is a sign of respect, side-by-side could be the most preferred seating choice because of the fact that in a school set-up learners sit opposite the teacher (face-to-face). Some learners may also prefer face-to-face seating. The researcher should leave the seating choice to the participants and take note of the participant's seating choice during the test administration.

## **6.3 THE RORSCHACH COMPREHENSIVE SYSTEM AND ADJUSTED RORSCHACH COMPREHENSIVE SYSTEM ADMINISTERING PROCEDURES**

### **6.3.1 INTRODUCTION**

As already observed, the standard RCS procedures do not elicit a sufficient number of responses when applied with the participants in this study. I therefore highlighted factors that should be considered when making RCS adjustment in order to accommodate the participants in this study.

After carefully analysing factors to be considered for RCS adjustments, I adjusted the testing phases as follows:

- Presentation Phase (P-Phase)
- Re-Emphasising Phase (RE-Phase)
- Preliminary Response Phase (PR-Phase)
- Inquiry (I-Phase) and
- Re-Inquiry Phase (RI-Phase)

Both RCS and ARCS phases are summarised and discussed below, to illustrate the adjustment procedure.

**TABLE 6.1: SUMMARY OF RCS AND ARCS ADMINISTERING PROCEDURES**

RCS	ARCS
<p><b>Instructions of the test</b></p> <ul style="list-style-type: none"> <li>• <i>Greetings</i> (not as emphasised as in ARCS)</li> <li>• Side-by-side seating is emphasised</li> <li>• The researcher passes the first block and ask; <i>“What might this be?”</i></li> <li>• <i>If despite of the pre-test preparation the participant comments, “It’s an inkblot”, the researcher should counter with an acknowledgement plus a restatement of the basic instruction such as “That’s right. This is an inkblot test, and what I want you to tell me is: “ what it might be.”</i></li> </ul>	<p><b>Presentation Phase (P Phase)</b></p> <ul style="list-style-type: none"> <li>• <b>Introduction:</b> <i>“Good morning/Good Afternoon (greetings are emphasised). My name is (...). I am not a teacher or school inspector, but a Psychologist. I work with people in order to know them better. Today I am looking forward to work with you. At the end of the session I hope to know you better.</i></li> <li>• <b>Explanation of Rorschach test:</b> <i>“Please relax. This test is not a typical school test and it has got nothing to do with your school performance. There are no correct and incorrect answers. This test will give me an idea of how you see things around you. Your answers will help me to know you better.”</i></li> <li>• <b>Presentation of inkblots:</b> <i>“I am going to show you ten cards. I will start with the first one and I want you to tell me “what might this be.” I will show you all the cards one by one.”</i></li> </ul> <p><b>Re-emphasising Phase (RE-Phase)</b></p> <p>In order to make sure that the participant understood the instructions the researcher should say:</p>

RCS	ARCS
	<ul style="list-style-type: none"> <li>• <i>“I have just said that I am going to show you 10 cards, I will start with the first one. I want you to tell me “what might this be?” Let me make sure that you understand. After I have given you a card you must please tell me “What might it be”. Do not feel embarrassed to tell me because nothing is embarrassing to me.</i></li> <li>• <i>Did you understand? Please feel free to ask any questions before we start.</i></li> </ul>
<p><b>The Response or Association Phase</b></p> <ul style="list-style-type: none"> <li>• <i>The researcher must avoid injecting any set, bias or direction into the situation except when encouragement is required or comment is necessary e.g., “mmmhmm”</i></li> <li>• <i>Participant’s questions: Should I use the whole thing? Researcher: It’s up to you. More people find more than one thing...”</i></li> <li>• <i>Take your time, it’s up to you...”</i></li> </ul>	<p><b>Preliminary Response Phase (PR-Phase)</b></p> <ul style="list-style-type: none"> <li>• <i>“Now you have the card and you know it is only an inkblot. You can now decide on anything that can be. Do not worry about the correctness or incorrectness of the answer. People see different things, you can too. You can touch it and turn it as you wish. Use any language you prefer. Feel free to say anything even if it seems embarrassing to you, because to me it is not. If you do not know the correct word you can:</i> <ul style="list-style-type: none"> <li>- <i>describe what it might be</i></li> <li>- <i>you can even make a simple drawing of what might it be. I will therefore discuss the drawing with you until we get the relevant word or name of what your drawing or</i></li> <li>- <i>you can look around and show me what it might be.</i></li> </ul> </li> </ul>
<p><b>Inquiry</b></p> <ul style="list-style-type: none"> <li>• <i>OK. We’ve done them all. Now we are going to go back through them. It won’t take long. I want you to help me see what you saw.</i></li> <li>• <i>I am going to read what you said and then I want you to show me where on the blot you saw it and what there is there that make it look like that, so that I can see it too. I’d like to see it just like you did, so help me now. Do you understand?”</i></li> <li>• <i>Examiner: “Here you said... or then you said...”</i></li> </ul>	<p><b>Inquiry Phase (IP)</b></p> <ul style="list-style-type: none"> <li>• <i>I have just read your initial response. Relax and take your time, then show me on the card where do you see what you have said, so that I can see it just like you did.</i></li> <li>• <i>Please ask questions if you are not sure of what you are supposed to do.</i></li> </ul>



RCS	ARCS
	<p><b>Re-Inquiry Phase (RI)</b></p> <ul style="list-style-type: none"> <li>• <i>Examiner: Count the responses</i></li> <li>• <i>If less than 14, the researcher explains to the participant that they are going through the cards that had only one or no response.</i></li> </ul> <p><i>The participants must feel free to describe, draw or show/point at what it might be if they do not know the correct word.</i></p>

### 6.3.2 EXPLANATION OF THE ARCS

#### 6.3.2.1 Presentation Phase (P-phase)

Within African culture the greeting process has significance. The researcher should make participants feel comfortable by being friendly, greeting them warmly and by introducing himself or herself. The researcher should also explain the seating procedure and let the participants choose where they want to sit. The participant's seating preferences and options should be noted.

The researcher should explain the aim of the test in order to ease the participant's anxiety. It is also important for the researcher to explain to the participants that the test will not affect their scholastic performance, otherwise the participant may expect to be given more time to study the content. The procedure for showing and handing over the cards should be explained. The researcher should repeat the instructions to make sure that the participants know what they should do with the cards.

#### 6.3.2.2 Re-emphasising Phase (RE-phase)

The main aim of this phase is to re-emphasise the procedure of the actual handing over of the card to the participant. The researcher should make sure that the

participant understands the procedure very well after explaining at least twice. The researcher should allow the participants to ask questions if they are still not certain what to do with the cards.

The researcher must also take into consideration that the participants may not previously have been exposed to psychological tests. They may also be anxious and not know what to expect from the session. To make sure that the participants understood the instructions, the researcher should repeat or re-emphasise the test instructions.

### **6.3.2.3 Preliminary Response Phase (PR-phase)**

During the pre-test, some of the participants reacted to the first card with shock. This does not necessarily reflect the traditional interpretation of a shock reaction, but should rather be interpreted within the children's cultural background, that is; not being exposed to any previous psychological tests, and suddenly exposed to an unstructured ink blot which does not allow for and/or facilitate any association within their culture.

During this phase, the participants are given the card with the traditional RCS instruction but the role of the researcher/examiner is the following:

- to facilitate in a more supportive manner spontaneous responses/ reactions without giving the participant any answer or suggestion for the content, and
- to answer the participant's questions on what to do, by repeating the instructions but in a more informal way.

During this phase the researcher/examiner should also take into consideration the following problems that the participants experienced in the pre-test session:

- **Language problem**

It has been found during the pre-test that all the participants were unable to stick to their home language when giving responses. They spoke at least two African languages, or used concepts borrowed from Afrikaans and English. The researcher should accommodate the fact that the participant's environment is the cause of the language problems or practices that exists, and not penalise the participant for mixing languages. The participants should be allowed to respond in any language they feel comfortable with.

It is also embarrassing within African culture (as it might be with other cultures) to use certain concepts referring to human private parts such as the vagina. Therefore, when naming private parts the participants prefer to use the English language to avoid embarrassment. The researcher in such cases should not show any response, shock or any opinion on the participant's usage of different languages but rather, being culturally sensitive, accept this phenomenon unconditionally in order to enhance the possibility of spontaneous responses and a valid response rate.

- **Difficulty with concepts**

Some of the participants had difficulty relating their answers in any of the languages indicating that they knew what the blot or part of the blot is, but did not have an appropriate word for it. In such cases, the researcher should react by supporting the participant to explain the image or even draw what he or she saw so that the researcher could identify the image in order to reflect what it has been drawn within the language concept. It is also important for the researcher to ascertain that the concept derived from the participant's drawing or description is exactly what the participant meant.

#### **6.3.2.4 Inquiry Phase (I-phase)**

According to the RCS, the inquiry is done after all ten cards have been responded to. In the previous chapter it has been found that during Inquiry, some of the participants could not remember what their initial responses were. It suggests that

the Inquiry be conducted immediately after each card has been responded to. The researcher should prompt and encourage the participant at the time of providing the response.

#### **6.3.2.5 Re-inquiry (RI-phase)**

During the pre-test phase some of the participants could not give 14 or more responses, probably because they gave one or no response to a card. The Re-Inquiry Phase addresses this problem. I suggest that if the participants give less than 14 responses, the researcher should explain to the participants that they should go through the cards again, starting with the cards to which **no** or only **one** response has been given. The researcher should therefore give the participants another chance by going through the cards again in order to get more responses.

