

A Rorschach Index for Hope and Hopelessness

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RUNNING HEAD: Rorschach Hope Index

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Abstract

Hope is a critical emotion that has been largely ignored by social scientists. Assessment tools for measuring hope and hopelessness are also scarce. In this study we relied on an integrative theory of hope (Scioli, 2000; Scioli & Biller, 2003) to derive measures of hope and hopelessness from the Rorschach. Hope was defined as a socially constructed emotion that draws on three primary motives: attachment, mastery and survival. From this perspective, it was possible to isolate Rorschach elements related to four dimensions of hope: a positive information-processing bias, social resources (attachment), goal engagement (mastery), and coping assets (survival). Ten Rorschach variables were theoretically and empirically linked to these four hope elements. One index is proposed for the assessment of hope while a second is suggested for the measurement of hopelessness. A case example is provided, using a retrospective analysis of an effected suicide.

Keywords

Rorschach

Hope

Hopelessness

Depression

Suicide

Emotions

Philosophers, scientists and poets have extolled the benefits of a hopeful outlook for over two thousand years. In the closing decades of the twentieth century, social scientists and

healthcare professionals also began to show great interest in hope and other positive emotions as their disciplines sought to unravel the mysteries of coping and wellness. By comparison, hopelessness has been associated with an assortment of human problems including work and academic failure, depression and suicide, capitulation and death in the wake of adversity. Unfortunately, there are few reliable and valid measures of hope and the instruments which are available derive from older and more limited theoretical models. Historically, theories of hope have emphasized one or more of the following: goal pursuits, information processing biases, coping strategies and social or attachment phenomena (Erikson, 1950; Snyder, 1994; Stotland, 1969). Existing measurement tools rarely capture more than one or two of these aspects of hope. For example the widely used Beck Hopelessness Scale (Beck, Steer, & Brown, 1996) examines only information processing biases. The Hope Scale developed by Snyder and his colleagues (Snyder et al., 1991) focuses exclusively on a sense of agency and perceived coping strategies. In short, there is a need for a measure of hope and/or hopelessness that is broader in scope and more theoretically grounded.

For those interested in the assessment of hope and hopelessness, the Rorschach Inkblot Test offers an intriguing possibility. The Rorschach remains one of the most widely used psychological tests in the world and provides a wealth of information about an individual's personality functioning. Most importantly, even though the Rorschach was not intended to measure hope or hopelessness it does tap perceptions of the social world (attachment), goal engagement (mastery), coping strengths or weaknesses (survival), and positive or negative constructions of reality. Exner's Comprehensive System (2000) already includes a suicide constellation, a depression index and a coping deficit index. Could measures of hope and hopelessness also be derived from the Rorschach? A benefit of extracting such variables from

Exner's system is that these measures would become immediately accessible to a large number of clinicians already familiar with this scoring procedure.

Focus: Deriving Hope and Hopelessness from the Rorschach

The present study was an outgrowth of a larger effort to develop a new, integrative theory of hope. Ideas derived from a review of the hope literature were combined with concepts arising within the fields of emotion, motivation and human development. This conceptual foundation was used to guide the selection of particular Rorschach variables that were theoretically linked to hypothesized hope and hopelessness components. The primary goal of the present investigation was to validate individual hope-related Rorschach elements as well as two larger constellations (a Hope Index and a Hopelessness Index).

What follows is a summary of the hope and hopelessness elements that emerged from a review of the literature and a listing of eleven Rorschach variables selected for their presumed association with these elements. Later, in the methods section, we describe standard assessment tools that were used for construct validation of these Rorschach variables. These are measures and tasks that address perceptions of others (attachment), goal engagement (mastery), perceived control and coping assets (survival), and positive or negative views of the world (reality construction). In the results and discussion sections, the newly derived Hope Index and Hopelessness Index are applied retrospectively to a case of effected suicide. This is a compelling case example since the results of the existing Rorschach Suicide Constellation had not indicated an imminent threat of self-harm.

The Nature of Hope

An integration of the literature suggested that hope is a socially constructed emotion that is derived from three motives: attachment, mastery, and survival. Favorable development in these three life areas results in a positive view of the self, the world, and the future (Scioli, 2000; Scioli & Biller, 2003). The following is a summary of this literature.

1. Presence or Absence of Interpersonal Resources (Attachment) To quote Pruyser (1987, p. 467) hope involves “a belief that there is some benevolent disposition toward oneself somewhere in the universe”. Scioli et al. (1997) have likewise suggested that hope may involve a sense of mediated control derived through an association with a larger group or institution. Pruyser (1987) suggests hope involves feelings of commonality and perhaps even communion with other people. In Erikson's (1950) developmental model, hope is a virtue derived from early trust experiences. In contrast, hopelessness is closely linked with distrust, isolation, and poor attachment.

2. Engagement or Disengagement from Life Goals (Mastery) Hopeful individuals generate more goals across a variety of life areas, and set more difficult goals for themselves (Snyder et al., 1991). In contrast, hopelessness involves the perception that one's goals cannot be met and that further efforts are futile (Abramson, Metalsky, & Alloy, 1989; Stotland, 1969).

3. Coping Resources or Deficits (Survival) Hopeful individuals engage in active problem solving (Snyder, 1994). If they perceive obstacles, hopeful individuals are more apt to generate alternative solutions, thus remaining flexible. An individual without hope lacks psychological resources, and is overwhelmed by internal and external demands. Hopeless people suffer from "tunnel vision" or the distorted view that no viable options remain (Beck, 1976).

