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Utilizing the Rorschach in Analyzing Characteristics of Women Who Have Experienced Domestic Violence

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MS, Walden University, 2013

MA, Texas Wesleyan University, 2011

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Intimate partner violence (IPV) affects millions of women, men, and families throughout the world each year, with more than a million incidents of domestic partner abuse reported to law enforcement officials each year in the United States. Being able to accurately assess and help a woman who is experiencing this type of violence can be difficult for even a seasoned mental health or medical professional. The purpose of this study was to determine whether clinicians can gain insight into the personality structure of women who have experienced IPV by clinical interview and administration of the Rorschach alone. This study analyzed the Rorschach responses of 52 participants: 26 participants who had experienced violence and 26 who had not. The relationship between the Rorschach responses and variables was then analyzed using a series of ANOVAs. Results of this study indicated that there were significant differences in morbid content scores (MOR) and aggressive content scores (AG) in the women who had experienced intimate partner violence compared to women who had not. This may be significant in that women who have experienced partner violence may see more morbidity and aggressiveness in their everyday lives or from a neutral stimulus. This study may impact social change by bringing attention to an understudied population in order to increase awareness of this issue. In being able to link a woman's response patterns on the Rorschach to her personality traits and ultimately her behavior in abusive relationships, it is anticipated that it will be possible for clinicians to personalize treatment plans to a specific woman's needs and personality to increase the probability that she will leave an abusive situation.

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Chapter 1: Introduction

Introduction

It has been estimated that one in four women will experience intimate partner violence (IPV) at some point in her lifetime (Bostock, 2009). According to the Centers for Disease Control (CDC, 2011), the term *intimate partner violence* describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur in heterosexual as well as same-sex couples and does not require sexual intimacy. IPV affects millions of women, men, and families each year throughout the world, with more than a million incidents of domestic partner abuse reported to law enforcement officials each year in the United States (Bornstein, 2006; Miller, 2012). It can also be assumed that many IPV incidents are not reported to the police, so the actual numbers of cases are likely even higher than reported. More than one in three women in the United States has experienced rape, physical violence, and/or stalking by an intimate partner sometime in her life (CDC, 2011). Furthermore, at least 12% of men are targets of some sort of physical aggression from their female partners, and over 2.5 million men in the United States sustain severe violence (Hines & Douglas, 2009).

Women who experience IPV are more likely to have health conditions such as frequent headaches, difficulty sleeping, and poor mental health when compared to women who have not experienced intimate partner violence (CDC, 2011). In fact, one-third of the 5 million acts of intimate partner violence in the United States results in the woman requiring medical attention (Lipsky, Caetano, Field, & Larkin, 2006). Physical injury and mental illness can lead to loss of work, lost wages and income, loss of

independence and self-sufficiency, a perceived or actual loss of support, an increase in substance abuse, and many other negative health and social consequences.

Being able to accurately assess and help a woman who is experiencing this type of violence can be difficult for even a seasoned mental health or medical professional. The woman may not fully disclose the details of the situation, as she may fear that she will experience some form of retaliation from her partner or further harm. Being able to understand different aspects of a victim's personality may speed up the therapeutic process. When the mental health professional is able to learn more about the personality structure of the woman, he or she can then find ways in which to more effectively communicate and impact the woman's decisions and perceptions of the situation. Working with the woman's strengths and bolstering her weaknesses in personality and cognitive processes may help to speed up the growth and learning process.

After reviewing the literature, I discovered that several traits have been shown to be common among women who have experienced intimate partner violence. These traits include economic and/or emotional dependence (fear of abandonment or rejection) on partners (Bornstein, 2006, Chronister, 2007), actual or perceived weakened support systems (Chronister, 2007), low self-efficacy and confidence (Chronister, 2007), difficulties with problem solving (Kaser-Boyd, 1993) and passivity (Bornstein, 2007). The Rorschach inkblot test has been found to be a valid and reliable test to analyze all of these features (Bornstein, 2012; Exner, 1993, 2000).

IPV is a social problem that affects millions of Americans every year, and it is important to study how psychologists may be more effective in helping victims of this social problem. This chapter provides the foundation for this study of the relationship

between personality features of women who have and have not experienced intimate partner violence and their scores on the Rorschach inkblot test analyzed using Exner's comprehensive system for scoring, including the study's theoretical framework, design, purpose, hypotheses, research questions, scope, and limitations.

Background

In a review of the clinical literature, no study was found that sought to determine if there were between-group differences among Rorschach scores and whether or not a woman had experienced IPV. Although there have been studies using the Rorschach to better understand the personality and possibly predict future behaviors of many different groups of individuals, such as psychopaths, sexual homicide perpetrators, nonviolent pedophiles, felons who have murdered kin, violent murderers compared to nonviolent offenders, and women who have committed homicide, there were no studies found in which researchers specifically looked at the population of women who have experienced IPV (Coram, 1995; Huprich et al., 2004; Kaser-Boyd, 1993; Kurpinsky, 2000; Weizmann-Henelius, 2006; Weizmann-Henelius, Kivilinnae, & Eronen, 2010). By understanding the personality structures of women who have experienced IPV, clinicians might gain greater insight into the inner, unconscious workings of their patients, even when these patients are unable to provide them with direct information.

In her groundbreaking and controversial book *The Battered Woman Syndrome*, Walker (2009) identified a unique constellation of symptoms that she found present in many women who had experienced IPV. Battered woman syndrome had a similar presentation to a classic diagnosis of posttraumatic stress disorder (PTSD); however, some of the symptomology differed. The symptoms for Battered woman syndrome

include intrusive and disruptive recollection of traumatic event(s), hyperarousal and high levels of anxiety, emotional numbing and avoidance (often seen as depression or dissociation), disrupted interpersonal relationships, body image distortion and/or somatic and physical ailments, and sexual intimacy issues (Walker, 2009). Battered woman syndrome became a subcategory of the PTSD diagnosis, and this designation helped victims of domestic violence in getting the mental health treatment they needed. Walker's work with battered women helped to further the understanding and treatment of women experiencing symptoms related to IPV.

Research has shown that there is a correlation between financial and/or emotional dependence and a woman's likelihood of entering or leaving a violent relationship. Enmeshment with or overreliance on a partner may also increase for a woman who is markedly dependent (Bornstein, 2006; Overholser, 1996; Schewe, 2002). There is also evidence that confirms that women who are in violent relationships have disrupted or diminished interpersonal relationships (Beeble et al., 2009; Fleet & Hiebert-Murphy, 2013; Lynch, 2013). Researchers have suggested that abusive relationships slowly degrade a woman's perception of herself through continued physical violence and/or emotional abuse (Dutton & Painter, 1993; Lynch, 2013; Whiting et al., 2009). Given the possibility of these women having low self-esteem, they maybe more likely to remain in an abusive relationship.

Undoubtedly, IPV is a social problem that impacts the economy and community of any population. It is important to learn more about women who enter and stay in abusive relationships so that their personality needs may be better understood in an

attempt to ameliorate this social problem, which has been plaguing the United States as well as many other countries around the world.

Much research has been done in many areas regarding IPV, but no studies were found that used the Rorschach in an attempt to build a constellation of personality components for this population. The goal in this study was to determine whether there were significant differences in the personality components, as evidenced by Rorschach scores, of women who had experienced IPV compared to women who had not experienced IPV.