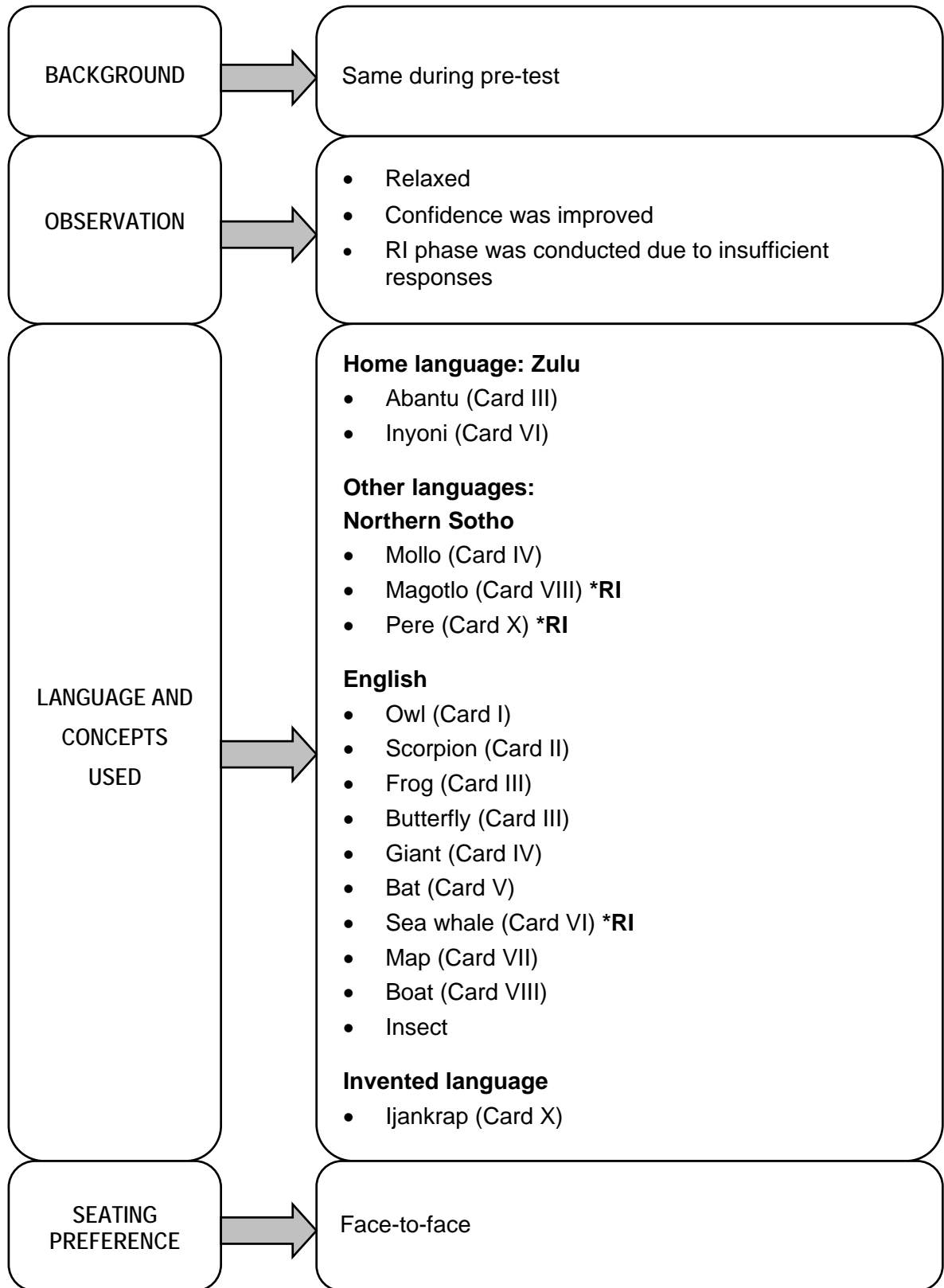
### **6.4 POST-TEST OUTCOMES**

#### **FIGURE 6.2: PARTICIPANT'S POST-TEST OUTCOMES**

The adjusted Rorschach Comprehensive System was administered to 10 participants. The outcomes of the participant's responses are explained below.

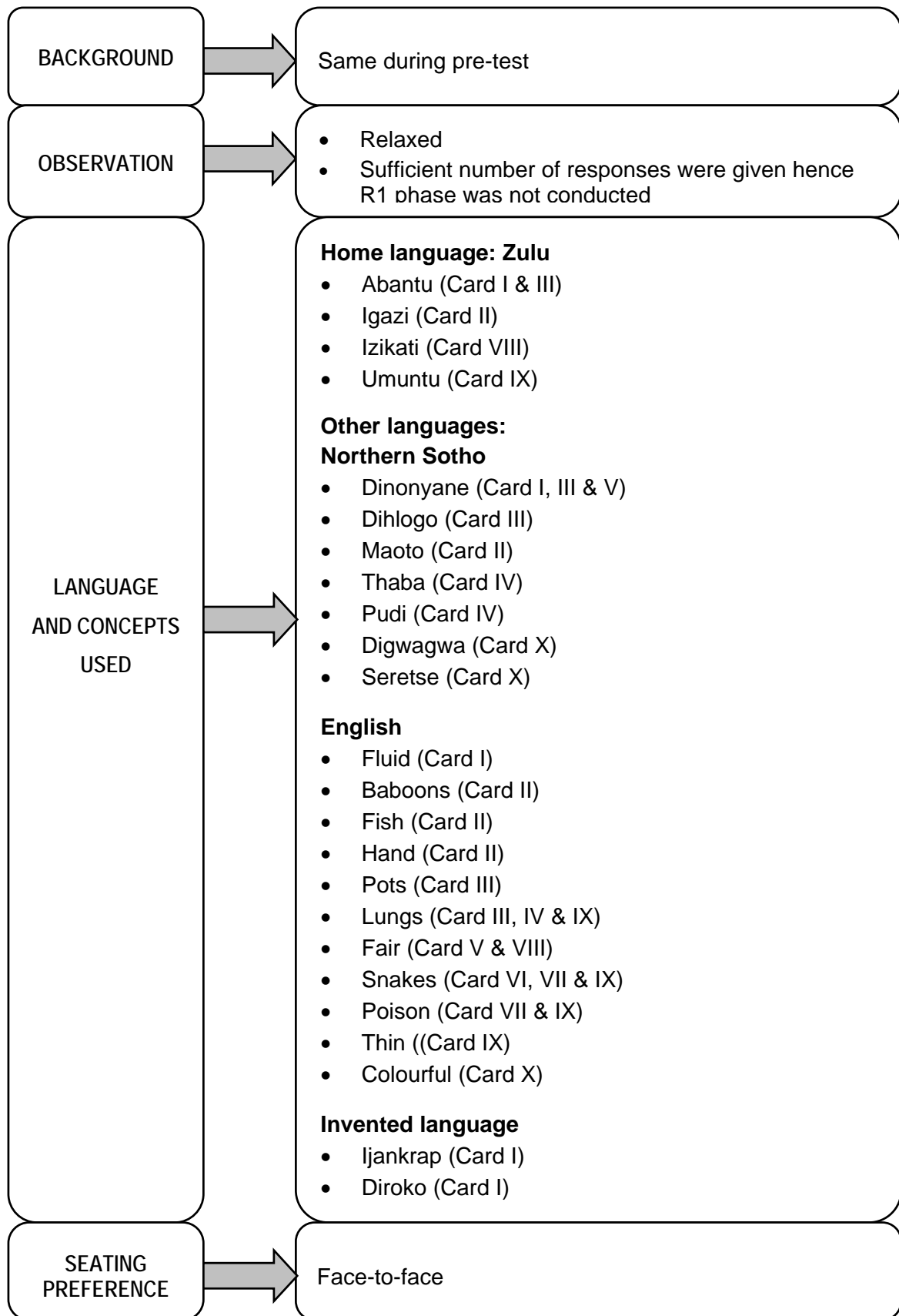
In figure 6.2 a graphic synopsis of participants' post-test outcomes is given. At the top of each graph the total number of responses per participant is provided. This is not to be confused with the number of *concepts* that were used by the participant (indicated in the lower part of the figure). In some cases the participants used additional *concepts* to explain their responses. These descriptive concepts were therefore not considered to be responses in themselves, but it did provide data on the language usage of participants during the ARCS procedure, and were thus included in the graphs. For further elaboration on this, the reader is referred to Addendum 2.