4. Positive or Negative Information Processing Bias A hopeful individual negotiates reality in a healthy manner (Snyder, 1994), generates positive illusions where appropriate (Taylor & Brown, 1988) but is able to look at a negative situation to find the few remaining positive elements and build on them (Breznitz, 1986). In contrast, hopelessness is associated with negative distortions of reality. For Beck (1976), pervasive negative expectancies *are* the “hallmark” of hopelessness.

Rorschach Hope and Hopelessness Variables

An analysis of the variables in Exner's (1993) comprehensive system suggested that the following elements may be associated with hope and hopelessness (See also Figure 1 for a summary).

1. Presence or Absence of Interpersonal Resources The *perception of humans* has been associated with interest in other people and the extent to which a person identifies with the social environment (Exner, 1993, p. 524). What may be more relevant to the assessment of hope and hopelessness is the degree to which human percepts are positive or negative. One way to capture such perceptions is to track indicators of anger (white space), contained painful affect (achromatic color), anxiety, loneliness, and painful introspection (shading and vista responses), morbidity and aggression. One would expect hopeful individuals to feel more positively connected to others, and to have healthier object representations. Their protocols should have significantly fewer human contents contaminated with these negative markers.

The *cooperative movement variable* (perception of two or more objects interacting in a positive or cooperative manner) has been associated with perceptions of positive interactions

among people and a willingness to participate in such interactions (Exner, 1993, p. 530). More hopeful individuals should presumably show a greater tendency to imagine cooperative activities than those who are in a hopeless state. The specific hypotheses tested in this study was whether the positive perception of humans and the perception of cooperative movement could be directly related to measures of a positive view of the world and others as well as “mediated control beliefs”. (This latter construct is explained in greater detail in the methods section below).

Good Human Representations (GHR) is a relatively new variable in the Comprehensive System. Exner and his colleagues (2000) have found that perceptions of human uncontaminated by negative indicators such as aggressive or morbid contents, may be associated with a history of more adaptive and less conflicted interpersonal functioning. The opposite finding applies to *Poor Human Representations* (human content that is contaminated by negative indicators such as aggressive or morbid content).

2. Goal Engagement or Disengagement The *ratio of whole responses to movement responses* ($W:M$) is an "aspirational ratio" which contrasts the level of perceptual effort (W) with the functional capabilities needed for achievement oriented activities (M). The *number of organized responses* (ZF) is an index of achievement or striving. The organization of blot elements requires more work than a simple identification of unrelated elements (Exner, 1993, p. 405). Both variables reflect the degree of psychological investment in a stimulus field. The hypothesis that was tested in this study is whether the ZF and W:M variables could be directly related to a measure of goal engagement.

3. Coping Resources or Deficits The *Experience Actual* (EA) variable is the sum of Human Movement Responses and weighted chromatic color responses. EA is considered a measure of the organized psychological resources available to an individual. A number of studies have

shown that EA is greater in non-patients than among patients, and that psychotherapy tends to increase both of the EA components.

The *ratio of active movement to passive movement* responses contrasts more deliberate and direct forms of coping (active movement) with passive, indirect, and delayed coping strategies, e.g., via the use of fantasy or avoidance. In Exner's system there is greater value placed on active movement. However, studies of stress and coping suggest that indirect strategies may be more adaptive in certain contexts (DeGroot, Boeke, Bonke, & Passchier, 1997). It is reasonable to suspect that more hopeful individuals demonstrate a moderately greater tendency to employ active rather than passive coping strategies. Hopeless individuals are presumed to be more limited in their coping repertoire, and/or more likely to adopt passive forms of reality negotiation. The hypothesis tested in this study was whether the Rorschach variables EA and Active-Passive Movement ratio could be directly related, respectively, to the hope-related coping dimensions of agency and perceived pathways contained in the Synder et al. (1991) Hope Scale.

4. Positive or Negative Information Processing Bias The valence inherent in the way an individual processes reality can be determined by both the types of reality distortions they demonstrate and the kinds of contents they extract from an ambiguous stimulus. In the Exner system there is no measure of *positive contents*. Again, such a measure may be constructed by counting the number of total contents and the number of different contents with or without neutral, positive or negative indicators (anger, contained painful affect, anxiety, etc.). A corresponding (hopelessness) measure of *morbid contents* is already available within the Comprehensive System. The perception of morbid content has been correlated with negative preoccupations, pessimism, discouragement, and the anticipation of "gloomy outcomes regardless of the quality of effort invested" (Exner, 1993, p. 478).

Exner relies on the form quality of responses to assess the degree of perceptual distortion. In our view distortion per se is not the critical factor in the assessment of hope or hopelessness. What may be more important is whether the distortions are negative, neutral or positive (e.g., such as the "positive illusions" discussed by Taylor and Brown, 1988). Here again, one can assess the nature of response distortions by tracking the presence of neutral, positive or negative indicators (anger, contained painful affect, anxiety, etc.). Perceptual distortions that are free of these negative indicators can be treated as *positive reality distortions* while those which carry these pathological markers may qualify as *negative reality distortions*. The hypotheses tested in this study was whether Rorschach measures of positive and negative content and Rorschach measures of positive and negative reality distortions could be related to reported views of the future, a core element of both hope and hopelessness.

Methods

Subjects and Procedure

The participants were 25 students recruited from psychology classes at a state college in New England. The mean age for this sample was 19.26 and including 8 males and 17 females. All participants were individually tested. The participants were initially administered the Rorschach Inkblot Test using standard procedures (Exner, 1993). Two graduate students, trained in the Exner system, and blind to other test results, administered the Rorschach. After completing the free association and inquiry phases of the Rorschach, the participants were asked to work on a puzzle task (described below). Once these two tasks were completed, the participants filled out a brief demographics form and 5 questionnaires that tapped the remaining aspects of hope and hopelessness outlined above: social resources (mediated control and trust measures), coping

(tests of agency and perceived options), and information processing bias (instruments focusing on positive or negative views of the future).