Problem Statement

Domestic violence affects millions of women and families each year throughout the world, with more than a million incidents of domestic partner abuse reported to law enforcement officials each year in the United States (Bornstein, 2006; Miller, 2012). It has been estimated that domestic violence will be experienced by one in four women in her lifetime (Bostock, 2009). It is important to study and research domestic violence and the traumatic effect that it can have on women so that psychologists can be effective in making progress in minimizing its impact on society. Furthermore, the literature shows that there may be certain characteristics that are seen in women who were in, or are currently in, violent domestic relationships. Women who are economically and/or emotionally dependent on partners (and are fearful of abandonment or rejection; Bornstein, 2006, Chronister, 2007), women who have weakened support systems (Chronister, 2007), women who display low self-efficacy and low confidence (Chronister, 2007), and women who are passive (Bornstein, 2007) have been seen to be in relationships that are at higher risk for violence.

The intent of this study was to establish whether a significant relationship exists, and if so, to what extent, between certain preselected Rorschach response score patterns of women who choose to remain in abusive partnerships as distinct from those women who choose other alternatives (Bornstein, 2006, Chronister, 2007). In doing so, this study attempted to discover if there were certain response patterns on selected variables seen on the Rorschach for women who had entered into a violent relationship versus the response patterns seen in women who had not been in a violent relationship.

Purpose of the Study

The purpose of the present study was to determine whether a significant relationship between preselected Rorschach variables and the experiencing of IPV in women over the age of 18 existed. If there are significant relationships between women's response patterns and their experiencing of IPV, clinicians may be able to gain insight into the personality structure of women who have experienced IPV by clinical interview and administration of the Rorschach alone. If a clinician wishes to administer the Rorschach independently, or as part of an assessment battery, the discovery of significant differences in the experience of violence in relation to personality profiles might aid in the effectiveness of therapeutic or social work interventions.

The intent of this quantitative study was to determine whether there are significant relationships between whether or not a woman has experienced IPV and her responses on the Rorschach.

Research Question and Hypotheses

The research question was studied using a several nondirectional hypotheses because there was an insufficient literature base upon which to form a directional

hypothesis. The research design was created to determine whether a relationship exists between the variables. No speculation as to the direction or strength of any relationship was made or implied.

Research Question

Is there a significant relationship between Rorschach outcomes (morbid content, cooperative movement/aggressive movement, space, passive movement, egocentricity index, food, and ambitent or ambitent avoidant) and the experience of domestic violence?

Hypotheses

$H_0$1: There is not a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

H_A1: There is a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

$H_0$2: There is not a significant difference in cooperative movement/aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

H_A2: There is a significant difference in cooperative movement/aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

$H_0$3: There is not a significant difference in space (S) scores between those who have and have not experienced domestic violence.

H_A3: There is a significant difference in space (S) scores between those who have and have not experienced domestic violence.

$H_0$4: There is not a significant difference in passive movement scores between those who have and have not experienced domestic violence.

H_A4: There is a significant difference in passive movement scores between those who have and have not experienced domestic violence.

$H_0$5: There is not a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

H_A5: There is a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

$H_0$6: There is not a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

H_A6: There is a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

$H_0$7: There is not a significant difference in ambitent/ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

H_A7: There is a significant difference in ambitent/ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

Theoretical Framework

Festinger (1958) provided the theoretical basis for this study. Festinger developed the theory of cognitive dissonance, which refers to a situation involving conflicting attitudes, beliefs, or behaviors. This dissonance produces discomfort within a person and, in an attempt to reduce this discomfort, the person must alter one of his or her attitudes in order to restore a balance between the two conflicting concepts (Festinger, 1958). As

further discussed in Chapter 2, Festinger's (1958) theory suggests that humans all have an inner drive to hold their attitudes and beliefs in harmony and avoid disharmony (or dissonance). Festinger further proposed that such a powerful motive to maintain cognitive consistency can give rise to irrational and sometimes maladaptive behavior. Perhaps this is why many people find it hard to understand why a woman would stay in a situation where she is not being treated well, and in fact is being treated poorly or endangered.

This theory can be used to analyze this topic, as often abused women have mixed emotions and thoughts on whether or not they should leave an abusive relationship. They may wonder whether it is better to be a single mother and take their children away from their father or whether it is better to stay with the father in their lives and live with the violence. Another example of when cognitive dissonance is present in an abused woman is when she must decide between the financial security her partner may provide and the freedom to be away from the violence with the added stress of possible financial instability.

Although there have been no studies directly correlating Rorschach variables to the personalities of women who have experienced intimate partner violence, it appears plausible to conclude that the Rorschach could be used to analyze this population's personality based on other studies that have determined that the Rorschach was valid in analyzing selected populations. Furthermore, the lens of cognitive dissonance appears to be adequate in seeking to understand why women may behave in certain ways when exposed to violent relationships.

Nature of the Study

An ANOVA was selected as the most appropriate methodology for this study. An ANOVA is an appropriate analysis when the goal of research is to analyze the differences between group means (Tabachnick & Fidell, 2012). The research design is the most concise method for collecting and analyzing data. I administered all 10 traditional Rorschach cards to all participants following a general interview in which I gathered demographic information as well as information relating to the experience of violence or the lack thereof. When women indicated that they had experienced any form of violence in the past year, information was collected, including how long ago the violence took place; what the woman's relationship status to the abuser was; how long the entire relationship was; how long the woman was in the relationship before the abuse began; descriptions of types of abuse (physical and emotional); whether the woman reported the abuse to police; and whether the woman sought assistance. If a woman indicated that she had sought assistance, she was asked what kinds of assistance she sought; if a woman indicated that she had not sought assistance, she was asked why she had not done so.

Results from both the interview and the corresponding Rorschach were numerically coded to each participant to ensure privacy while maintaining data integrity. The Rorschach responses were then coded using the Exner Comprehensive Scoring System guidelines. The coded responses were then entered into Rorschachplus, which analyzed the codes and developed a structural summary from which the data could be analyzed further. Further explanation of the methodology is given in Chapter 3.

Definition of Key Terms

Battered woman syndrome: A unique constellation of characteristics that women who have been in violent relationships may develop; these include disrupted interpersonal relationships, control or isolation of the woman, distorted body image, physical illnesses, and sexual issues (Walker, 2009).

Dependency: Compelling urges that must be satisfied by others, including the need for affection and security. Such needs are considered universal and normal for both sexes and all ages, but it is also recognized that dependence can be excessive, and overencouraged (Corsini, 2002).

Intimate partner violence: Physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (CDC, 2011).

Passivity: A form of adaptation, or maladaptation, in which the individual adopts a pattern of submissiveness, dependence, and retreat into inaction (Corsini, 2002).

Self-efficacy: Conviction that one can successfully execute the behavior required to produce a desired outcome in a particular situation; a comprehensive sense of one's capability, effectiveness, strength, or power to attain desired results (Corsini, 2002).

Self-esteem: An attitude of self-acceptance, self-approval, and self-respect (Corsini, 2002).

Assumptions

In this study, it was assumed that participants responded to all of the Rorschach card stimuli honestly and provided uncensored responses. It was also assumed that the participants were not motivated by merely financial compensation for their time and that

they had an honest desire to participate and an interest in participating and fully disclosing information in this study. It was also assumed that women who stated that they had experienced IPV within the past year were stating this honestly and were in no way attempting to deceive or to malinger. It was also assumed that the participants who stated that they had not experienced any IPV were telling the truth and that they actually had not experienced any such violence in past or current relationships.

Scope and Delimitations

The Rorschach inkblot test is a psychological test that can assess multiple features of the personality. Within the test, there are many different areas that the administrator may choose to analyze based upon the respondent's answers as well as the respondent's history and presenting problem. This study was limited in terms of the scope of the personality assessment, as I chose seven specific variables to focus the analysis on. There are many different variables and response styles that could be looked at; however, I selected the variables that appeared to have an impact on, or importance to, these women based on past research in the field. The scope of this study could be widened if all Rorschach variables were analyzed.