**PARTICIPANT 1 (16 responses)**

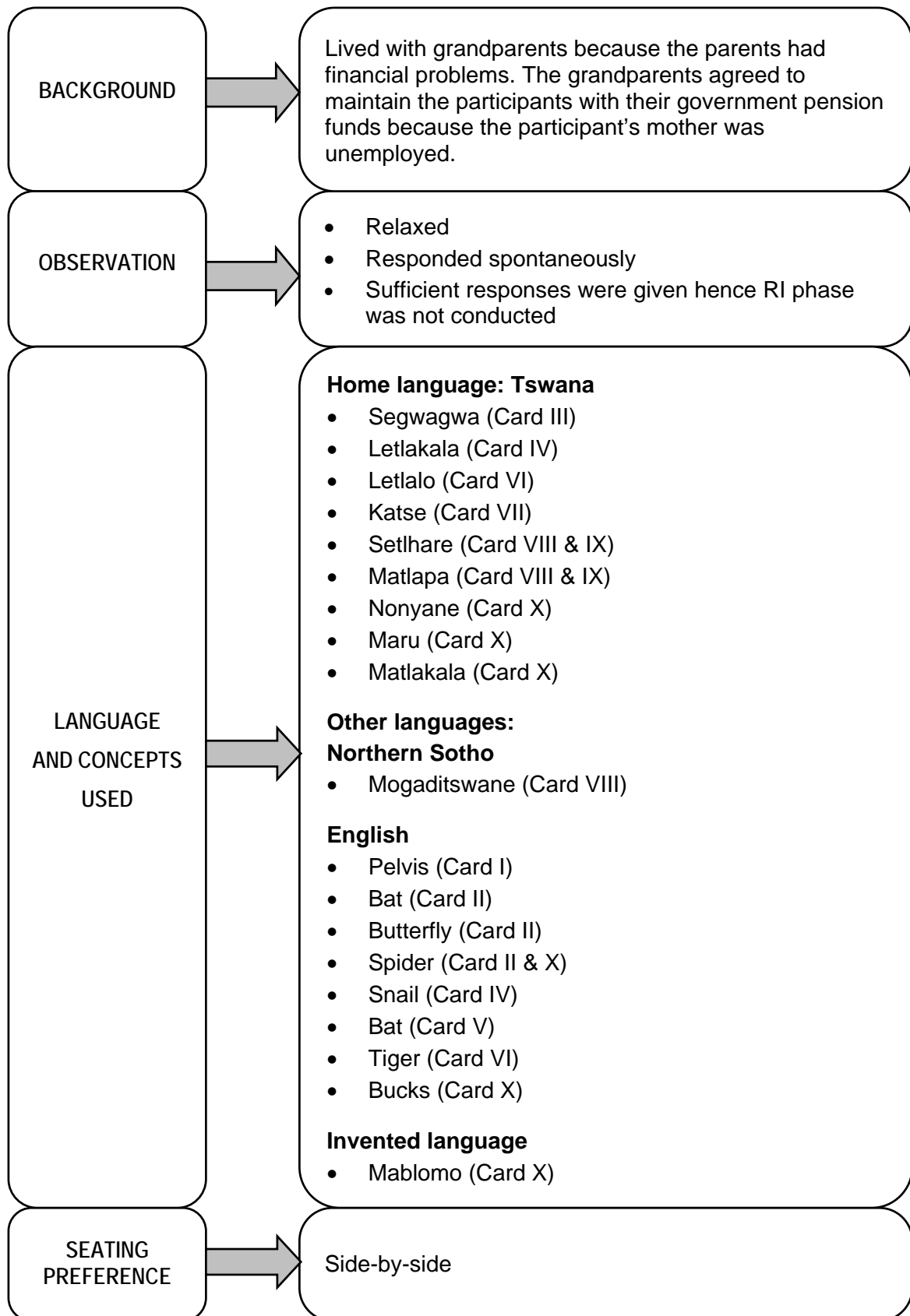


\* RI = Re-inquiry phase

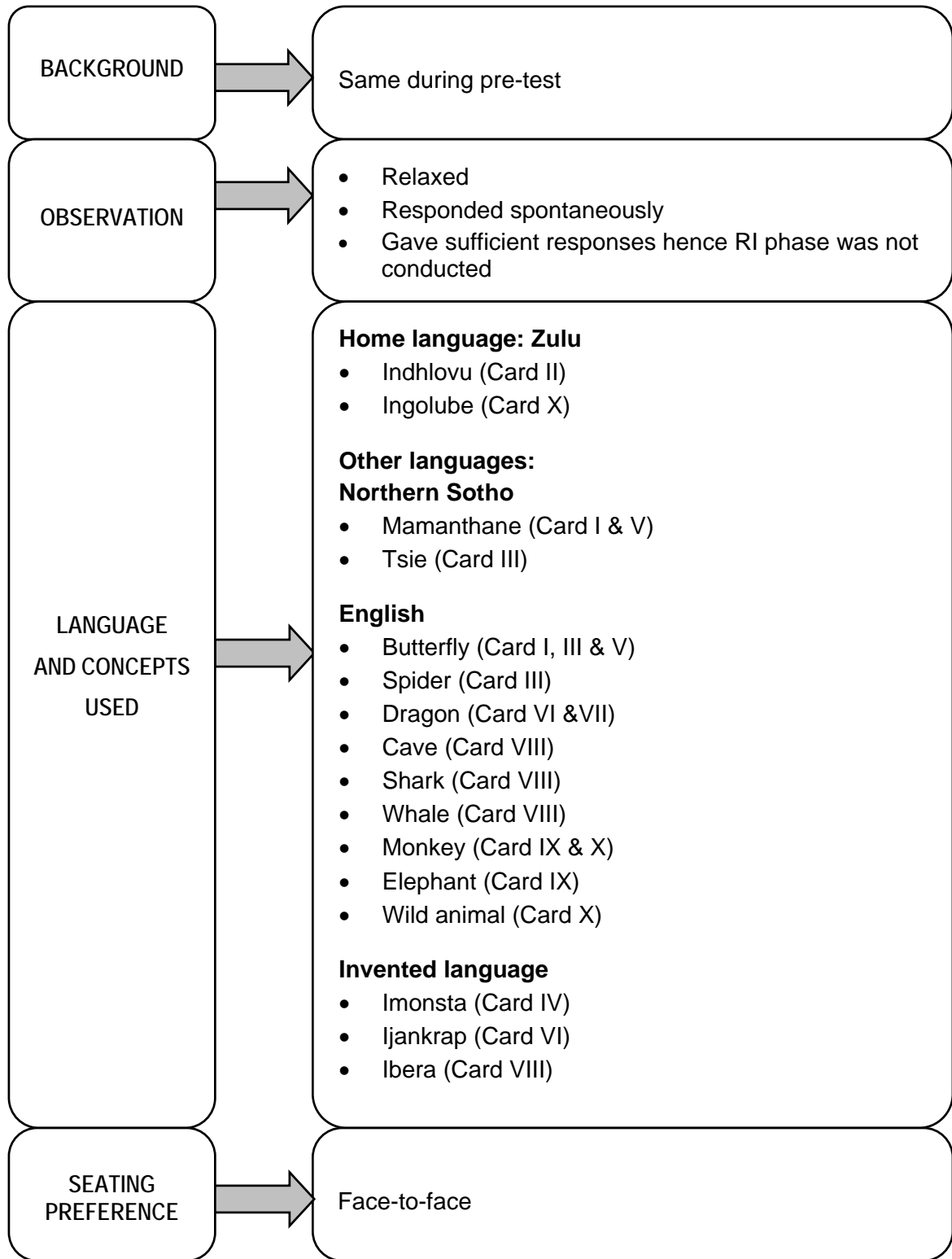
**Participant 2 (16 Responses)**



**PARTICIPANT 3 (19 responses)**

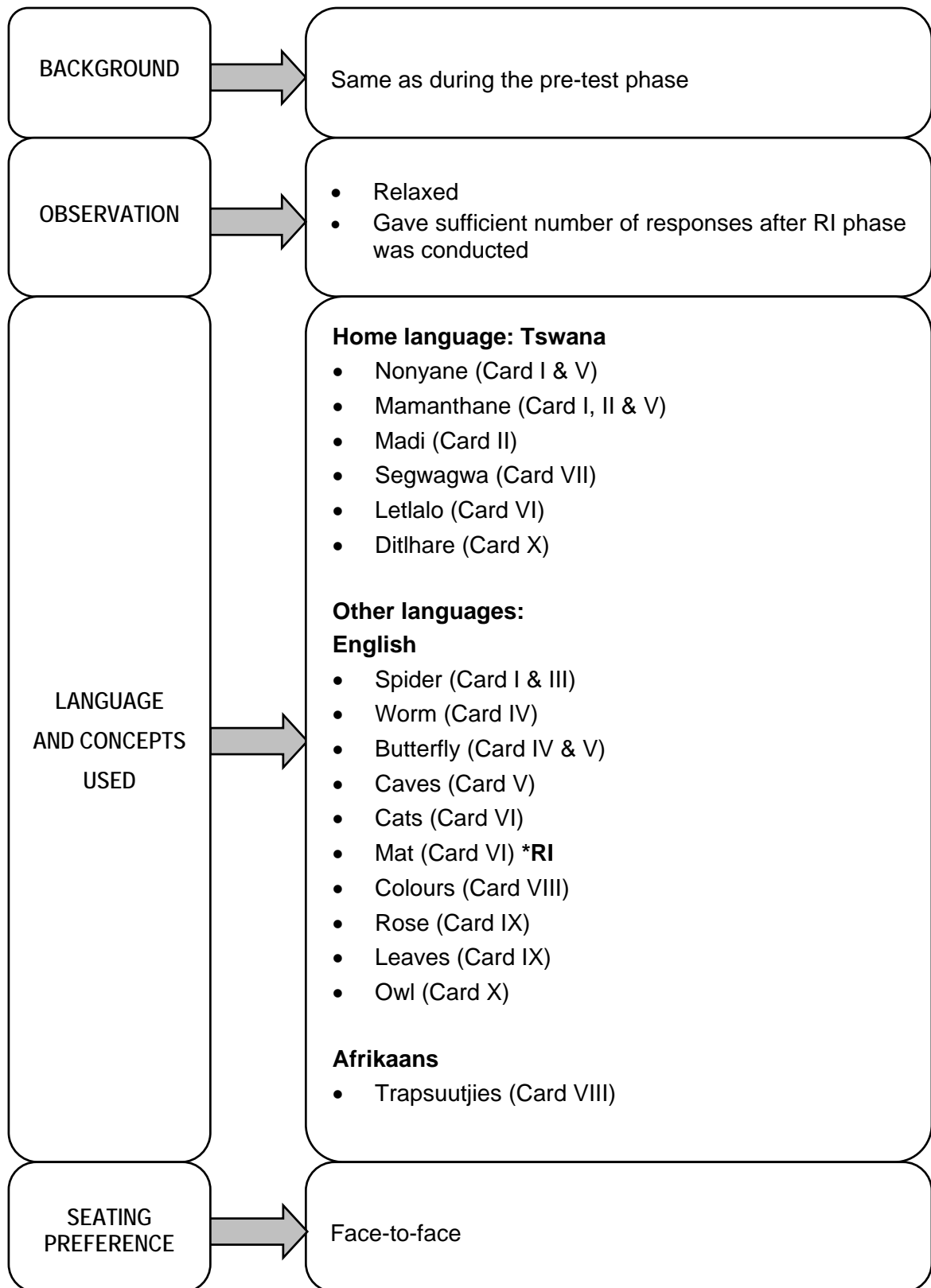


**Participant 4 (20 Responses)**

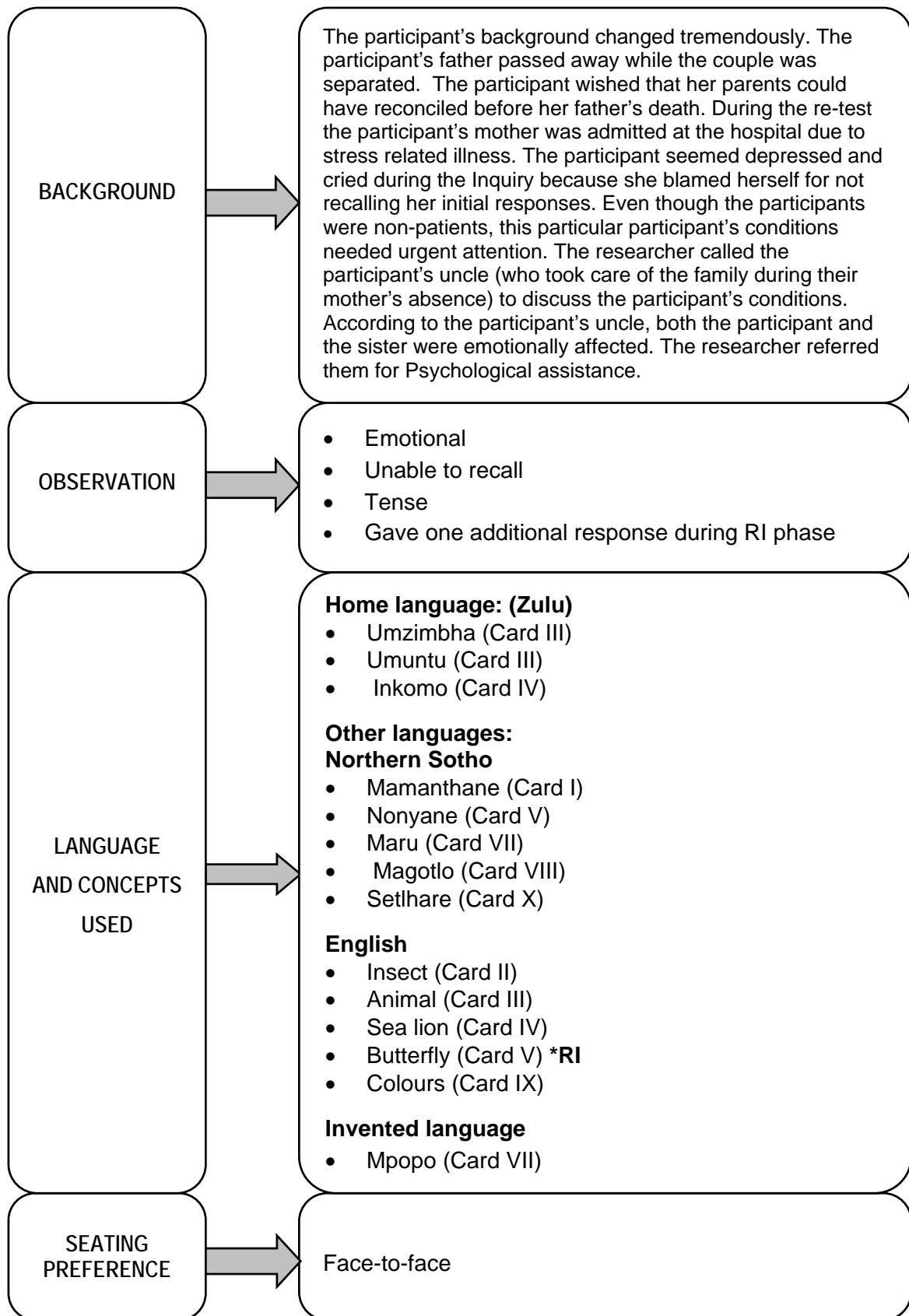




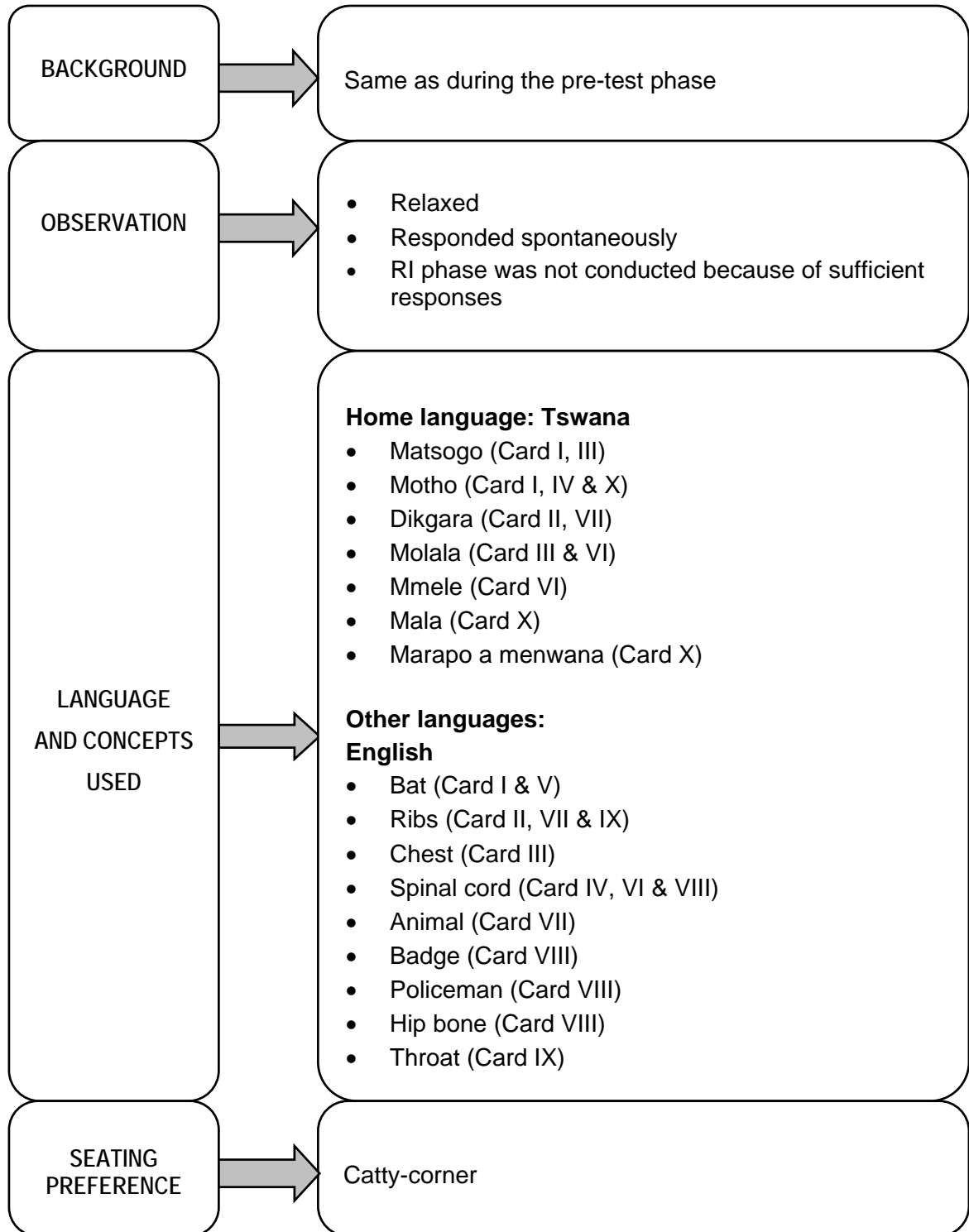
**Participant 5 (14 Responses)**



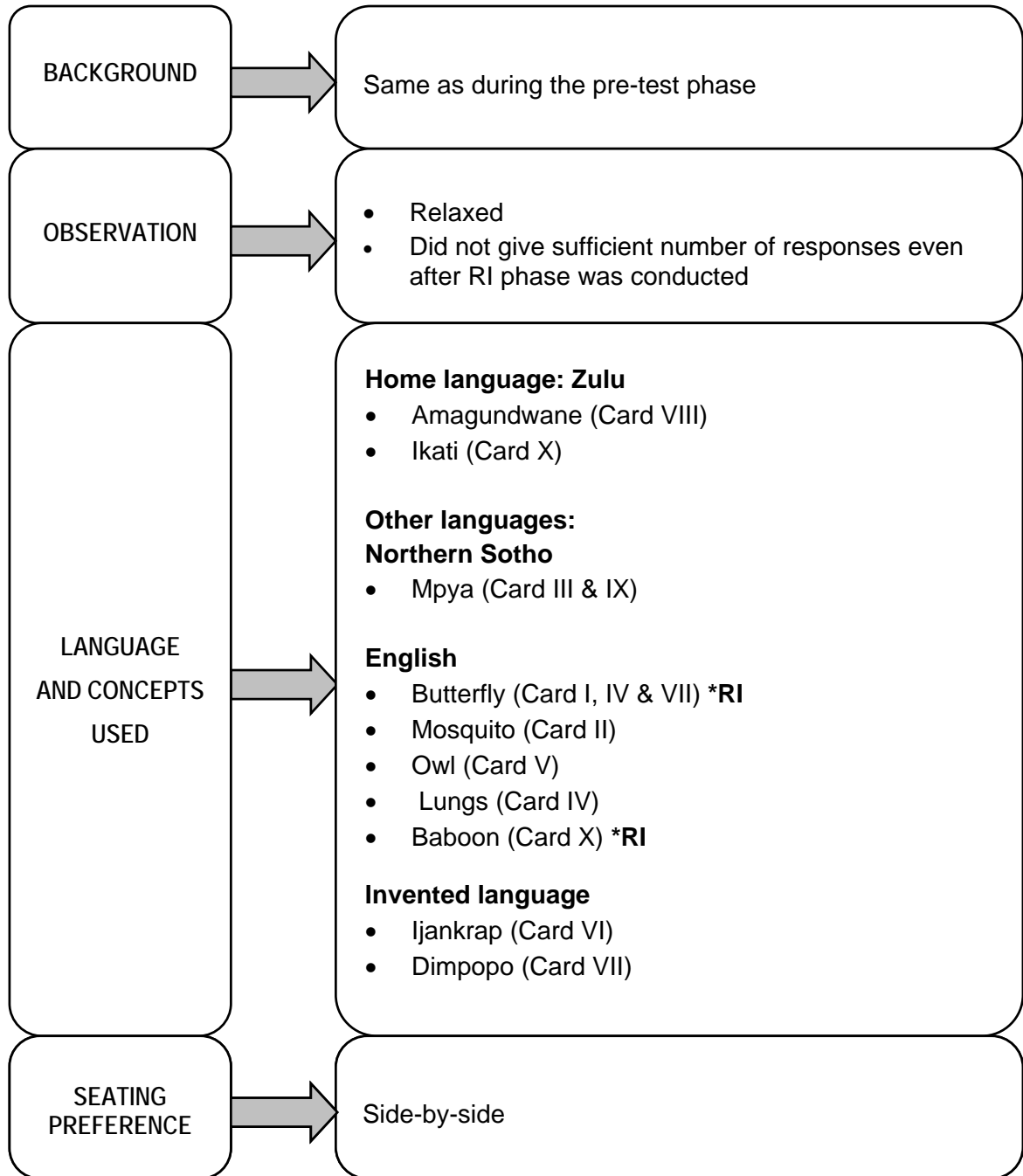
**Participant 6 (11 Responses)**



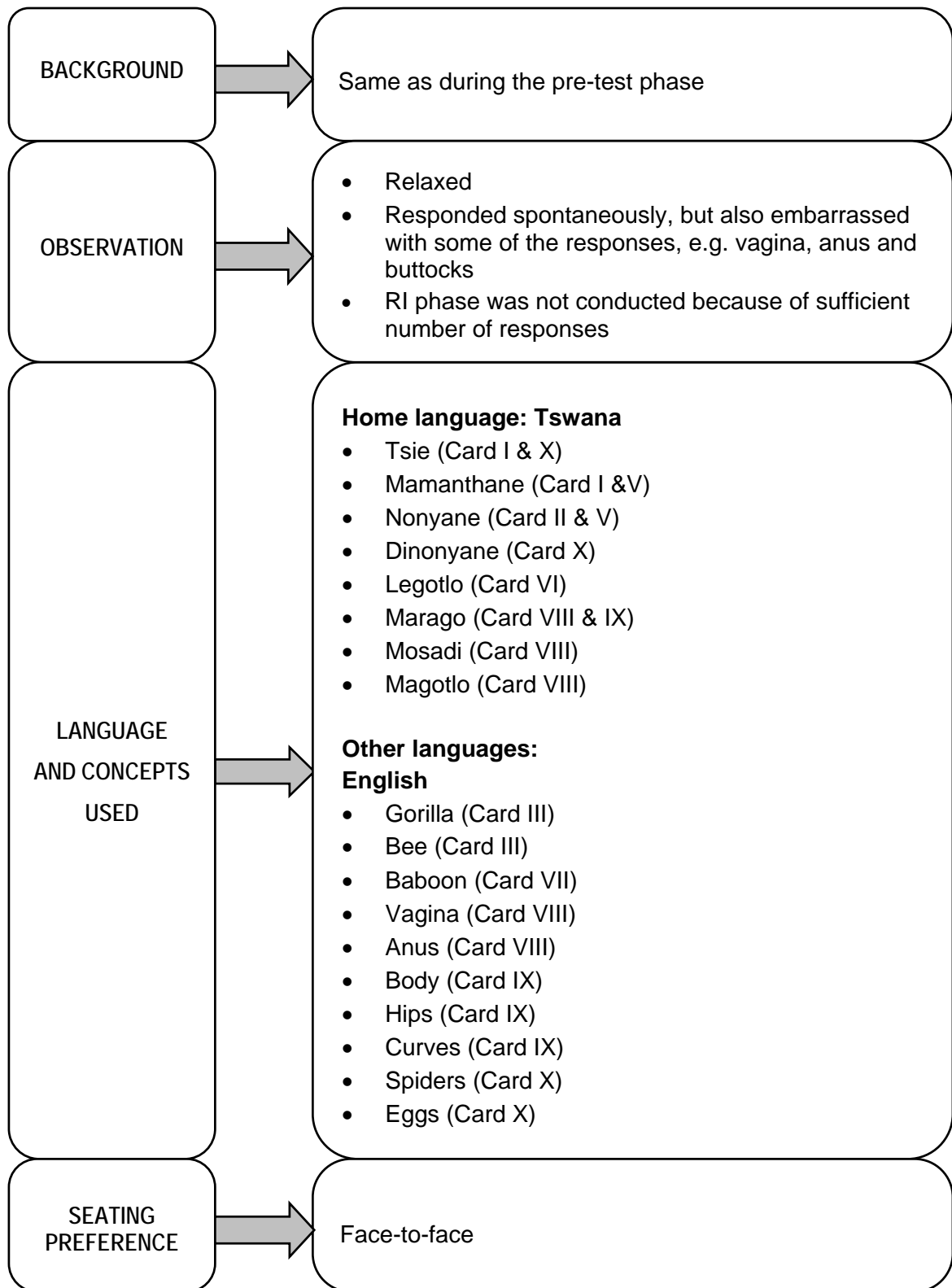
**Participant 7 (15 Responses)**



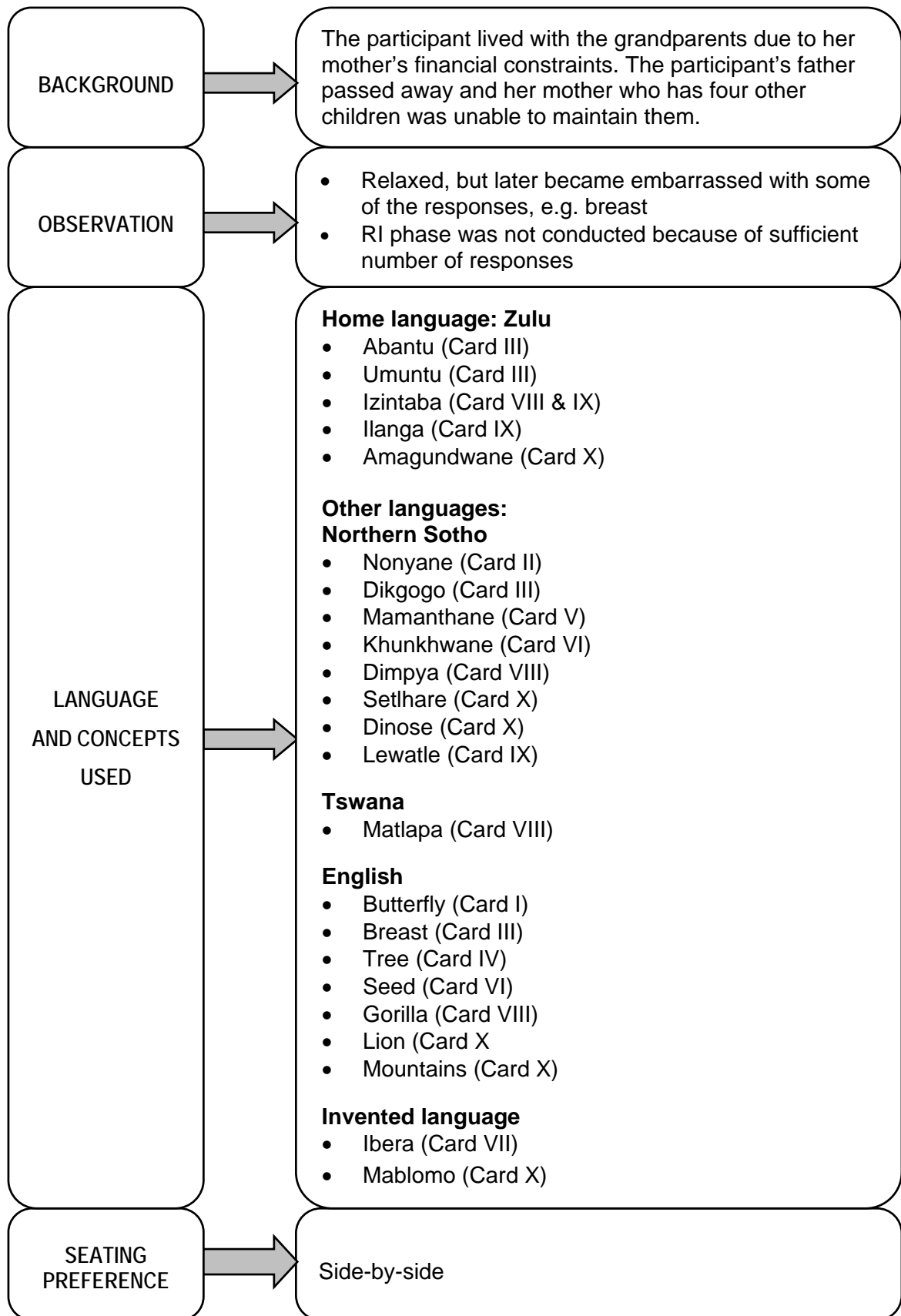
**Participant 8 (12 Responses)**



**Participant 9 (19 Responses)**



**Participant 10 (19 Responses)**



## 6.5 SUMMARY OF THE POST-TEST OUTCOMES

The checklist below was developed to indicate the 10 participants' rate of responses, their seating preferences during the adjusted RCS, their reaction and the language they used when giving responses.