Other Measures

Goal related behavior The classic puzzle task developed by Glass and Singer (1972) is comprised of solvable and unsolvable puzzles and has been used in studies of achievement and stress tolerance for nearly three decades. In this study we employed one solvable and one unsolvable puzzle. Participants were given 5 minutes to solve the puzzle, and then allowed extra-time to continue working on the problem, unless they wished to stop. Nearly every participant took advantage of the extra-time offer. (There were no Rorschach-related differences in the number of participants who opted for extra-time.) The solvable puzzle was used merely as a “warm up” for the unsolvable puzzle task. The actual dependent variables were the number of times the subject tried to complete the unsolvable puzzle in the initial trial period and during the extra-time frame.

Social resources The *Mediated Control Scale* developed by Scioli and McClelland (1991) assesses the subjective experience of control derived through one's association with people or groups, experts or professionals, or a larger force or presence. This scale was developed to contrast with the more traditional internal and external locus of control scales and more accurately captures the quality of perceived control found in hope states.

The *Cognitive Triad Index* (CTI; Beckham, Leber, Watkins, Boyer, & Cook, 1986) is based on Beck's triadic theory of depression. The CTI contains three sub-scales, tapping perceptions regarding the self, the world, and the future. The future and world sub-scales were emphasized in this study, because the literature suggests that states of hope (as opposed to depression and

hopelessness) are largely constituted from positive views of the future and the world (Erikson, 1950; Fowler, 1996; Marcel, 1962). In addition to the total positive world view scores on the *Cognitive Triad Index* (CTI), a helpful others sub-scale was created by selecting items relating to the perceived helpfulness of others (e.g, "Most people are friendly and helpful", " The people I know help me when I need it, "The important people in my life are helpful and supportive", "I have a spouse or friend who is warm and supportive.")

Information processing bias The *Beck Hopelessness Scale* (BHS: Beck et al., 1996) is the most widely used measure of hopelessness in the world and targets positive and negative information processing biases, particularly with respect to the future. There has been ongoing debate regarding the factor structure of the BHS with some experts advocating a unidimensional model and others favoring a three factor solution. Recent work confirms the presence of an important first factor but also suggests that different factors may be relevant at varying levels of hopelessness. Drawing on the work of Dyce (1996) we employed both total BHS scores and the first factor derived from a population of low hopeless individuals (a fair comparison to the present sample of non-patients). A second reason for including the Beck Hopelessness Scale in this study was to provide a comparison between a self-report measure of hopelessness and a Rorschach derived measure of hopelessness.

Coping Resources The Hope Scale (Snyder et al., 1991) is a 12 item self-report measure of hope that emphasizes the coping aspects of hope. The Hope Scale contains two subscales. The agency subscale assesses perceived efficacy (*agency*) in meeting life's challenges while the pathways subscale yields a measure of *perceived options or ways of coping* with life problems. A second reason for including the Snyder Hope Scale in this study was to provide a comparison between a self-report measure of hope and a Rorschach derived measure of hope.

Interpersonal trust. The Rotter Interpersonal Trust Scale (Rotter, 1967) is a classic self-report measure of trust. The scale consists of 40 Likert-style items (13 scored in a positive direction, 12 reverse-scored and 15 fillers).

Results

Inter-rater Reliability

Twenty protocols were scored twice by two graduate students trained in the Exner Comprehensive system and blind to each other's results. The overall level of agreement was approximately 91 percent (90.50%). The level of agreement for the newly constructed variables ranged from 90% to 95% (average $r = .93$). The reliability values for each of the primary variables is presented in Appendix 1.

Construct Validation of Rorschach Hope and Hopelessness Variables

Ten of the eleven Rorschach variables demonstrated a significant relationship with measures of theoretically linked hope and hopelessness components. Table 1 shows that individuals with a higher Aspiration Index (W:M) made more attempts to solve the unsolvable puzzle task within the initial time-frame. Participants with higher Processing Effort (ZF) scores made more attempts in the extra-time frame. (There were no significant differences in extra-time attempts as a function of W:M levels nor were there differences in initial-time attempts at levels of ZF.)

[Insert Table 1 about here]

In Table 2 the results for the positive and negative human content variables are displayed. Individuals who produced a higher number of positive human contents did *not* have significantly higher total positive world-view scores on the Cognitive Triad Index (CTI) but they did have

significantly higher scores on the helpful-others subscale of the CTI. Scores on the hopelessness variable, number of negative human contents, were negatively correlated with scores on the positive world view and helpful-others scales of the Cognitive Triad Index (CTI) but the differences reached significance only on the helpful-others subscale.

[Insert Table 2 about here]

The other social resource variables are presented in Table 3. Individuals with a greater number of cooperative movement responses tended to score higher on the mediated control scale. In addition, those with a higher number of Good Human Representations tended to report higher interpersonal trust scores. In contrast, there was non-significant trend involving a higher number of Poor Human Representations and lower interpersonal trust scores.

[Insert Table 3 about here]

Table 4 deals with the information processing variables. Significantly lower total scores on the Beck Hopelessness Scale were found among individuals with a greater number of positive Rorschach contents and a greater percentage of benign distortions. Higher levels of morbid content were solely related to more negative future expectations.