Due to the labor-intensive data collection required for this study, I had to limit the sample size by using large effect size: 52 participants total (26 women who had experienced IPV and 26 women who had never experienced IPV, who were used as controls). The fact that I was unable to reach a sample size needed to meet a medium effect size was a delimitation of this study. However, if a strong relationship were present among these variables and the experience of IPV, it should still have been evidenced in the limited sample size that was used in this study (Cohen, 1988).

The Rorschach protocols that were administered during this study were analyzed using the Exner Comprehensive Scoring System (Exner, 2000). The Exner Comprehensive Scoring System is currently the most widely accepted and researched method for scoring and analyzing the Rorschach (Sciara & Ritzler, n.d.). However, this limited the results of this study in terms of only being scored by a single scoring system.

This research project included women who were over the age of 18 and who had experienced IPV within the last year. These boundaries, which were set to identify the population being included, limited the scope of this study to individuals who fit this category. Males, women who were under the age of 18, women who had experienced violence more than a year ago, women who were unable to take the Rorschach due to physical disability, and women who were unable to communicate their responses to the Rorschach were not analyzed in this study; the scope of the study was limited in this respect as well.

The results of this study may be generalizable; however, this will depend on the demographics of the sample, which I discuss later. If the sample that is available is not representative of the population as a whole, then this study will be viewed as having limited generalizability. Therefore, it can be determined that this study may not be generalizable to a larger population.

An important component of any psychometric test is the ability to accurately and effectively administer and score the data. In order for the Rorschach protocols to yield valid interpretations, it was imperative that the administration and coding were performed accurately and appropriately. In order to become qualified to perform these tasks, I completed doctoral level training in personality assessments, which included the

Rorschach. I also attended a weeklong intensive Rorschach workshop course, which was taught by Dr. Barry Ritzler, in order to become competent and confident in Rorschach administration and coding. Rorschach Training Programs Inc. stated that this course "meets[s] the training needs for expert administration and interpretation of the Rorschach Comprehensive System" (Rorschach Training Programs, n.d.).

Limitations

In this study, I worked as a single researcher, collecting all of the Rorschach data myself. I was responsible for writing down, word for word, what the participants said during test administration. If I had been able to have more than one person available to verify that the information was taken down correctly, it would have been easier to ensure that all of the responses were written down word for word. Although this was not likely to pose a research design problem, use of a single researcher during response recording may have presented a limitation.

There was also only myself initially coding all of the responses to the Rorschach. Using only myself as a single coder is also not likely to have presented a research design problem. However, in order to make sure that the interrater reliability was strong and to limit any researcher bias, a second coder was used as a consultant on many of the Rorschach protocols. A consultant was available to assist myself with any questions that might arise on coding certain protocols. In order to maintain a high standard for this study, Dr. Barry Ritzler agreed to act as a consultant to aid myself in coding any protocols that I found too difficult. Dr. Ritzler is considered an expert in Rorschach administration, coding, and interpretation, as he worked and studied under John Exner for

many years. Dr. Ritzler also works for Rorschach Workshops, providing extensive training programs on the Rorschach and the Exner Comprehensive System.

This study involved analysis of data from women who were over the age of 18 years and had experienced IPV in the last year. This may have limited the study in terms of its generalizability to the entire population of women who have ever experienced domestic violence in their lifetime. This study was limited to women who had more recently experienced violence. The population sample of this study may not be representative of the entire population of women who experience intimate partner violence within the United States, and this may present a limitation for the results of this study to be generalizable to women in this population as a whole.

The women in this study were placed in two groups, based on whether or not they had experienced IPV. If the women indicated that they had experienced any form of partner abuse, whether it was physical, emotional, sexual, or a combination of any form of abuse, they were placed in the experienced partner abuse group. This could have been a limitation to this study, because grouping all forms of abuse together may not have accurately represented each group individually, or one group may have been more represented than others. Women were not asked to provide any proof of experiencing partner violence, and all women's reports were understood to be honest.

Significance

With intimate partner violence being experienced by one in four women in her lifetime (Bostock, 2009), it is important to study and research domestic violence so mental health professionals can be effective in making progress on minimizing its impact on society. This dissertation study was unique because it involved the use of the

Rorschach to analyze the personality characteristics and possible behaviors of a population that has been understudied in this manner. The results of this study may provide new information in regard to how a woman's personality is related to her risk of entering into a violent relationship. I also attempted to provide new information on how personality factors indicate whether or not a woman will stay in an abusive relationship.

This study may assist practitioners in the psychology field by allowing them to use the Rorschach to analyze a woman's responses in relation to her personality and her relationships. By knowing a woman's personality strengths and weaknesses, a psychologist, or any professional, helping the woman may be able to tailor treatment planning and case management to maximize the strengths that she has to work with. Additionally, by working more with her strengths, a woman may be more likely to leave the abusive relationship.

The goal of this study was to lead to positive social change in the way mental health professionals help women who are in abusive relationships. In being able to link a woman's response patterns on the Rorschach to her personality traits and ultimately her behavior in abusive relationships, it is anticipated that professionals will be able to personalize treatment plans to a specific woman's needs and personality to increase the probability that she will leave abuse.

Summary

This initial chapter provides an overview of the remaining chapters of this dissertation. With IPV being experienced by one in four women in her lifetime (Bostock, 2009), it is important to study and research domestic violence so that mental health professionals can be effective in making progress toward minimizing its impact on

society. One way to reduce the impact of IPV on society is to gain new techniques that can help mental health professionals to understand the personality characteristics of the women who are impacted by this phenomenon. In better understanding their personalities and their specific needs, mental health care workers and medical workers may be able to more quickly assess and treat women who are in this dangerous situation.

The purpose of this study was to gain a deeper understanding of the personalities and behaviors of women who have experienced IPV. Clinicians may be able to gain a better understanding of women's behavior in violent relationships using their Rorschach response scores pertaining to selected variables. The validation of this test's ability to accurately assess women's personalities in this situation may help achieve greater insight and ability to help women who have experienced IPV.

Chapter 2 of this dissertation provides an in-depth discussion of the literature on the topics of importance in this study. The Rorschach inkblot test, Exner's Comprehensive Scoring System, cognitive dissonance, women's personality traits, and the impact domestic violence has on society are discussed. Chapter 3 presents the research design and rationale as well as the methodology used in this study. Chapter 4 presents all of the final data, as well as the statistical analyses performed in this study. Chapter 5 includes an interpretation of the findings and a conclusion to this study.

Chapter 2: Literature Review

Introduction

The following literature review establishes the need for continued research concerning the relationship between women who have been in violent relationships and psychological stressors. Using the Rorschach to analyze the personality components of an abused woman is a fairly new concept, with little to no academic research found on this topic. While some researchers have used the Rorschach to analyze the personalities of psychopaths, sexual homicide perpetrators, nonviolent pedophiles, women who have committed homicide, and people who have killed their kin, they have not used it to formally analyze abused women (Huprich, 2004; Kaser-Boyd, 1993; Kurpinsky, 2000; Weizmann-Henelius, 2006).

The theoretical framework of this dissertation was rooted in Festinger's theory of cognitive dissonance. *Cognitive dissonance* refers to a situation involving conflicting attitudes, beliefs, or behaviors. This dissonance produces discomfort within a person, and in an attempt to reduce this discomfort, the person must alter one of his or her attitudes in order to restore a balance between the two conflicting concepts (Festinger, 1958). Empirical research on the Rorschach and its use to analyze many different personalities appears not only in newer peer-reviewed journals with a specific focus on the Rorschach and other projective techniques, but also in longstanding psychological journals.