### CHECKLIST 6.1: POST-TEST CHECKLIST

Participants		1	2	3	4	5	6	7	8	9	10
<b>Responses</b>	14 or more	x	x	x	x	x		x		x	x
	Less than 14						x		x		
<b>Seating preferences</b>	Face-to-face	x	x		x	x	x			x	
	Side-by-side			x					x		x
	Catty-corner							x			
<b>Background</b>	Same as during pre-test	x	x		x	x		x	x	x	
	Different			x			x				x
<b>Strategies to acquire concepts</b>	Description	x					x			x	
	Drawing	x					x				
	Viewing /seeing						x				
<b>Reactions</b>	Embarrassed									x	x
	Crying						x				
	Inability to recall						x				
	Relaxed	x	x	x	x	x		x	x	x	x
<b>Additional phase</b>	RI-Phase	x				x	x		x		
<b>Language</b>	Less home language	x	x		x	x	x	x	x	x	x
	More home language			x							
	More other languages	x	x		x	x	x	x	x	x	x
	Invented language	x	x	x	x	x	x		x		x

## 6.6 INTERPRETATION OF THE OUTCOMES

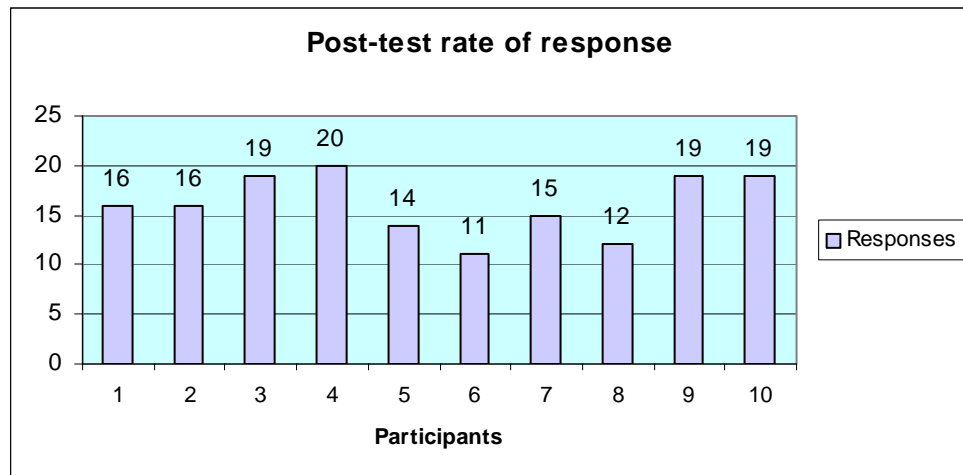