[Insert Table 4 about here]

Coping variables are presented in Table 5. Individuals with higher scores on the Rorschach psychic resource measure (EA) demonstrated a significantly higher score on the agency component of the Snyder et al. (1991) Hope Scale. Participants with a moderately high active to passive movement ratio showed higher scores on the pathways component of the Snyder et al. Hope Scale.

[Insert Table 5 about here]

Correlates of the Hope Index and the Hopelessness Index

We retained ten of the eleven original Rorschach variables in computing Hope Index scores and Hopelessness Index scores. The only variable to be excluded was the Poor Human Representations, due to the non-significant findings.

There were no age or gender differences with respect to either the Hope Index or the Hopelessness Index. The mean Hope Index score was 5.18 (SD = 1.56). The mean Hopelessness Index score was 2.09 (SD = 1.31).

Scores on the Hope Index were significantly and negatively correlated with the Exner Coping Deficit Index ($r = -.50, p < .05$). The association between the Hope Index and the Exner Depression Index was in the expected direction but not statistically significant ($r = -.28, p > .05$). The correlation between the Hope Index and the Exner Suicide Constellation was essentially zero ($r = .03, p > .05$). The relationship between the Rorschach Hope Index and the Synder Hope Scale was in the expected direction but not significant ($r = .23, p > .05$).

As expected, the Hope Index and the Hopelessness Index were inversely related ($r = -.59, p < .01$). Correlations involving the Hopelessness Index and the following Exner variables were all non-significant: the Coping Deficit Index ($r = .17, p > .05$); the Depression Index ($r = .09, p > .05$) and the Suicide Constellation ($r = .14, p > .05$). There was little relationship between the Rorschach Hopelessness Index and Beck Hopelessness Scale ($r = .14, p > .05$).

Case Example

In Table 6 we demonstrate the use of Rorschach Hopelessness Index with a documented case of effected suicide. The case summary is taken, with only slight modification from *Rorschach Workshops* (1998):

“A twenty-one year old male was admitted to a psychiatric facility after he was discovered by police trying to jump from a bridge. After approximately five weeks he was reassessed. The battery included the Rorschach. Four days after testing he was released on a weekend pass. The hospital staff noted he appeared better. The patient then effected suicide by jumping from the same bridge.”

This individual's protocol was positive for only 3 of the 12 indicators that constitute the Exner Suicidal Constellation. His score on the Exner Depression Index was also not significant. This case is presented in advanced workshops on Rorschach scoring and interpretation because it represents a frustrating example of a false negative prediction. Because we had access to the original responses, it was possible to calculate hope and hopelessness scores for this individual's protocol.

When cutoff criteria were applied (see discussion section), the protocol was found to be positive for five of the eight (63%) Rorschach hopelessness variables. Interestingly, only 1 of the participants in the present sample achieved a hopelessness score above 4, and only 23% of the sample scored above 2. When examined from a hope perspective, this case was positive for four indicators: two goal-related variables (W/M and ZF), the coping flexibility variable (Active - Passive movement), and one social resources variable (Good Human Representations). By comparison, the mean Hope Index score for the sample was 5.18 (SD = 1.56). Less than a quarter of the sample had a Hope Index score of less than 4. We shall return to this case in the discussion that follows.

[Insert Table 6 about here]

Discussion

The results of this study support further research and development of a Rorschach Hope Index and a Rorschach Hopelessness Index. Ten of the eleven selected Rorschach variables were empirically validated against measures representing components of hope and hopelessness.

Validation of the Individual Hope and Hopelessness Variables

The two goal related variables, W:M and ZF demonstrated an intriguing relationship with performance on the impossible puzzle task. Individuals with higher Rorschach aspiration scores (W:M) made nearly 2 more attempts in the initial time-frame as compared to their low aspiration counterparts. Participants with higher processing effort scores (ZF) made about the same number of initial attempts as their low ZF counterparts but in the extra-time frame the high ZF group made an average of nearly two more tries. The reason for this pattern is not immediately obvious. It does appear that aspiration and effort, as measured by the Rorschach are two relatively independent constructs ($r = .10$, $r^2 = .01$). Perhaps ZF is a more subtle motivational variable whose relevance emerges in the context of more extended challenges. Along these lines, Exner (1993) has cautioned against over-interpreting the W:M ratio as individuals with considerable resources may not be unduly taxed by generating Whole responses.

Cooperative movements and human content responses were also distinguishable in terms of obtained correlations and patterns of association with other measures (of social perception). For example, while positive and nearly significant, the correlation between the Cooperative Movement variable and number of positive human contents was relatively modest ($r = .33$, $p >$

.05, $r^2 = .11$). Moreover, Cooperative Movement scores were related to mediated control scores but not CTI scores whereas the human content variables were associated with CTI scores but not mediated control scores. It appears the COP variable addresses perceptions of *collaboration and mutuality* while the human content variables tap the imagined *helpfulness* of others.

As anticipated, the Rorschach information processing variables were associated with scores on the Beck Hopelessness Scale (BHS). At the same time, there was a subtle and unexpected difference in aspects of the BHS that were related to the three information processing variables. Specifically, the positive bias variables, positive contents and benign distortions, were related to the BHS total scores whereas Morbid Contents were associated with only the negative future expectations subscale. One interpretation is that the Morbid Content variable is more sensitive to pessimism regarding the future than other aspects of a negative mental set. Exner (1993) describes research showing that Morbid Contents may be particularly indicative of perceptions of "gloomy outcomes." Lastly, the finding that morbid contents and positive contents were unrelated ($r = -.01$) supports the initial decision to develop variables for assessing the presence of hope and not simply the absence of hopelessness.