A search of literature was conducted digitally through electronic psychology databases such as PsycINFO, PscyARTICLES, PsycBOOKS, PsycCRITIQUES, and PsycEXTRA, as well as Academic Search Complete. The list of search terms used to conduct the literature search included *Rorschach*, *emotional dependency*, *economic*

dependency, *partner abuse*, *physical abuse*, *domestic violence*, *intimate partner violence*, *violence prevention*, *social support*, *self-esteem*, *passive*, *women*, *violence*, and *learned helplessness*. The articles obtained and reviewed for this study were obtained digitally, as well as traditionally, through existing print versions of professional journals. There were also multiple books, which added much needed, in-depth material related to this topic and to Rorschach interpretations.

This chapter provides a review of the research that explores how women who have been in violent relationships demonstrate certain psychological characteristics that differ from those of women who have not experienced abuse. Information on how domestic violence impacts the community at large, as well as how it affects the individual, is provided, as this shows why this topic is an important area of concern. In addition, Festinger's theory of cognitive dissonance is examined, and its relevance to this study is discussed. This chapter also provides an overview of the history and development of the Rorschach inkblot test as well as the development of the Exner's Comprehensive Scoring system that was used in the analysis of data in this study. Finally, other studies that have used the Rorschach to analyze personalities are discussed. In order to have an objective discussion of the literature, this chapter also includes a discussion of research that challenges the Rorschach as an adequate technique to use to assess personality. The chapter culminates with a summary of how past research influenced this current study.

Personality Components/Characteristics of Abused Women

Research and statistics show that women who are economically and/or emotionally dependent (fearful of abandonment or rejection) on partners (Bornstein,

2005, 2006; Chronister, 2007; Overholser, 1996; Schewe, 2002), women who have weakened support systems (Chronister, 2007), women who display low self-efficacy and low self-esteem (Chronister, 2007), and women who are passive (Bornstein, 2007) have been seen to be in relationships that are at higher risk for violence.

Dependency

> *Dependency* can be defined as
>
> compelling urges that must be satisfied by others, including the need for affection and security. Such needs are considered universal and normal for both sexes and at all ages, but it is also recognized that dependence can be excessive, and over-encouraged. (Corsini, 2002, p. 264)

Research shows that if a woman is dependent—financially, emotionally, or both—she is more likely to enter into and stay in a relationship where she tolerates mistreatment because of a lack of viable living alternatives. Furthermore, research shows that there is a correlation between women who are both financially and/or emotionally dependent and how unlikely they are to leave a violent relationship (Bornstein, 2006; Schewe, 2002). There are different forms of dependency that have been studied in the context of violent relationships. *Objective economic dependency* occurs when one person relies partly or solely on a partner for financial support. When there is disparity in the amount of income between partners in a relationship, this can lead to one person being dependent on the other, and this may especially increase if there are children involved in the relationship (Bornstein, 2006; Scott, London, & Myers, 2002). *Subjective economic dependency* occurs when an individual perceives that he or she is financially dependent on a partner.

It is important to note that how people perceive their financial support system is a key component in how they look at their choices in their relationship (Bornstein, 2006).

Emotional dependency is another form of dependency that is often seen in women who are in violent relationships. Emotional dependency is a marked need for nurturance, protection, and support (Bornstein, 2006; Overholser, 1996). If women are overly dependent on their partners, they may not be able to understand that they are capable of being without them. This can lead to an enmeshment of the dyad to the point where, if violence is present, it can escalate quickly. Some strategies used by dependent persons to achieve the feelings they desire include submissiveness, ego-boosting of their partner, doing favors for their partner, providing help but emphasizing it as sacrifice, self-promotion, and the use of threats or anger for intimidation (Bornstein, 2006).

Chronister (2007) also analyzed the interplay between emotional and economic dependency and the violent domestic relationship. Chronister stated that "researchers have demonstrated consistently that emotional and economic resources across multiple ecological contexts are necessary to reduce women's abuse risk" (p. 706). She went on to say that abusers have been shown to directly impede their partners from attempting to gain employment and access resources that they could potentially use to empower themselves or to leave the relationship (Chronister & McWhirter, 2003). In fact, abusers tend to "systematically denigrate and criticize women, destroying their confidence and efficacy for identifying and pursuing economic opportunities" (Chronister, 2007, p. 707). Research has shown that if a woman can gain financial support and resources outside of the relationship, she may have more motivation to leave the abusive relationship (Chronister, 2007).

On the Rorschach inkblot test, the variable that is most closely associated with interpersonal dependency is the food (FD) response. To more specifically analyze food responses on the Rorschach inkblot test, there is a separate scale known as the Rorschach Oral Dependency Scale, commonly referred to as the ROD. The ROD was developed in 1967 by Masling, Rabie, and Blondheim, and it is the most widely used projective measure of dependency (Bornstein, 1996). Food responses and subsequent ROD scores are derived from Freud's psychoanalytic theory of oral dependency, in which Freud posited that if a person was overly dependent, he or she would have an oral fixation, food and mouth related (Bornstein, 1996).

ROD scores are derived from completed Rorschach protocols and list 16 different categories under which dependent responses should be listed. These categories include not only food and food providers, but also responses such as "baby talk," pregnancy and reproductive organs, oral activity, and oral objects (Bornstein, 1996). The complete ROD scale can be found in Appendix A. The interrater reliability for the ROD scale has been found to have a Pearson correlation coefficient typically greater than .90, which is considered to be in an adequate range, as well as kappa coefficients in excess of .80 (Bornstein, 1996). Many studies have been conducted on the validity of the ROD scale in regard to dependency behaviors. The ROD has been correlated with dependency scales on the Thematic Apperception Test (r =.58) and a (r=.32-.67) on the Interpersonal Dependency Inventory (Bornstein, Rossner, & Hill, 1994; Masling, Rabie, & Blondheim, 1967).

Another way to analyze dependency using the Rorschach is the Dependency Index (DI), which was developed by Hilsenroth and Bornstein in 2002. There are two

ways to score the DI, one being Σ (food and drinks + oral organs [response phase only] + food sources + oral activities + Sum Texture + Mp)/R, and the other being Σ (food and drinks + oral organs [response & inquiry] + food sources + oral activities + Sum Texture + Mp) / R; Form C = Σ (food and drinks + oral organs [response phase only] + food sources + oral activities +Sum Texture + Mp + FMp + mp) / R; Form D = Σ (food and drinks + oral organs (response and inquiry) + food sources + oral activities + Sum Texture + Mp+FMp+mp) / R (Fowler, Brunnschweiler, Swales, & Brock, 2005).

Other psychological tests that can assess for dependency include the Personality Assessment Inventory (PAI) and the Minnesota Multiphasic Personality Inventory-2 ((Morey, 2003; Nichols, 2011). On the PAI, when an individual scores high on the warmth (WRM) scale and low on the dominance (DOM) scale, this is evidence of a person having dependency issues. Furthermore, when the borderline features (BOR-I) is elevated, this can indicate that the individual is at a great risk for exploitation, which may include inability to leave an abusive relationship (Morey, 2003). Although the scales on the MMPI-2 are not intended to be used as an explicit measure of dependency, there are a few scales that can help in identifying these traits in individuals. On the MMPI-2, dependency is related to a response pattern of Si3 (alienation of self and others), LSE (low self-esteem), WRK (work interference), low GM (gender-role masculine), low Hy1 (denial of social anxiety), and low Pd3 (social imperturbability) (Nichols, 2011).