### 6.6.1 Post-test rate of responses

During the Post-test Phase, eight participants gave a sufficient number of responses, pegged at 14 or more (participants 1, 2, 3, 4, 5, 7, 9, 10), and 2 participants gave less than 14 responses (participants 6 and 8). The rate of responses are tabulated and illustrated in table 6.2 and graph 6.1 below.

**TABLE 6.2 POST-TEST RATE OF RESPONSE**

PARTICIPANTS	RESPONSES
1	16
2	16
3	19
4	20
5	14
6	11
7	15
8	12
9	19
10	19
<b>Total = 10</b>	Sum total = 161
	Average = 16,1

**GRAPH 6.1 POST-TEST RESPONSES**

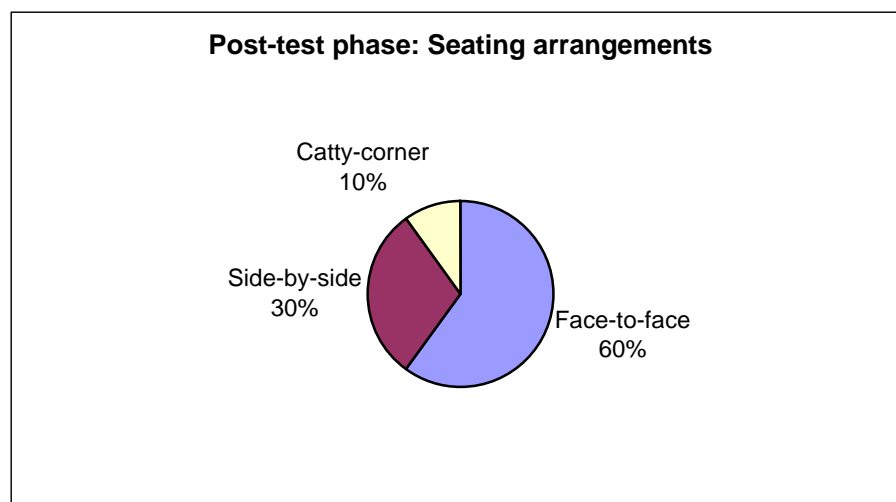




The rate of responses is indicated vertically on the graph, and the participants, horizontally. The participants' responses from the most to the least responses as follows: P4 (20), P3 (19), P9 (19), P10 (19), P1 (16), P2 (16), P7 (15), P5 (14), P8 (12) and P6 (11). During the post-test phase, the total responses of the 10 participants are 161 and the total average is 16,1.