The coping variables, EA and the Active to Passive Movement Ratio (A - P), were cleanly divisible in terms of their relationship to sub-scales of the Synder Hope measure. Depth of coping resources, the EA variable, was related to the agency subscale whereas the movement ratio was associated with the pathways component of the Synder scale. As expected, the tendency was for the middle group, those with moderately high active to passive movement ratios, to show the largest agency and pathway scores. This trend is consistent with recent studies that have found indirect coping methods, e.g., emotion management, to be superior in particular contexts (DeGroot et al., 1997).

The Good Human Representations variable (GHR) was related to trust scores. Most of the supporting data for the development of this new variable has focused on interpersonal effectiveness rather than social perception (Exner, 2000). It is reasonable to assume an association among measures of trust, quality of social behaviors, and types of social perceptions (Cf. Erikson, 1950). The findings were quite specific in this study. The GHR variable was related to trust but not CTI views of the world ($r = .01$) nor the CTI helpful others scale ($r = -.22$, $p > .05$). One interpretation of these findings is that the GHR variable captures a relational sense of trust that is more relevant to effective social interactions than a sense of trust based on a pragmatic calculation of the goodness or helpfulness of others (see Godfrey, 1987).

In terms of significant associations with other Rorschach variables, GHR was positively correlated with both Cooperative Movements ($r = .47$, $p < .05$) and the newly developed positive human contents ($r = .72$, $p < .01$). While very similar, the one difference between GHR and “positive human contents” is that the latter includes all benign distortions while the former eliminates minus form quality responses. Further research should be done to discern if one of both of these variables should be a part of the Hope Index. As part of this effort, there should also be additional work done on the Poor Human Representations before it is included or excluded from the set of variables that will comprise the Hopelessness Index.

Correspondence Between the Hope Index and the Hopelessness Index

As expected, there was a significant, inverse relationship between the two indexes. More importantly, the magnitude of the relationship between the two indexes justifies the development of two separate measures. The hope index and hopelessness index shared a modest 35% of the variance ($r = -.59$). Further evidence of the distinctness of the new Rorschach hope and

hopelessness constellations was found in the modest and unique associations shown between each of these two indexes and the Exner Coping Deficit Index and the Exner Depression Index. Going further, there was hardly any overlap between the Rorschach Hopelessness Index and the Exner Suicide Constellation ($r^2 = .02$).

It is noteworthy that established self-report measures of hope and hopelessness, the Snyder Hope Scale and Beck Hopelessness Scale, were only marginally related to the Rorschach Hope Index and the Rorschach Hopelessness Index ($r = .23$ and $r = .14$, respectively). Perhaps this lack of agreement is to be expected given the research by Council (1993) as well as McClelland and his colleagues (1989). These and other investigators have found discrepancies among different measures of traits and states, particularly those targeting different levels of cognitive and emotional experience (e.g., traditional self-reports versus projective measures of implicit states).

Discussion of Case Example and Proposed Cutoffs

Proposed cutoffs for the individual Rorschach variables and the two indexes were derived by integrating the sample summary data, including frequency distributions, with available summary statistics from Exner's (1993) tables for non-patient adults. For each individual hope or hopelessness variable, an approximate cutoff was established by calculating the score equal to one standard deviation above or below the mean. These values were rounded and then compared to the actual sample values. (This last step was performed to assess the cumulative percentage of cases below the cutoff score.)

With respect to the individual hope and hopelessness variables, the average percentage of cases that exceeded the proposed floors and ceilings was 25%. This means that in the present

sample, approximately 75% of the subjects were positive for each hope element and negative for each hopelessness element.

Recall that the mean and standard deviation for the Rorschach Hope Index score was 5.18 and 1.56 respectively. Until further normative work is completed, a score of three or less may be considered "low hope". This cutoff is in excess of one standard deviation below the study mean and was found in less than 15% of the sample. Again, the case we reviewed was positive for four hope elements and thus might have qualified as a borderline *low hope* case.

In table 6, the sample or Exner means and standard deviations for the hopelessness variables are presented, along with the values for the case of effected suicide. The test case was positive for the following hopelessness elements: low COP, negative human contents, MOR, low benign distortions, and low EA. A total Hopelessness Index score of 5, as found in this case, was higher than any present in the study sample. In fact, over 90 percent of the sample scored below four on the Hopelessness Index. Given this finding, and a sample Hopelessness Index mean and standard deviation of 2.50 and 1.04 respectively, a working value of five or greater might be taken as a sign of *high hopelessness*.

Implications for Theory, Practice and Future Research

Theoretical Issues

This study was prompted by a larger theoretical effort to conceptualize hope in its full complexity. The findings reinforce a multidimensional view of hope in terms of goals, a positive information processing bias, coping assets and social resources. A number of findings support this broader focus. For instance, the Beck Hopelessness Scale, presumed to emphasize information-processing biases, was indeed associated with conceptually related Rorschach

elements but the total Beck Score was not correlated with the total Rorschach Hopelessness Score. Similarly, the Snyder Hope scale that targets coping dimensions of hope was related to Rorschach measures of psychic resources and coping strategies but not to the total Hope index score.

The test case findings are further evidence that a broader-based hopelessness assessment tool is needed. The reviewed protocol was negative for both of the goal-related Rorschach elements and was positive for only one of the coping variables. The more serious problem for this particular individual may have been their lack of interpersonal connections and faith in others as well as a negative view of the future. For another person the pathological structure may be different. A lesson to derive from this case is to cast a wide enough net, lest vital aspects of hope and hopelessness are ignored.