The Millon Clinical Multiaxial Inventory-III (MCMI-III) is also a valuable psychometric test that can be used to assess the personality trait of dependence. When a client shows many of the personality traits that are consistent with the diagnosis of dependent personality disorder, the client will score high on the dependent scale. The

three subscales of the test measure many aspects of the dependent personality, including inadequate self-image, submissiveness, and difficulty making decisions (Millon, Davis, & Millon, 1997).

Weakened Support Systems

Much research has been done to show how social support, or lack thereof, can impact a woman who is in a violent relationship (Beeble et al., 2009; Fleet & Hiebert-Murphy, 2013; Lynch, 2013). This research has consistently shown that women who experience domestic violence have more negative social support than those who do not experience violence. Furthermore, positive social support may be a protective mechanism for women in a violent relationship (Fleet & Hiebert-Murphy, 2013). Having positive social support may reduce the impact of violence on a woman's life by showing her that there are other people who care about her and that loved ones may be able to help facilitate rational thought on the relationship and may help provide solutions to practical issues (Beeble et al., 2009; Fleet & Hiebert-Murphy, 2013; Lynch, 2013).

Partner violence often leads to an increase of stress, and being able to talk to friends and family about their experiences often leads to a decrease in the amount of stress a woman is feeling (Coker et al., 2003). Research has shown that social support is positively related to quality of life and negatively related to depression (Beeble et al., 2009). Being able to confide in a religious leader about their experiences can also help women reduce the impact of lacking social support as well as increase their self-esteem (Neergaard et al., 2007).

In some cases, friends and family of an abused woman will lessen their contact with her. One of the main reasons that there may be strain on the social support structure

is that they may avoid the woman out of fear of the perpetrator; they may be attempting to reduce harm to themselves and their own family (Beeble et al., 2009). Members of the social network may not listen to the victim or may even blame the victim for the relationship violence. Women may try to avoid friends and family if they are ashamed of the abuse or if they are afraid to let their loved ones know about what is happening to them (Fleet & Hiebert-Murphy, 2013).

Although there is not an official psychological test to determine whether an individual, in fact, has a weakened or diminished support system, there may be other variables that mental health professionals could analyze to attempt to gain insight into this feature. The Minnesota Multiphasic Personality Inventory measures social alienation on the subscales Pd4 (social alienation) and Sc1 (shyness/self-consciousness). Scale Pd4 measures emotional deprivation and a sense of feeling as though one is not treated well, while scale Sc1 measures interpersonal averseness. Another scale on the MMPI-2 that may help to identify isolation is the FAM2 (Familiar Alienation) scale.

Another test that can help in assessing social support is the Social Support Questionnaire. This questionnaire is a 27-item self-report questionnaire designed to measure perceptions of social support and satisfaction with that social support (Sarason, Levine, Basham, & Sarason, 1983). The Interpersonal Support Evaluation List (ISEL) is another self-report scale that assesses how individuals feel about their support system (Cohen & Hoberman, 1983).

Low Self-Efficacy/Low Self-Esteem

Self-esteem can be defined as "an attitude of self-acceptance, self-approval, and self-respect" (Corsini, 2002, p. 877). Self-efficacy is similar in that it can be defined as

"convictions that a person can successfully execute the behavior required to produce a desired outcome in a particular situation; a comprehensive sense of the person's own capability, effectiveness, strength, or power to attain desired results" (Corsini, 2002, p. 877). Research shows that women who have low self-efficacy and low self-confidence are more likely to be in violent relationships (Chronister, 2007). Researchers have suggested that abusive relationships slowly degrade a woman's perception of herself through continued physical violence and/or emotional abuse (Dutton & Painter, 1993, Lynch, 2013; Whiting et al., 2009). Specifically, this happens in a violent relationship when the victim begins to focus on the perpetrator and tries to anticipate the perpetrator's wants and needs while dismissing her own in the hope of avoiding future abuse or violence. When the victim turns her focus to her partner's needs and the partner couples that with degrading comments, abusive behavior, and other negative reactions, the woman's self-esteem begins to diminish (Dutton & Painter, 1993).

Whiting et al. (2009) stated that

> victims of adult violence may inaccurately blame themselves or other contextual factors (such as substance use or stress) for the violence. Unfortunately, victims of violence who have negative images of themselves or their personal control are less likely to take steps to avoid or exit these relationships. (p. 640)

Researchers also have theorized that women define their sense of self through their relationships with others; therefore, if their relationships are inadequate, they may feel inadequate themselves (Lynch, 2013).

Self-esteem is measured on the Rorschach using the Exner Comprehensive Scoring System in the self-perception cluster. The nine variables that make up the self-

perception cluster are the obsessive scale (OBS), hypervigilance (HVI), reflections, Egocentricity Index, FD, SumV, the ratio H: (H)+Hd+(Hd), An+Xy, and MOR. The *Exner Comprehensive Scoring System Interpretive Handbook* provides detailed information regarding potential findings of each of the above variables, which are analyzed in a series of eight steps (Exner, 2000). Each step gives lists of potential findings for each of the above mentioned variables and what that finding means interpretively. The self-perception cluster on the Rorschach gives a comprehensive look at many features of an individual's self-esteem.

The Multidimensional Self-Esteem Inventory (MSEI) is a self-report measure of global self-esteem and its eight components: competence, lovability, likability, personal power, self-control, moral self-approval, body appearance, and body functioning (Psychological Assessment Resources, Inc., n.d.). Low self-esteem can also be measured on the Minnesota Multiphasic Personality Inventory (MMPI-2). The low self-esteem (LSE) content and content component scales on the MMPI-2 measure a person's feelings of shortcoming, lack of self-confidence, self-blame, self-criticism, and likelihood to give up easily (Nichols, 2011). When an individual receives a high score on the LSE scale, this may indicate that the person feels less capable, confident, and adequate compared to others. The person may also feel incapable of meeting his or her daily demands and may have increased feelings of dependency (Nichols, 2011).

The Personality Assessment Inventory (PAI) also measures self-esteem. Scores are indicative of low self-esteem when an individual shows low scores on mania-grandiosity (MAN-G) and high scores on the depression-cognition (DEP-C) scale, as this indicates that he or she may feel helpless and worthless. Low self-esteem on the PAI

may also be indicated by high DEP-C scores, high anxiety related disorder (ARD-P) scores, low aggression (AGG) scores, and low depression (DEP) scores (Morey, 2003). The Rosenberg Self-Esteem Scale is a 10-item self-report measure of self-worth. This scale measures both positive and negative feelings about the self (Rosenberg, 1965). Another scale that can be used to measure an individual's self-esteem is the State Self-Esteem Scale. This scale is a 20-item self-report measure of an individual's self-esteem at a given point (Heatherton & Polivy, 1991).

Passivity/Submissiveness

Passivity can be defined as "a form of adaptation, or maladaptation, in which the individual adopts a pattern of submissiveness, dependence, and retreat into inaction" (Corsini, 2002, p. 698). Experts on the topic have stated that battered women "most frequently react with passivity," although this is not the case for all battered women (Schuller & Hastings, p. 1996). Research has shown that women who experience domestic violence are more likely to be passive individuals (Bornstein, 2006, 2007), this is why passivity and submissiveness have been chosen as variables to be analyzed in this study.

Passivity is a hallmark characteristic of the classic example of a woman who may have battered women syndrome (BWS), which was researched and named by Dr. Lenore Walker. Battered women syndrome can be seen as a subcategory of posttraumatic stress disorder. While battered women commonly meet three criteria of PTSD: re-experiencing the trauma, high arousal, and emotional numbing or avoidance, they also have their own set of unique characteristics. These unique characteristics include disrupted interpersonal

relationships due to the abuser's power, control or isolation of the woman, distorted body image, physical illnesses, and sexual issues (Walker, 2009).