### 6.6.2 SEATING ARRANGEMENT

**GRAPH 6.2: SEATING PREFERENCE: POST-TEST PHASE**



During the post-test phase, the participants' choice of seating is as follows:

- Face-to-face seating: six participants (60%), which are: participants 1, 2, 4, 5, 6, and 8.
- Side-by-side: three participants (30%), which are: participants 3, 8 and 10.
- Catty-corner: one participant (10%), which is: participant 7.

The most preferred seating arrangement in this study is 'face-to-face'. According to Exner (1993:65), side-to-side is the preferred seating arrangement during RCS adjusted administering test because it reduces the effects of inadvertent and unwanted cues from the researcher that may influence the participant.

This study has indicated that this does not apply to the participants in this study. The reason why most of the participants chose face-to-face seating could be because of the influence of formal education with face-to-face seating at school. At school the teacher, who is an adult, stands in front of the learners and they face him or her. Face-to-face is also the most common way for interviews and testing in schools. It may also be that this preferred seating arrangement is attributed to factor(s) as yet unconsidered in this study.

### **6.6.3 RE-INQUIRY PHASE**

The participants (40% of them) such as 1, 5, 6 and 8, gave more responses during Re-Inquiry Phase. Those responses increased their number of responses (R).

### **6.6.4 STRATEGIES TO ACQUIRE CONCEPTS**

- **Description**

Some of the participants increased their responses by using the description method. For instance, 30% of the participants (namely, 1, 6 and 9) did not know the concept, and as a result they described it so that I could identify what they saw on the inkblot. The participants' description helped to increase the R.

- **Drawing**

The use of drawing was also helpful during the ARCS phase. Two participants, which is 20% of the participants (1 and 6) did not know the concepts. They drew what they saw on the inkblot so that I could identify what they saw. The participants' drawings also helped to increase the number of responses.

- **Viewing / seeing**

One participant (10%), participant 6, did not know the concept even after she drew it. The participant drew a tree but she could not label the concept. I asked the participant to stand up and look through the window where one could see many trees. After seeing a real tree, the participant mentioned the concept "tree". This activity helped to increase the number of the participant's responses.

### 6.6.5 PARTICIPANTS' REACTIONS

- **Embarrassed**

Two participants (20%), 9 and 10, were embarrassed to identify by name the human private parts concepts such as vagina and anus. I encouraged the participants by saying that they could say anything even if s/he thinks it is embarrassing to me-because it is not. These two participants had the courage to say what they wanted to say. This type of encouragement helped to increase these participants' R<sup>7</sup>.

- **Emotional**

One participant (10%), participant 6, cried during the post-test phase. According to the participant it is frustrating for her because she could not recall her initial responses. She also mentioned that she also experienced the same thing at school. Her reactions could have been aggravated by recent traumatic experiences. The participant's conditions are elaborated in the background (Figure 6.2, post-test outcomes). The response pattern of participant 6 during ARCS differs significantly from that of the other participants (Checklist 6.1, post-test checklist). However emotional responses to the assessment are therefore noted, but not regarded as significant in terms of the ARCS. Her response pattern during the pre-test phase further supports this contention (Chapter 4, section 4.5).

- **Inability to recall**

One participant (10%), participant 6, could not recall the initial responses. According to the participants she is frustrated because she experiences the same problem when writing examination. She thought she has mental block at school because she was bewitched. The participant's condition is fully discussed in the participant's background (table of the post-test findings).

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<sup>7</sup> R stands for responses as referred to or used by most of the Rorschach writers.

- **Relaxed**

Nine participants (90%) from the group (participants 1, 2, 3, 4, 5, 7, 8, 9 and 10) seemed more relaxed as compared to their first Rorschach test. This could possibly be ascribed to:

- The participant's previous exposure to the psychological test. The participants were exposed to the Rorschach test, during the pre-test phase. During the post-test phase, the participants knew what to expect.
- The ARCS administering procedures may have allowed them to be more responsive while the test was being conducted.

#### **6.6.6 LANGUAGE**

In this study, I had the advantage of being able to speak the participants' native language and as a result the tests were administered in their languages. The participants were also given the choice to use any other language they were comfortable with.

This study indicated that nine participants (90%) gave more concepts in English during the post-test (participants 1, 2, 4, 5, 6, 7, 8, 9 and 10). One participant (10%), (P3), gave more concepts in his home language. And 90% of the participants did not know some concepts in their home language but preferred to give responses in Invented language, which is a common language in the townships where the participants live.

#### **6.7 CONCLUSION**

In this chapter I described the development of the adjusted RCS (ARCS) administering procedures after careful analysis of the participants' responses, reactions, language and concept usage during the pre-test phase. I also took into consideration three crucial variables, namely, the *participant variables*, such as poverty, background, culture and interpersonal interaction; the *researcher variables* such as relationship between the researcher and the participant, and researcher

expectations; and *procedural variables* such as appropriateness of testing procedures, testing environment and seating arrangement when developing the ARCS procedures.

During the post-test phase, when ARCS administering procedures were applied, the participants were allowed to use the language they were comfortable with, use description drawing and viewing/seeing. As reported in these findings, the participants gave more responses when ARCS administering procedures were applied than when RCS were strictly applied. The findings of both RCS and ARCS are compared in the next chapter.

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**CHAPTER 7**  
**RESEARCH AND EVIDENCE IN THE**  
**ADMINISTRATION OF THE**  
**RORSCHACH SYSTEM**

**7.1 INTRODUCTION**

In this study the Rorschach test was administered and re-administered according to standard RCS procedures. Factors that prevented the participants from giving an adequate number of responses were identified. Based on this analysis of inhibiting factors, an adjusted RCS was administered in order to accommodate and take account of the impact of culture on test responses. The adjusted RCS (ARCS) was administered to the same participants after ten months. The post-test findings were indicated and interpreted. The findings of both pre-test and post-test phases are compared in this chapter. The soundness of the study is also reported.

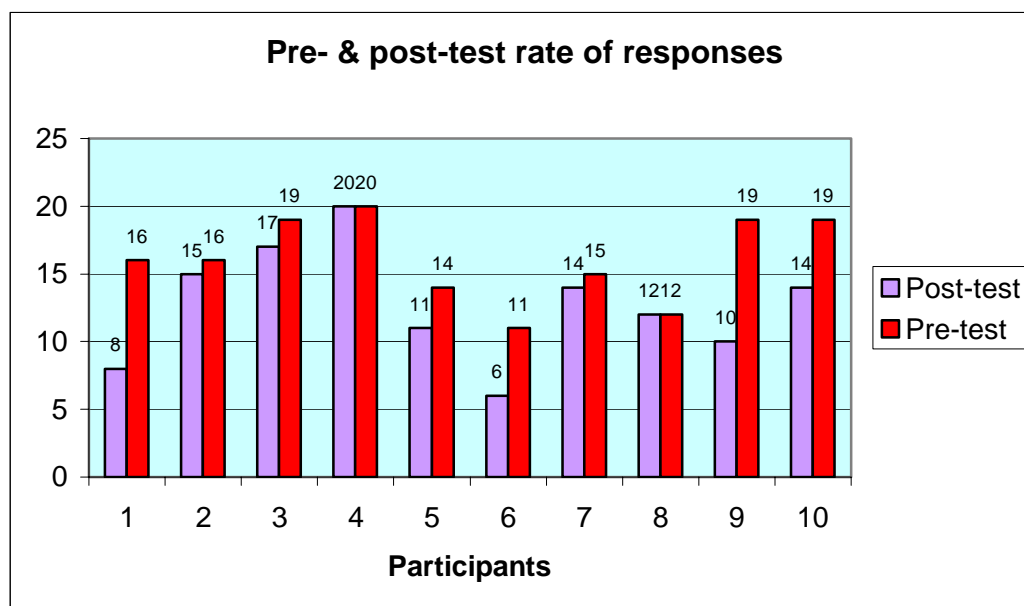
**7.2 FINDINGS OF THE RORSCHACH COMPREHENSIVE SYSTEM AND ADJUSTED RCS ADMINISTERING PROCEDURES**

In this chapter the findings of both pre-test and post-tests are compared. The aim is to illustrate the difference in the response rate and the response patterns of the participants in this study first, when the standard RCS was administered to the participants and secondly, when ARCS was administered to the participants. Table 7.1 indicates the comparison of the response rate of both the RCS and ARCS tests results.

**TABLE 7.1 PRE-TEST (RCS) AND POST-TEST (ARCS) RATE OF RESPONSES**

PRE-TEST		POST-TEST		RESPONSES GAINED	RESPONSES LOST
Participants	Responses	Participants	Responses		
1	8	1	16	8	0
2	15	2	16	1	0
3	17	3	19	2	0
4	20	4	20	0	0
5	11	4	14	3	0
6	6	6	11	5	0
7	14	7	15	1	0
8	12	8	12	0	0
9	10	9	19	9	0
10	14	10	19	5	0
<b>Total=10</b>	<b>Total=127</b> <b>Average=12,7</b>	<b>Total=10</b>	<b>Total= 161</b> <b>Average= 16,1</b>	<b>Total=34</b> <b>Average=3,4</b>	<b>0</b>

**GRAPH 7.1: PRE-TEST AND POST-TESTS RATE OF RESPONSES**



From the above illustrations it is clear that the ARCS elicited more responses from all but two of the participants in the study. The participants whose responses increased were as follows:

- Participant 9's responses increased from 10 to 19 and has gained nine responses;
- Participant 1's responses increased from eight to 16. Her responses are doubled when adjusted administering procedures were applied and has gained eight responses;
- Participant 10's responses, increased from 14 to 19 and has gained five responses;
- Participant 6's responses increased from six to 11 and has gained five responses;
- Participant 5 's responses increased from 11 to 14 and has gained three responses;
- Participant 3's responses increased from 17 to 19 and has gained two responses;
- Participant 2's responses increased from 15 to 16 and has gained one response;
- Participant 7's responses increased from 14 to 15 and have gained one response.