One of the ideas long debated by hope scholars is how to conceptualize the relationship between hope and hopelessness and whether more than one "opposite" of hope can be conceived. The simplest idea is that a lack of hope leads to hopelessness. Nevertheless, the great Jewish philosopher Spinoza, believed that fear was the opposite of hope. The French existentialist Gabriel Marcel believed the despair was the proper comparison. In the present sample there was a significant but moderate (inverse) relationship between the hope and hopelessness scores ($r = .59$). With only 35% of the variance in common, there is again, room to entertain a more complex explanation of hope and its connection to other states, including hopelessness.

Assessment and Treatment Implications

The case reviewed in this article was intriguing. Nevertheless, retrospective studies of completed or attempted suicides provide only some of the data needed to develop a good assessment tool. Prospective studies are also needed if we desire more precise cutoffs for

discriminating levels of hope or hopelessness associated with varying levels of risk for suicide or other destructive behaviors.

Experts have typically turned to three types of measures for gauging the suicidal risk of an individual: depression tests, suicide measures, hopelessness inventories. Which of these constructs is most important? The case example was positive for 4 of the 7 elements of the Exner Depression Index (57%) and 3 of the 12 elements of the Exner Suicide Constellation (25%) as compared to 5 of the 8 elements of the Hopelessness Index (63%). While this case showed a larger percentage of depressive content, relative to the Suicide Constellation, the latter is considered more predictive of Suicide. To further complicate matters, many experts since the time of Kovacs, Beck, and Weissman (1975) have believed the critical element is not depression per se, but the experience of hopelessness associated with depression. Since this issue cannot be trivialized by assuming total redundancy among the constructs, we can only await further empirical evidence to clarify the relative importance of each of these factors.

The potential value of a robust measure of hope is not limited to predicting suicidal behaviors. Practitioners interested in the welfare of at-risk youth and vulnerable elders cannot ignore levels of hope and despair. Health professionals who care for individuals with life-threatening illness and must convince them to endure painful medical regimens and risky interventions without guarantee of success must be cognizant of waning hope.

Another practical advantage of a multidimensional model is that it can yield a profile of hope-related strengths and weakness. For example, the individual who effected suicide demonstrated a weakness in the attachment domain and views of the future. For another person, the problem may lie in the areas of mastery or survival (coping). At some point it may be possible to provide specific recommendations based on an individual's hope or hopelessness profile.

Directions for Future Research

There are several important issues that might be productively explored using either the Rorschach Hope Index or the Rorschach Hopelessness Index. First, there should be additional research comparing self-report inventories with these Rorschach variables and other methods of assessing hope (e.g., Thematic Apperception Test methods). A larger question is whether or not these emotional and motivational states are accessible with traditional self-reports. Could hope fall in the category of "ineffable" and transcendent experiences that Jerome Frank (1977) has linked to right hemisphere functioning?

Assuming that one can access various measures of hope, e.g., via self-report scales, the Rorschach, interviews, or other methods, how are they interrelated? Can one identify two more levels of hope and hopelessness, perhaps at varying levels of consciousness, as both Erikson (1950) and Fromm (1970) have suggested? It might be particularly interesting to administer both types of measures (self-report and Rorschach) to individuals facing extraordinary challenges. For example, there is some data which shows that those who have been permanently paralyzed from spinal cord injuries tend to return to their premorbid levels of life satisfaction within several years following their injury. Would a Rorschach measure of hope support or undermine such findings?

Currently the Exner Suicide Constellation is invalid for individuals less than 16 years of age. This means that many at-risk children and adolescents cannot be detected using the Rorschach. Future studies might address whether the newly established measures can be useful in this regard.

Will the child version only require a modification in the cutoff levels to adjust for childhood norms or will more substantial changes have to be made to incorporate developmental shifts in the structure of hope and hopelessness (cf. Scioli, 1990)?

References

Abramson, L.Y., Metalsky, G.I., & Alloy, L.B. (1989). Hopelessness depression: A theory-based subtype of depression. Psychological Review, 96 (2), 358-372.

Beck, A.T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.

Beck, A. T., Steer, R.A., & Brown, G.A. (1996). BDI-II, Beck Depression Inventory: Manual. San Antonio, TX: The Psychological Corporation.

Beckham, E.E., Leber, W.R., Watkins, J.T., Boyer, J.L., & Cook, J.B. (1986).

Development of an instrument to measure Beck's cognitive triad: The Cognitive Triad Inventory.

Journal of Consulting and Clinical Psychology, 54, (4), 566-567.

Breznitz, S. (1986). The effect of hope on coping with stress. In M.H. Appley & P. Trumbull (Eds.), Dynamics of Stress: Physiological, psychological and social perspectives. (pp. 295-307).

New York: Plenum.

Council, J.R. (1993). Context effects in personality research. Current Directions in Psychological Science, 2 (2), 31-34.

DeGroot, K., Boeke, S., Bonke, B., & Passchier, J. (1997). A reevaluation of the adaptiveness of avoidant and vigilant coping with surgery. Psychology and Health, 12 (5), 711-717.

Dyce, J.A. (1996). Factor structure of the Beck Hopelessness Scale. Journal of Clinical Psychology, 52 (5), 555-558.

Erikson, E.H. (1950). Childhood and Society. New York: Norton

Exner, J.E. (2000). A primer for Rorschach interpretation. Asheville, North Carolina: Rorschach Workshops.

Exner, J. E. (1993). The Rorschach: A comprehensive system. Vol. 1. Basic foundations. (3rd Edition). New York: Wiley.

Fowler, J. (1996). Pluralism and oneness in religious experience: William James, faith development theory, and clinical practice. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (Vol. 1, pp. 165-186). Washington, DC: American Psychological Association.

Frank, G. (1994). On the prediction of suicide from the Rorschach. Psychological Reports,

74, 787-794.