Passive women are more than likely experiencing some form of learned helplessness. Learned helplessness can be defined as the passive reaction induced in animals and humans by exposure to non-contingent aversive events (Corsini, 2002). The theory of Learned Helplessness was developed by Martin Seligman in 1975. Seligman discovered that when humans or animals were placed in a negative situation repeatedly, they began to learn that this pattern of negativity will most likely continue and begin to expect the negative situation. As a result of these negative expectations, other consequences may accompany the inability or unwillingness to act, including low self-esteem, chronic failure, sadness, and physical illness (Seligman, 1975). In domestic violence situations, research shows that women often times "give-in" to their abusers and just "accept their fate" which can lead to a helpless and passive attitude towards the situation and abuser. Battered women have encountered the violence cycle over and over and have just come to expect that situation as the norm. They then begin to adjust their self-image and psyche to fit this new way of life. This can lead to poor self-esteem, depression, helplessness, and many other problems (Kaser-Boyd, 1993, Walker, 2009).

Passivity or submissiveness can be measured on the Rorschach utilizing Exner's interpersonal perception cluster. This cluster includes data from 14 different variables, and include: CDI, HVI, EBPer, a:p, Food, SumT, Sum of Human Contents, Pure H, GHR, PHR, PER, COP, AG, and the Isolation Index. To interpret the entire cluster, there is a series of 11 steps (Exner, 2000). However, some of these variables relate more specially to submissiveness. The CDI is the coping deficit index, and if the score for this

index is at 4 or 5, it suggests that the individual may have limited resources, may tend to be passive, is lonely, and prefers to avoid emotional exchanges (Exner, 2000). The a:p ratio is the ratio of active to passive movement scores, and when the passive score is higher than the active score by more than one point, it can be interpreted that the individual is more likely to be passive, although maybe not submissive (Exner, 2000).

Submissiveness can also be measured on the Minnesota Multiphasic Personality Inventory (MMPI-2), utilizing the LSE2 (submissiveness) content component scale. This content component scale reflects passivity, obedience to others, avoidance in responsibility, and low sense of independence, confidence, and inner strength (Nichols, 2011). Submissiveness is also analyzed on the Personality Assessment Inventory (PAI) on the DOM (dominance) scale. This scale assesses the tendency for the individual to be controlling and independent in personal relationships. A high score indicates a dominate tendency, while a low score indicates a submissive tendency (Morey, 2003).

Selected Rorschach Variables and Their Relationship to Personality Components

Research has shown that women who experience domestic violence are more likely to be passive individuals (Bornstein, 2006; 2007). Participants of this study will therefore most likely show an amplified amount of passivity on their Rorschach scores when compared to women who have not been in violent relationships. It can be expected that the data from this study will show an elevation in passive movement scores over active movement scores on the Rorschach. When the p>a by 1 or more, it is considered significant and signifies that the individual generally will assume a more passive (although not necessarily submissive) role in interpersonal relationships (Exner, 2000).

Research has shown that food responses typically indicate the presence of a dependent orientation; therefore, it is expected to see elevated Food (FD) responses on participant's scores (Hilsenroth & Charnas, 2007; Bornstein, 1996). Exner's comprehensive system states that if, in an adult's scoring, there is even one food response present, and this suggests the person to exhibit more dependent behaviors than are usually expected. Such individuals are more likely to rely on others for direction and support (Exner, 2000). Furthermore, Exner (2000) states that "when this finding is positive for an individual who also has a passive style, it is reasonable to conclude that a passive-dependent feature is a core component in the personality structure of that person" (p. 314).

On the Rorschach, the Egocentricity Index relates directly to an individual's self-esteem, self-concern, or their self-focusing (Exner, 2000). The average range of this index for people over the age of 16 is = .33-.45. If a score falls below the average range, it indicates that the individual's estimate of personal worth tends to be negative. Such individuals tend to regard themselves less favorably when compared to others (Exner, 2000). If the score falls above the average range, it indicates an excessive involvement with the self but does not necessarily equate to positive self-esteem unless there is also a reflection response shown in the record (Exner, 2000). Research shows that women who have low self-efficacy and low self-confidence are more likely to be in violent relationships (Chronister, 2007). Hence, it can be hypothesized that in this study the participants who have experienced violent relationships may have lower egocentricity indexes than women who have not experienced violence, as this index relates directly to self-esteem (Exner, 2000).

Exner (2000) defines morbid content (MOR) scores as being able to describe the feeling that life is hard or that the individual has had rough life experiences. When the frequency of MOR answers exceeds one, it typically signifies that the self-image of the person includes impressions of negative or blemished features. MOR=2, some negative features are included in self-concept. MOR=3 or more, self-image is noticeably marked by negative attributions (Exner, 2000). It is likely that women of domestic violence would show a heightened sense of, or preoccupation with, morbidity since they have likely had rough life experiences or dysfunctional relationships.

This study also analyzed the aggressive movement (AG) variable of the Exner Comprehensive Scoring System (Exner, 2000). Any movement that is clearly aggressive in nature is identified as aggressive movement on the Rorschach (Exner, 2000). AG scores correlate with an individual's interpersonal perception and behavior. AG scores are often interpreted in relation to COP (cooperative movement) scores.

COP scores are indicated when content includes any movement involving 2 or more objects which are positive and cooperative. The expected frequency or average for COP and AG responses is 1. When the value of COP is zero or one and the value for AG is two or more, or when the value of COP is two and the value of AG is greater than two, it is likely that the person perceives aggressiveness as a natural part of interpersonal relationships (Exner, 2000). We would expect that women who have been in a violent relationship to have a heightened sense of awareness or a preoccupation of aggressive movements since their safety may have been at risk or they may have had to be constantly looking for signs of aggression in their partner. Therefore, it is hypothesized

that participants in this study will show elevated aggression movement (AG) scores when compared to women who have not experienced violence in their relationship.

Another variable which was selected to be analyzed is the Space (S) variable, which represents space responses. Space responses have been correlated with individuals who are experiencing internal aggression (Exner, 2000). When an individual incorporates the white space on the cards, or when they only respond to the white space on the cards, it is considered a Space response. Women who have experienced domestic violence have demonstrated an increase in internalized aggression and internalized anger (Reed & Enright, 2006; Smith, 2003). Since Exner (2000) has previously correlated increased S responses to the experience of internal aggression, we could expect that women who have experienced domestic violence to have an increase in their S responses on the Rorschach when compared to women who have not experienced intimate partner violence.

The value of S responses must be three or more to be significant. If S=3 and at least 1 of the 3 S answers occurred after card 2, it suggests that the subject is disposed to be more negativistic or oppositional toward the environment than most people. If the value for S is four or more, and at least one of the S answers was given after card 3, it indicates that presence of considerable anger. This is a trait-like feature that affects the psychological functioning of the individual; it will have some influence on the decision making and coping activities of the individual. People with this score have difficulty sustaining deep and/or meaningful relationships with others (Exner, 2000).

The final variable which was selected to be analyzed in this study is EB, which stands for Experience Balance. Experience Balance is the relationship between human

movement responses and the weighted sum of the chromatic color responses (Exner, 2000). There are three types of personality styles which Exner (2000) describes in his scoring system: introversives, extratensives, and ambitents. Introversives are more oriented toward using their inner fantasy life and look inward to satisfy most of their basic needs. Extratensives tend to use more external interactions as the way to satisfy their basic needs. Ambitents are more likely to be flexible during interpersonal relationships but are more vulnerable to interpersonal problems as well as intrapersonal problems; these individuals also have a difficult time making decisions and their behavior is usually unpredictable (Exner, 2000). Ambitents are individuals who have not developed consistent problem solving approaches and who tend to have inconsistent emotional responses to their decision making behaviors (Exner, 2000). Exner (2000), states that "this inconsistency [in problem solving] may lead to erratic forms of emotional display" (p. 87).