The participants whose responses remained the same are:

- Participant 4's number of responses remained the same during the pre-test and post-test (20 responses).
- Participant 8's number of responses remained the same during the pre-test and post-test (12 responses).

The differences of the rate of responses during the RCS and ARCS are clearly indicated on the graph (Graph 7.1). During the pre-test the total responses (R) of



the ten participants is 127 that reflects an average of 12,7 per participant whereas during the post-test administration the total responses (R) stands at 161 with an average of 16,1 responses per participant. These findings indicate that the participants gave more responses during the post-test phase than during the pre-test phase. The difference between the two phases is 34 responses, which reflects an average increase of 3,4 responses per participant. None of the participants gave fewer responses during the ARCS procedure than during the standard RCS administering procedure.

The main research claim of this study, therefore, is that the Adjusted Rorschach Comprehensive System (ARCS) procedures produced more responses when administered to the black South African adolescents from historically disadvantaged schools.

### **7.3 INTERPRETATION OF THE FINDINGS**

A common complaint about standardised psychological assessments is that they focus too narrowly on psychological variables and do not devote enough attention to other variables that might affect the behaviour and functioning of the individual. Critics have cited dangers of expanding the role of standardised assessments that are associated with removing the “human equation” from the process. The suggestion is that an over-dependence on standardised assessments removes the opportunity for the examiner to establish a rapport with the client. The system becomes highly mechanical. Highly structured assessment procedures can be administered in a sensitive and responsive manner (Hoge, 1999:251). Dependence on standardised assessments can remove the opportunity for the examiner to demonstrate the flexibility and professional discretion when dealing with clients.

The study provides evidence to support these positions. When the participants were tested according to the standard RCS procedures, only five out of 10 participants gave 14 or more responses whereas five of them gave less than 14 responses. When the ARCS was administered to the same participants, eight out of ten gave 14 or more responses whereas only two of them gave less than 14

responses. One of the reasons for the high rate of response during the post-test is ascribed to the fact that the examiner was flexible when developing the adjusted RCS procedures.

The *increase in response rate* during the ARCS could be attributed to the following:

**(a) The flexibility of the ARCS administering procedure**

- Instructions were thoroughly explained and repeated
- Accommodation of language preference
- Changing of physical space where assessments were conducted
- Allowing different ways of responding, for instance, drawing, viewing, and describing
- Ability to have seating choice

**(b) Expectation of psychological tests**

- Familiarity of the Inkblots
- Familiarity of testing procedures
- Knowledge of what to expect during the assessment

**(c) Participants**

- Familiarity of the researcher
- During ARCS the participants were 10 months older and more matured

**7.4 SYNOPSIS**

In an attempt to enhance the probability of administering the RCS to the South African adolescents and to adjust RCS procedures that accommodates the

participant's culture, five research questions were articulated. This section presents the summary of the findings on each of the research questions.

**The main question in this study was:**

**“What adjustments should be considered and made to the administering process of the RCS that might enhance the probability of a higher rate and more reliable response profiles from black adolescents in South Africa?”**

I took into consideration various variables of significance, related to culture, when making the RCS adjustments. The adjustments made for ARCS will be discussed in terms of these variables.

- **Participant variables**

I took into consideration the fact that the participants are from a disadvantaged community and families. Children from a disadvantaged community often evaluate themselves on the images held by their communities and families, and the resultant stigma that is attached to such views. This may result in a poor self-image, a feeling of being an outcast and a fear of strangers. The participants lacked confidence and this restricted their ability to respond freely. ***The test examiners should therefore build the relationship of trust with the participants in order to be accepted.***

The fact that psychological tests and testing procedures are foreign to them was considered. ***The participants were reassured that the responses will not affect their scholastic performance and were also encouraged and motivated verbally by the examiner.***

The participants had limited home language vocabulary. They mixed languages and in some cases used the township language or invented language. English was the most frequently preferred language because it is the medium of instruction in the schools attended by the participants. ***The participants were allowed to use the language they were comfortable with.***

Due to the participant's cultural background they showed respect to the examiner by avoiding eye contact. The researcher **accommodated the participant's values and beliefs** during the introduction phase of the ARCS by **not interpreting this behaviour as shyness or a reluctance to participate in the assessment**, but rather as a sign of respect.

- **Examiner variables**

Many of the participant variables are also reciprocal variables in terms of the examiner variables. The examiner should show interest in the participants in order to build up a relationship of trust. The participants should be allowed to respond by using any language they are comfortable with. The examiner should interact in the language requested by the client. The examiner should also encourage the participants who are shy, hesitant and submissive to feel free to express themselves.

Furthermore, it is important for the examiner **to guard against any prejudices and discriminatory practices**. The participant's beliefs and values should be respected. In this study the examiner's **continuous sensitivity to this issue** contributed towards increased respect for the beliefs and values of the participants.

- **Task and procedural variables**

The schools in this study did not have ventilation. I looked for a cooler room. During the pre-test phase the participants were tested in a big classroom. As a result the participants did not feel comfortable to be tested alone in a big room. When making adjustments the examiner **considered a smaller room where they could feel comfortable**. Even though the higher response rate in the post-test phase may be attributed to the adjusted administering procedure, the influence of these task and procedural variables may also have impacted on the number of responses during the post-test. It may very well have been that the increased comfort levels in terms of room size and cooler room contributed towards a higher response rate of the participants in this study. In this regard, the change in the testing environment should be considered to be part of the adjusted RCS procedure.

Another procedural variable that was considered during the post-test phase concerned the seating arrangements. ***The examiner left the seating choice to the participants.*** The participants were given three seating options, which are; ***side-by-side, face-to-face and catty-corner.*** This gave the participants the opportunity to sit where they felt comfortable.

In traditional African culture ***welcoming, greetings and introducing oneself*** is fundamental to the trust relationship. I accommodated that during the introductory part of the test. I also utilised the participants' familiarity with repetition in teaching situations. ***The test instructions were explained at least twice to make sure that the participants understood the instructions.*** The introductory part of the ARCS is thus longer than that of the original RCS. The additional phase which is; the ***re-emphasising phase was included during the introductory or presentation phase.***

The response phase was also adjusted in order to suit the participants. During the preliminary response phase (ARCS) ***the participants were allowed to use any language of their choice to describe, draw, view or observe what they saw on the card.*** This accommodated participants who functioned on the concrete level as well as those with limited vocabulary.

***Inquiry was done after each card was responded to.*** Participants who forgot easily and who could not recall their initial responses during the Inquiry phase were also accommodated hence ***an additional phase called Re-Inquiry Phase was added.*** Only the participants who gave less than fourteen responses were required to go through the Re-Inquiry Phase. The emphasis was on the cards that had ***no or only one*** response during the Inquiry phase. The variables that were considered when adjusting RCS administering procedures were explained in detail in chapter 6, section 6.2.2.

**The research sub-questions in this study were:**

**Question One:**

**“What are the administering procedures when using the Rorschach Comprehensive System (RCS) among “black” South African adolescents?”**

The development of RCS administering procedures, its phases, its problems with regard to brief and lengthy records as well as the recording of responses were explored in chapter 2 of this study. In chapter 3, I explored the RCS administering procedures and the influence of cross-cultural psychology.

The RCS pre-test phase where the RCS was administered to the participants is described in chapter 4 whereas the findings are demonstrated and interpreted in chapter 5 of this study.

**Question Two:**

**“What do black South African fourteen-year old adolescent profiles look like when the Rorschach Comprehensive System (RCS) is administered to them?”**

The participants' profile is represented in chapter 4. Participants 1, 5, 6, 8, and 9 gave less than fourteen responses. Participants 2, 3, 4, 7 and 10 gave fourteen or more responses during the pre-test phase where no adjustments were made to the administering procedures. The total responses given when RCS was applied was 127 with a mean or average response rate of 12,7. During the pre-test, only five participants out of ten gave fourteen and more responses whereas the other five gave less than fourteen responses.

**Question Three:**

**“What are the variables to be noted when administering Rorschach Comprehensive System (RCS) to black adolescents, which could generate a sufficient number of responses, and which could be considered when adjusting RCS administering procedures?”**

The following variables were noted:

- **Lack of exposure to psychological tests**

The participants did not understand the role of a psychologist. The participants did not know what to expect, especially during the pre-test phase. They showed signs of anxiety and were uncertain about their own role and that of the psychologist.

- **Historical and cultural background**

The participants were never exposed to psychological tests and psychological interviews before. They were hesitant, nervous and uncertain during the test. They were hesitant, anxious and bowed their heads in order to avoid eye contact with the examiner. This could be due to African cultural influence that discourages children from having eye-to-eye contact with adults as a sign of respect.

- **Language**

The participants mixed languages and had limited home language concepts. The Zulu speaking participants also gave Northern Sotho, Tswana, English, Afrikaans and Invented language concepts whereas the Tswana speaking participants gave Zulu, Northern Sotho, English, Afrikaans and Invented language concepts. The use of English concepts was dominating. This could be due to the fact that English is the medium of instruction at school and because most of the participants regard people who speak English as educated.

- **The RCS administering procedures**

In terms of the RCS administering procedures three types of variables were considered:

- (i) Participant variables
- (ii) Examiner variables
- (iii) Task and procedural variables

The variables that could prevent the participants to give sufficient responses are discussed in detail in chapter 6, section 6.2.2.

**Question Four:**

**“What are the response rates of fourteen-year old South African adolescents when an Adjusted Rorschach Comprehensive System (ARCS) is administered to them?”**

**TABLE 7.2 COMPARISON OF PRE-TEST AND POST-TEST RESPONSES**

<b>Participants</b>	<b>Pre-test responses</b>	<b>Post-test responses</b>
1	8	16
2	15	16
3	17	19
4	20	20
5	11	14
6	6	11
7	14	15
8	12	12
9	10	19
10	14	19
<b>TOTAL</b>	<b>127</b>	<b>161</b>
<b>AVERAGE</b>	<b>12,7</b>	<b>16,1</b>

During the post-test, 10 participants were re-tested. Adjusted Rorschach Comprehensive System procedures were applied. Eight participants gave 14 and/or more responses (participants 1, 2, 3, 4, 5, 7, 9, and 10). Only two participants gave less than 14 responses (participants 6 and 8). The total responses were 161 with an average of 16,1. The responses gained during post-test were 34 with an average of 3,4.

It was found that the participants gave more responses when the ARCS procedures (161 responses) were applied than during the RCS procedures (127



responses) application. The total difference between the RCS and ARCS administering procedure is 34 responses. This implies that the participants acquired 34 more responses when ARCS administering procedures were applied. The comparison between the RCS and ARCS administering procedures in this study was illustrated and explained in section 7.2 of this chapter.