Frank, J. (1977). Nature and function of belief systems: Humanism and transcendent religion. American Psychologist, 32 (7), 555-559.

Fromm, E. (1970). The revolution of hope. New York: Harper and Row.

Glass, D.L. and Singer, J.E. (1972). Urban Stress. New York: Academic Press.

Graziano, W.G. & Eisenberg, N. H. (1997). Agreeableness: A dimension of personality. In R. Hogan, J. Johnson, & S. Briggs (Eds.). Handbook of Personality Psychology (pp. 795-824). San Diego, CA: Academic Press.

Higgins, G.O. (1994). Resilient Adults. San Francisco, CA: Jossey-Bass.

Kohut, H. (1971). The analysis of the self. New York: International Universities Press.

Kovacs, M., Beck, A.T., & Wiessman, A. (1975). Hopelessness: an indicator of suicidal risk. Suicide, 5, 98-103.

Marcel, G. (1962). Homo Viator: Introduction to a metaphysics of hope. (Cauford, E., Trans.). New York: Harper and Row (Original work published 1944).

McClelland, D.C., Koestner, R., & Weinberger, J. (1989). How do self-reported and implicit motives differ? Psychological Review, 96 (4), 690-702.

Nimeus, A., Traskman-Bez, L., & Alsen, M. (1997). Hopelessness and suicidal behavior. Journal of Affective Disorders, 42, (2-3) , 137-144.

Pruyser, P.W. (1987). Maintaining hope in adversity. Bulletin of the Menninger Clinic, 5 (51), 463-474.

Rotter, J.B. (1967). A new scale for the measurement of interpersonal trust. Journal of Personality, 35 (4), 651-665.

Scioli, A. (1990). The development of hope and hopelessness: structural and functional

aspects. [CD-ROM]. Abstract from: ProQuest File: Dissertation Abstracts Item: 9108029.

Scioli, A., Chamberlin, C., Samor, C., Lapointe, A.B., Campbell, T.L., Macleod, A.R., & McLendon, J. (1997). A prospective study of hope, optimism, and health. Psychological Reports, 81, 723-733.

Scioli, A., & McClelland, D.C. (1991). A measure of mediated control. Unpublished manuscript, Harvard University.

Snyder, C.R. (1994). The psychology of hope. New York: The Free Press.

Snyder, C.R., Harris, C., Anderson, J.R., Holleran, S.A., Irving, L.M., Sigmon, S.T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and ways: Development and validation of an individual-differences measure of hope. Journal of Personality and Social Psychology, 60, (4), 570-585.

Stotland, E. (1969). The Psychology of hope. San Francisco: Jossey-Bass.

Taylor, S., & Brown, J.D. (1988). Illusion and well-being: A social-psychological perspective on mental health. Psychological Bulletin, 103, 193-210.

Figure 1

Hope Index and Hopelessness Index

<u>Hope Aspects</u>	<u>The Hope Index</u>	<u>Rorschach Variables</u>
<u>1.Goal Engagement</u>		
Greater goal aspirations		Higher W:M (Aspiration Index)
Greater goal effort		Higher ZF (Information Processing Effort)
<u>2.Social Resources</u>		
Positive view of human interactions		Presence of Cooperative Movement
Positive view of others		Human Content without S, C', Y, T, V, Mor, Ag
Good Human Representations		Human Content without S through Ag, & without F-

3. Information Processing Bias

Positive imagery Greater number of positive contents
 Positive distortions of reality Form Quality of [u or -] without S, C', Y, T, V, Mor, Ag

4. Coping Assets

Depth of coping resources Higher EA (Available psychic resources)
 Expanded coping repertoire Moderately greater active to passive movement

Hopelessness Aspects The Hopelessness Index Rorschach Variables

1. Goal Engagement

Reduced goal aspirations Lower W:M (Aspiration Index)
 Reduced goal efforts Lower ZF (Information Processing Effort)

2. Social Resources

Negative view of human interactions Absence of cooperative movement
 Negative view of others Human content with S, C', Y, T, V, Mor, Ag
 Poor Human Representations Human content with S through Ag, or with F-

3. Information Processing Bias

Morbid preoccupations Higher levels of morbid content
 Little positive distortion of reality Form Quality of [u or -] with S, C', Y, T, V, Mor, Ag

4. Coping Assets

Shallow coping resources Lower EA (Inadequate psychic resources)
 Limited coping repertoire Very low or very high active to passive movement ratio

Table 1

Construct Validation of Rorschach Hope¹ and Hopelessness² Variables: Goal Related Aspects

Unsolvable Puzzle Task

<u>N of Attempts</u>		<u>N of Extra-Time Attempts</u>	
M	SD	M	SD
_____	_____	_____	_____

W:M (Aspiration)^{1,2}

(.86 - 1.86) Low	3.00	.94	3.13	3.72
(2 - 3) Med.	3.20	1.09	5.80	4.92
(3 plus) High	4.72	2.05	2.56	2.61

Number of Attempts: Low vs. High: $t(17) = 2.31, p < .05$

Number of Extra Attempts: No Significant Differences

Unsolvable Puzzle Task

	<u>N of Attempts</u>		<u>N of Extra-Time Attempts</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>ZF (Effort)^{1,2}</u>				
(4.5 - 11) Low	3.33	1.15	2.09	1.64
(13 - 27.50) High	3.50	1.60	4.00	1.00

Number of Attempts: Not Significant

Number of Extra Attempts: $t(23) = 2.15, p < .05$

Table 2

Construct Validation of Rorschach Hope¹ and Hopelessness² Variables: Social Resources 1