To identify an individual as ambitent, neither side of the EB quotient will be markedly different than the other, and the Lambda value will be less than 1.0. To identify an individual as avoidant-ambitent, neither side of the EB quotient will be markedly different than the other, and the Lambda value will be greater than 0.99 (Exner, 2000). To identify an individual as introversive, the value will be higher on the left side of the EB. To identify an individual as extratensive, the right side of the EB will be higher than the left side (Exner, 2000).

Kaser-Boyd (1993) analyzed the Rorschach scores and clusters of women who have committed homicide. This study looked at the Rorschachs of 28 women who killed their battering spouses. Their Rorschach scores indicated "a lack of internal resources for

problem solving, an ambitensive and passive problem solving-style …and poorly modulated affect" (p. 458). Kaser-Boyd (1993) found that women who have killed their spouse are more likely to have cognitive constriction, lack internal resources for problem solving, and have a passive problem solving style. We would expect women who have experienced domestic violence to be more ambitent individuals when it comes to their problem solving styles (EB Scores), as they may have difficulty with making decisions and often have problematic interpersonal relationships. The Experience Base of women who have recently experienced domestic violence will be compared to the control group of women who have never experienced domestic violence to see how this compares between groups. All of the above variables in this section have been chosen to be analyzed as part of this study based on the relationship between the research on the personality components of women who have experienced intimate partner violence and what the variable is said to measure based on the Exner Comprehensive Scoring System.

The Relationship Between Domestic Violence and the Community

According to the National Coalition Against Domestic Violence, domestic violence "is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background" (p. 1). The statistics show that one in every four women will experience domestic violence in her lifetime (NCADV, p.1). An estimated 1.3 million women are victims of physical assault by an intimate partner each year (Centers for Disease Control, 2003). Although violence can occur at any age, females aged 18 to 24 and 25 to 34, generally experienced the highest rates of intimate partner violence (Catalano, 2012). The Centers for Disease Control (2003) stated that the cost of intimate partner violence exceeds $5.8 billion each

year, $4.1 billion of which is for direct medical and mental health services. This violence results in nearly 2.0 million injuries, more than 550,000 of which require medical attention (p. 7). In addition, victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them by current or former husbands, boyfriends, and dates (Centers for Disease Control, 2003).

The largest component of IPV-related costs is health care, which accounts for more than two-thirds of the total costs (Centers for Disease Control, 2003; Lipsky, Caetano, Field & Larkin, 2006). Domestic violence may also lead to increased utilization of substance abuse treatment, mental health services, and other healthcare services (Lipsky, Caetano, Field & Larkin, 2006). Based on the research by the Centers for Disease Control (2003), it is estimated that more than one-fourth of the 5 million IPV incidents perpetrated against women annually in the USA result in some type of mental health counseling.

Women who are in abusive relationships will often utilize many community services. Some of these services may include police, employment, housing needs, shelters, legal needs, education, child-care services, utilization of a social worker, Child Protective Services utilization, and government or community financial assistance (Centers for Disease Control, 2003; Bostock, Plumpton, & Pratt, 2009; Lipsky, Caetano, Field & Larkin, 2006; Miller, Cohen and Rossman 1993). In their 2006 study, Lipsky, Caetano, Field & Larkin discovered that Women who were in abusive relationships were significantly more likely than women not in abusive relationships to use alcohol or drug programs, emergency room care, other hospital care, social worker utilization, housing

assistance and police assistance. The research could lead us to conclude that domestic violence utilizes many community resources and costs the economy significantly.

Bornstein (2007) and Bostock, Plumpton, & Pratt (2009) identify how domestic violence impacts the community and society at large. These authors call for increased research in the field of domestic violence and for stronger community outreach programs which can address the many factors which have been implicated in domestic violence. In order for women to get the help they need, the resources must be available to them in a way they know how to access them.

Festinger's Theory of Cognitive Dissonance

The theoretical foundation that will be utilized to guide this study was Festinger's theory of cognitive dissonance (Festinger, 1958). Cognitive dissonance refers to a situation involving conflicting attitudes, beliefs, or behaviors. This dissonance produces discomfort within a person and in an attempt to reduce this discomfort, the person must alter one of their attitudes in order to restore a balance between the two conflicting concepts (Festinger, 1958). People attempt to have their opinions and attitudes internally match with each other; in other words, people feel there should be some sort of harmony between what the individual knows and what he believes and does (Allahyani, 2012). An example of cognitive dissonance is when someone knows that drinking too much alcohol is bad for their health, yet they continue to drink large amounts of alcohol anyway. This difference between what they know and what they do is referred to as cognitive dissonance.

This theory works well with this study's topic because often times abused women have mixed emotions and thoughts on whether or not they should leave an abusive

relationship (Murphy, 2012; Sippel and Marshall, 2013; Walker, 2009). They may be torn between the idea of being a single mother and taking their children away from their father or staying with the father in their lives and living with the violence. Another example of when cognitive dissonance is present in an abused woman is when they must decide between the financial security their partner may provide and the freedom to be away from the violence, but with the added stress of possible financial instability. The inconsistency in their thoughts and behaviors can cause marked distress, anxiety, and depression which can lead to them making more poor decisions in the future.

Goodmark (2012) discusses another element of cognitive dissonance within the abused woman. She states that domestic violence clinics and counselors talk about self-empowerment with the client in a client-focused setting. Counselors look at what the clients should do based on needs, wants, goals and interest. On the other hand she states that the legal system offers these same women narrow options based purely on assumptions about "who these women are and how they should react to their abuse" (Goodmark, p. 303). She argues that the legal system robs women of their independence and autonomy and limits a woman's options in domestic violence situations. The dual message that women receive from clinicians and the legal system is another example of how cognitive dissonance can impact a woman who is suffering abuse from a domestic partner.

Cognitive dissonance was the focus of the theoretical framework as the study attempted to recognize this conflicted thinking in women who have suffered domestic violence. It could be hypothesized that women who have experienced, or are currently experiencing, domestic violence will have many thoughts which are contradictory and

may feel anxious or depressed as they live or behave in ways which they know are not right or appropriate, when compared to the control group of women who have not been in violent relationships. An example of this would be staying with their partner even though the woman knows that he is not treating her right, that she could do better, or that she would be better off alone. Addressing these conflicting thoughts and attempting to change the behavior to better fit wants will most likely be the focus of therapy in dealing with a woman's cognitive dissonance after suffering abuse. The women in this study were conceptualized using this theory as they are attempted to be understood in terms of what they think is right and what they allow in their lives.

The Rorschach Inkblot Test

In late 1917, Hermann Rorschach was working as the Associate Director of the Krombach Hospital in Herisau, Switzerland. He became interested in a parlor game known as "Blotto," and was curious as to its possible psychiatric uses. Specifically, he wanted to see if he could utilize "Blotto" systematically to help differentiate schizophrenics from non-patients (Exner, 1993). Rorschach sampled 405 individuals: 117 were non-patients and 188 were schizophrenics; he concluded that the schizophrenic group responded much differently from the non-patient group. Rorschach created a coding structure which consisting of three separate areas which he analyzed per the responses given to the card.