## **7.5 SOUNDNESS OF THE STUDY**

### **7.5.1 CREDIBILITY**

The instrument in this study is the Rorschach Inkblot Method (RIM) test, which is administered according to the Rorschach Comprehensive System (RCS) during the pre-test and according to the Adjusted Rorschach Comprehensive System (ARCS) during the post-test. The intention of the RIM test is to measure the participants' responses. For this to happen, at least 14 responses are required.

In this study the RCS was used to assess the response rates of 10 black South African adolescents. Using the numbers of responses on each Rorschach scoring protocol, the researcher was able to assess the response rates of the participants. In terms of credibility then, the scoring sheets measured the number of responses accurately. This data was then used for the purposes of this study.

The results of the pre-test phase and the post-test phase in this study indicate that ARCS administering procedures is a relevant, appropriate and effective procedure to be applied when administering RCS to these black South African adolescents.

The participants' responses to the two administering procedures namely, RCS and ARCS were compared with the intention of identifying the most appropriate administering procedure for the participants in this study. In this study during pre-test phase, five out of 10 participants gave less than 14 responses when administering the Rorschach. This questions the validity of RCS when administered to these 14 year-old black South Africans.

This led to an investigation of the variables that could inhibit the participants from giving 14 or more responses. I adjusted the RCS administering procedures accordingly. During the post-test phase only two out of ten participants gave less than 14 responses, whereas eight out of 10 gave 14 and more responses. When comparing the administering procedures of RCS and the Adjusted Rorschach Comprehensive System (ARCS), ARCS proves to be an effective administering procedure when administered to the 14 year old black South Africans because it yields more responses.

### **7.5.2 TRANSFERABILITY**

This study can be transferred to other settings by using the adjusted procedures from this study with varying sets of participants. The theoretical framework guided me when adjusting the RCS administering procedures in this study. The same procedures can be transferred to other settings, be utilised for the processes of adjustment of other psychological tests in South Africa and also be used to explore aspects of cross-cultural psychology in general.

### **7.5.3 DEPENDABILITY**

According to the findings, in this study the participants' responses increased from 127 to 161 with averages of 12,7 to 16,1 when ARCS procedures were applied compared to RCS procedures. When comparing the two administering procedures, the adjusted one (ARCS) yielded more responses than the RCS in this study.

The completed scoring sheet provides the data needed to ascertain an increased response rate from the RCS, and in the latter phase, the ARCS. This type of measurement (simple counting method) is extremely accurate and it can be checked and re-checked with ease, thereby providing a high level of dependability.

#### **7.5.4 CONFIRMABILITY**

The findings of this study depend entirely on the data collected during the pre and post-test phases. The detailed description, exploration and explanation of the adjustment process in this study increased the probability that the same results could be deduced from the data if another researcher follows the same procedures.

### **7.6 RECOMMENDATIONS**

Despite the limited number of participants, this study offers a number of recommendations that could be adopted in administering and interpreting the Rorschach in more extensive cross-cultural research. The following are recommended:

#### **7.6.1 TRAINING**

The rapidly expanding trans-cultural contacts in today's world increase the probability of tests being administered from different cultures. The training of test examiners should therefore include some knowledge of one or more cultures other than their own, with special attention to the likely cultural effects on the behavioural development of individuals (Anastasi & Urbina, 1997:345). Janson (1999:38) states that training examiners is vital for the quality of Rorschach data. It is not only important that the examiners know, and practice the standardised RCS procedure, but also that the examiners be aware of their own role in the test situation, and have some understanding of how they may influence the interaction between themselves and the participant.

In this study I assessed participants whose culture were not represented or accommodated when developing the test norms of the test used. It was evident that when I strictly applied the RCS administering procedures during the assessment, that the participants experienced a degree of cultural shock. The

shock could have been due to lack of exposure to psychological tests, as well as cultural and linguistic challenges.

It is therefore recommended that training programmes for psychologists and other Mental Health Professionals, should emphasise knowledge of other cultures, including cultural effects on the behaviour of individuals, cultural beliefs and what is regarded as normal and abnormal in different cultures. More research in this area is needed especially in developing countries such as South Africa.

South African institutions, which provide training to psychologists and other Mental Health Professionals should reflect on their existing training models in order to redress cultural bias and ignorance. This can be done if in the training of psychologists, the cultural systems, beliefs and traditions of non-Western communities are accounted for.

## **7.6.2 PROFESSIONAL PRACTICE**

### **7.6.2.1 Language**

Fair testing practices entails administering tests in the language in which the test-taker is sufficiently competent. The current situation in South Africa calls for the use of interpreters or translators due to an insufficient number of psychologists who speak African languages. According to Kazarian & Evans (1998:202), when facing a cultural or linguistic barrier, an interpreter who is also a translator or a cultural broker must be used. On the other hand, the interpreter as a third party in the therapeutic encounter changes the dynamics of the interview. The mere presence of an interpreter introduces a reactive component.

Dana (2000:47) observed that the samples of the Rorschach Comprehensive System from different countries demonstrate bias in the form of differential items. Adequacy of translation is another example of potential item bias that should be examined. Translations are assumed to be useful for responsible research or

assessment practice if they have followed standard rules. However, these standard procedures do not necessarily render the items free from bias.

Due to the limited number of psychologists who are fluent in African languages in South Africa, the use of interpreters or translators is required. Interpreters or translators are discouraged during psychological assessments and can only be used as a last resort because languages differ in understanding of the meanings and situational uses of common metaphors from emotions, attitudes and personality characteristics.

#### **7.6.2.2 Interpersonal relationship and cultural differences**

There may be significant interactions between examiner and examinee characteristics, in the sense that the same examiner characteristic or testing manner may have a different effect on different examinees as a function of the examinee's own personality characteristics. Similar interaction may occur with task variables, such as the nature of the test, the purpose of the testing, and the instructions given to the test takers. The examiner, who is from a different cultural background as the clients, should not undermine the clients' culture but accommodate it in order to encourage the clients to feel free to disclose their problems.

As far as the administering of Rorschach Comprehensive System (in this study) is concerned, the test administrators should be aware of the inhibiting factors such as, the participants' background, culture, literacy level, socio-economic and language factor. The Adjusted Rorschach Comprehensive System (ARCS) administering procedure that accommodates the participant's culture and/or consideration thereof is recommended when administering the Rorschach to black adolescents in South Africa.

## 7.7 SUGGESTIONS FOR FURTHER STUDY

Cultural differences cannot be ignored because they can affect the overall interpretation of Rorschach test data. More systematic research concerning Rorschach administration and applications across cultures is required, and new findings will be significant as the test is employed across culture.

A substantially larger number of Rorschach Comprehension System publications have involved etic studies comparing findings from one culture to several cultures, for instance, Native Americans, Moroccan, and Europeans (Kazarian & Evans, 1998:71). Limited studies have been conducted with black participants in South Africa.

I suggest, therefore, that further research be conducted with regard to:

- Longitudinal studies on the Rorschach Comprehensive System in relation to black adolescents.
- Studies that explore the effects of conducting psychometric tests with black adolescents.
- Psychological profile studies that analyse the type of responses given by black adolescents on the Rorschach Comprehensive System.
- Comparative studies between rural/urban adolescents being assessed with the ARCS.
- Studies that compare data obtained from ARCS and other psychological assessment strategies, and
- The development of RCS procedures that are flexible, standardised and inclusive for all South Africans irrespective of colour and race.

## 7.8 LIMITATIONS OF THE STUDY

Although this study has demonstrated that there can be an increase in Rorschach responses when the Adjusted Rorschach Comprehensive System (ARCS) administering procedures are used, it has some limitations.

Every research project including this one has its own particular set of problems.

**Test effect** can be one of the biases. According to Bless & Higson-Smith (2000:79), prior exposure to a test or measurement technique can bias a person's responses. This could be the case with this study particularly during the post-test administration. The general increase in responses and the positive reaction towards the test could be due to the exposure of the test during pre-test session.

**Instrumentation** could also be a problem in this study. I guarded against **reactive effects** bias. When participants are aware of being observed they behave in an unnatural way. One of the reactive effects is test anxiety. During the pre-test session the participants were anxious due to their lack of psychological test exposure. During the post-test the participants were more relaxed and the examiner was convinced that they reacted and responded naturally. This might also relate to the fact that there was an established relationship with the examiner already during the retest.

The **sample** from which data were collected for this study is **small**. The sample is not necessarily representative of a disadvantaged South African black adolescent since the participants were only selected from urban townships and informal settlements, and does not include those in the rural areas.

## 7.9 CONTRIBUTION OF THE STUDY

This study contributes to the body of knowledge on assessment in cross-cultural contexts in the following ways:

### **7.9.1 THEORETICAL KNOWLEDGE**

This study –

- Explores aspects of cross-cultural psychology.
- Explores psychological perspectives from the perspective of traditional African culture.
- Highlights South African traditional beliefs, practice and indigenous knowledge.
- Identifies possible factors that could inhibit South African black adolescents from responding optimally when tested with the Rorschach Inkblot test.
- Explores the current state of psychology in South Africa, and
- Highlights some of the current controversies surrounding the use of psychological tests in South Africa.

### **7.9.2 RESEARCH KNOWLEDGE**

This study –

- Provides an opportunity to explore a complicated topic which involves RCS (which is standardised for western subjects) with black adolescents in South Africa.
- Provides a springboard for longitudinal studies on the ARCS with regard to the South African black adolescents.
- Creates collaborative psychology research both within and across cultures.
- Creates an opportunity to investigate the adjustment as well as the development of other psychological tests for all South Africans, and
- Provides a platform to investigate the validity of the existing psychological tests in South Africa.



### **7.9.3 PRACTICAL KNOWLEDGE**

This study –

- Contributes towards the knowledge base on psychological assessment practices in South Africa.
- Contributes towards skills and knowledge of multicultural assessment.
- Contributes to the knowledge and awareness of psychological tests biasness, and
- Provides knowledge on how to guard against the potential misuse of psychological tests as well as cultural biased interpretations of diagnoses.

### **7.10 CONCLUSION**

The adjusted RCS administering procedures were designed in order to take account of participants' cultural backgrounds and traditions. It was demonstrated that the adjusted RCS administering procedures yields better results. It could advance the field considerably if a new generation of Rorschach researchers would accept this difficult challenge and create more collaborative and cross-cultural research in psychological assessments of this kind. Such studies could improve knowledge about the Rorschach substantially, and would also represent significant milestones in a broader research programme on personality and individual differences.

I believe this study will pave a way for more investigations of psychological tests in general. An ideal situation would be to investigate the existing psychological tests that are standardised for other countries with the intention of adjusting or even developing tests that are relevant to South Africans, especially after a decade of democracy. This could signify the celebration of diversity in South Africa.

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