<u>Positive Human Content¹</u>	<u>(CTI) Positive World View</u>		<u>(CTI) World Subscale (Helpful Others)</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
(2 - 4) Low	43.00	5.85	21.00	1.49

(5 - 9) Medium	44.50	4.00	19.96	1.27
(10 -16) High	44.86	4.26	21.34	.94
No Significant Differences		Med. vs. High: $t(13) = 2.40, p < .05$		
<u>Negative Human Content</u> ²	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
(0 - 1) Low	44.75	3.33	21.50	1.08
(2 - 3) Med.	46.75	6.27	20.33	1.77
(4 - 7) High	42.40	2.07	20.20	1.09
No Significant Differences		Low. vs. High: $t(15) = 2.24, p < .05$		

Table 3

Construct Validation of Rorschach Hope¹ and Hopelessness² Variables: Social Resources 2

<u>Mediated Control Scores</u>			
<u>Cooperative Movement</u> ^{1,2}	<u>M</u>	<u>SD</u>	
(None) Low	12.64	1.28	
(One) Med.	14.50	1.87	

(2 - 3) High 14.40 1.52

Low vs. Med.: $t(18) = 2.59, p < .05$; Low vs. High: $t(17) = 2.52, p < .05$

<u>Rotter Interpersonal Trust Score</u>		
	<u>M</u>	<u>SD</u>
<u>Good Human Representations¹</u>		
(1 - 3) Low	65.42	6.78
(4 - 6) Med.	73.80	8.09
(7-12) High	69.72	7.78

Low vs. Med.: $t(15) = 2.24, p < .05$

<u>Rotter Interpersonal Trust Score</u>		
	<u>M</u>	<u>SD</u>
<u>Poor Human Representations²</u>		
(0 - 3) Low	73.75	8.52
(4 - 6) Med.	66.25	4.53
(7-11) High	69.22	7.49

Low vs. Med.: $t(14) = 1.97, p = .06$

Table 4

Construct Validation of Rorschach Hope¹ and Hopelessness² Variables: Information Processing

	<u>Beck Hopelessness Scale</u>		<u>Beck Negative Future Expectations</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>N of Positive Contents</u>				
(9 - 11) Low	2.43	.90	.86	.38
(12 - 23) Med.	3.64	1.89	.88	.60

(24 - 41) High	2.14	.38	.67	.52
Med. vs. High: $t(15) = 2.44, p < .05$			No Significant Differences	
<u>Beck Hopelessness Scale</u>		<u>Beck Negative Future Expectations</u>		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Benign Distortions</u>				
(.44 - .77) Low	3.93	1.53	1.00	.63
(.78 - .81) Med.	2.63	1.50	.75	.46
(.82 - 1.00) High	2.05	.55	.71	.48
Low vs. High: $t(14) = 3.26, p < .05$			No Significant Differences	
<u>Beck Hopelessness Scale</u>		<u>Beck Negative Future Expectations</u>		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>N of Morbid Contents</u>				
(None) Low	2.66	1.73	.50	.53
(One) Med.	2.44	1.33	.88	.35
(2 - 3) High	2.71	1.98	1.17	.41
No Significant Differences			Low vs. High: $t(12) = 2.65, p < .05$	

Table 5

Construct Validation of Rorschach Hope¹ and Hopelessness² Variables: Coping Assets

Snyder Hope Scale

Agency Subscale

M SD

(EA) Psychic Resources^{1,2}

(2.5 - 6.0) Low	12.50	.54
(6.5 - 9.0) Med.	13.83	.98
(9.5 plus) High	13.50	.84

Low vs. Medium: $t(10) = 2.90, p < .05$

Low vs. High: $t(10) = 2.45, p < .05$

Snyder Hope Scale

Pathways Subscale

M SD

Active – Passive Movement^{1, 2}

(-4 - 1) Low	11.57	.98
(2 - 3) Med.	13.00	1.31
(4 - 9) High	11.87	1.46

Low vs. Medium: $t(13) = 2.37, p < .05$

Table 6

Case Example: Application of the Hopelessness Index to an Effected Suicide

Hopelessness Variable	Suicide Case	Exner ¹ , Sample ² M and SD	Proposed Cutoff	Meets Criteria for Hopelessness
(Aspiration)	W/M 2.67	2.00, .68 ¹	Below 1.50	No
(Process. Effort)	ZF 11	11.81, 2.59 ¹	Below 9	No

(Cooperative Mov) COP	0	2.07, 1.52 ¹	Below 1	Yes
(Neg. Hum.View) Hneg	5	.80 1.00 ²	GTE 2	Yes
(Morbid Views) MOR	4	.70 .82 ¹	Above 2	Yes
Distortion level (Benign)	.60	.81 .13 ²	Below .75	Yes
(Psychic Resources) EA	4.5	8.83, 2.18 ¹	Below 6	Yes
(Coping flexibility) A - P	3	3.79, 2.22 ¹	GT 6/ LT 2	No

Note: GTE = Greater than or equal ; LT = Less than; SD values for W/M and A- P were derived.

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Appendix 1

Inter-scorer Agreement for 10 Primary Variables on 20 Protocols

Hope and Hopelessness Variables

W:M	95%	19/20
ZF	95%	19/20
COP	80%	16/20
Positive Human Contents	95%	19/20

Positive Contents	95%	19/20
Benign Distortions	90%	18/20
EA	85%	17/20
A-P	80%	16/20
MOR	100%	20/20
GHR	90%	18/20

Overall Agreement	90.50%	181/200
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Note. All variables excepts pairs were dichotomized using proposed cutoffs for convenience.