The first code that Rorschach developed was the location code which took into account whether the individual utilized the whole card (W) or only specific parts of the card (D, Dd). The second code that Rorschach used incorporated the features of the blot which individuals used to form the images they saw. For instance, this code structure

included things like form (F), color, (C, CF, FC, etc.), and movement (M, FM, ma, etc.). The third set of codes that he used were content codes which symbolized what the responders said the card looked like, such as H for human, A for animal, FD for food, and Hh for household (Exner, 1993).

Rorschach was sure that he had developed something that would be very useful to the psychiatric community and was in disbelief when he was rejected by a publisher to print and publish his first test. With help from a colleague, Rorschach continued to fine tune his work, and in 1921, he published his re-written manuscript, *Psychodiagnostik,* and included the 10 inkblot cards (Exner, 1993). During printing, the images were altered and the reproductions were left with shading gradients. This new component excited Rorschach, and he could not wait to see the clinical applications of this new component to his cards. Unfortunately, Rorschach died in 1922, shortly after the publication of his manuscript and before he was able to integrate the shading component as a possible coding criterion (Exner, 1993).

Prior to the 1970's, there were five scoring systems for Rorschach's test, developed by five different psychologists. The two most commonly used scoring systems were developed by Samuel Beck and Bruno Klopfer. The three other scoring systems that were less commonly used were developed by Zygmunt Piotrowski, Marguerite Hertz, and David Rapaport. In 1969, John Exner began analyzing the different systems and publishing work on the differences between the systems. Exner discovered that all five scoring systems were so different, it was like five completely different tests, so he decided that it was necessary to develop a new comprehensive scoring system for the Rorschach Inkblot test. In 1973, Exner published the first edition

of *The Rorschach: A Comprehensive System*; this is still the basic scoring system that is used today (Framingham, 2011).

The Rorschach is a projective test which analyzes an individual's personality and problem solving patterns based on their responses to several "inkblot" designs. The overall goal of the technique is to assess the structure of the personality with emphasis on how individuals construct their life experiences and the meaning assigned to their perceptual experiences (Groth-Mamat, 1997). Rorschach (1921) referred to the test as an experiment of perception and apperception, rather than imagination. The Rorschach can provide much information on an individual without the person knowing exactly how their answers will impact the findings. This freedom of responses is one thing that makes the Rorschach test both powerful and less stress provoking. According to John (1997)

> "the Rorschach and other projectives offer a set of relatively free-form stimuli, to which the client may respond in any manner he or she chooses. As a result, the productions of the client are less predetermined and therefore more free to reflect whatever trauma effects might be discoverable by such a method" (p. 120-121).

Exner Comprehensive System

John Exner developed the Rorschach Comprehensive System in 1974. Since then, it has been regarded as the predominant system in use for administration, coding, and interpretation of the Rorschach. Dr. Exner's Comprehensive System is a scientifically valid and reliable method of using the Rorschach Inkblot Test. He also developed reliable and valid rules of administration. In 1999, Exner examined a new sample of 450 participants to see if there were any changes to the non-patient population. Exner determined that there were no major changes that needed to be made to the scoring

and interpretation of the Rorschach. Exner died in 2006 and did not leave an official successor to continue his legacy (Sciara & Ritzler, n.d.).

Since his death, the Exner family has stated that they do not wish to change the Comprehensive System and that any changes to the Rorschach will have to come from newly developed scoring systems. According to the Rorschach Training Workshop's website, "Rorschach Training Programs (RTP) came into existence after the death of John Exner to carry on the training mission that was not continued by the Exner family…The [Comprehensive System] currently satisfies the needs of clinicians performing personality assessment as it has for many years and new, empirically-supported information can be added to the System" (Sciara & Ritzler, n.d.). Exner himself believed that his Comprehensive System was complete, but enhancements could continue for many years without disrupting the integrity of the CS (Sciara & Ritzler, n.d.).

Rorschach Utilization in Other Studies

The Rorschach has been utilized and found to be effective in many legal and domestic situations. Coram (1995), Huprich et al. (2004), Kaser-Boyd (1993), Kurpinsky (2000), Weizmann-Henelius (2006), and Weizmann-Henelius, Kivilinnae & Eronen (2010) have utilized the Rorschach and the Rorschach Oral Dependency scale to analyze psychopaths, sexual homicide perpetrators, nonviolent pedophiles, felons who have murdered kin, violent murderers compared to nonviolent offenders, and perhaps most appropriate to this study, women who have committed homicide. The Rorschach has been shown to be effective in analyzing the personality traits of a variety of populations. The selection of studies which have been included in this literature review include studies

which help to understand how the Rorschach can be utilized in understanding the personality features of diverse populations, especially those who are involved in trauma related issues, legal and forensic issues, and women's issues in general.

Huprich et al. (2004) utilized the Rorschach Oral Dependency Scale to analyze dependency in psychopaths, sexual homicide perpetrators, and nonviolent pedophiles. The Rorschach Oral Dependency scale is a valid and reliable tool to assess interpersonal dependency and has been highly correlated with other measures which analyze dependency (Huprich et al., 2004, Bornstein, 2006). Since bias and attempt to deceive may be common in the forensic field, researchers often utilize projective tests such as the Rorschach to analyze potential psychological issues since they are almost impossible to know how to lie or fake responses to. Huprich et al.'s (2004) study consisted of 32 psychopaths, 38 sexual homicide perpetrators, and 39 nonviolent pedophiles, all of which were incarcerated in medium to maximum security facilities or in other forensic facilities. Utilizing the Rorschach Oral Dependency Scale, the researchers were able to correlate dependent and aggressive responses on the Rorschach to dependency and aggressive personality traits and behaviors. The Rorschach Oral Dependency Scores were elevated in both sexually deviant groups of offenders, with pedophiles having the highest scores. However, in the psychopath population, Rorschach Oral Dependency Scales were not elevated; which would be consistent with the lack of interpersonal relatedness that psychopaths tend to have (Hupich et al., 2004). Huprich et al. (2004) states, that their findings "demonstrate the utility of projective assessment in detecting implicit needs and motives that may not otherwise be acknowledged," (p. 353). Weizmann-Henelius, Kivilinnae, & Eronen (2010), state that the Rorschach is "particularly well-suited for the

assessment of forensic offenders because it allows for the appraisal of psychological variables outside the individual's awareness," (p. 38).

Kaser-Boyd (1993) analyzed the Rorschach scores and clusters of women who have committed homicide; specifically, 28 women who killed their battering spouses. The Rorschachs given to women in this study were part of their pretrial hearings and psychological evaluations before they were tried for murder. Kaser-Boyd (1993) states that prior research has shown women who have been in an abusive relationship have many psychological symptoms that include: pervasive anxiety, hyper-alertness, impaired memory and concentration, narrowed focus on signs of danger, constricted affect, and pervasive feelings of hopelessness and helplessness. Kaser-Boyd compares these symptoms to the symptoms experienced by veterans with Posttraumatic Stress Disorder; stating that the symptoms are so similar that they are likely caused by trauma and the experience of "inescapable violence" (p. 458).

The women's Rorschach scores indicated "a lack of internal resources for problem solving, an ambitensive and passive problem solving-style …and poorly modulated affect" (p. 458). Kaser-Boyd (1993) also gives the statistic that "in 60% of female homicides the victim is a spouse" (p. 458). Kaser-Boyd (1993) found that women who have killed spouses are more likely to have cognitive constriction, lack internal resources for problem solving, and have a passive problem solving style (ambitent). She concludes that perhaps the lack of internal resources for problem solving and the ambitent nature of their problem solving is what lead them to believe that homicide was the only available solution to their partner's violence (Kaser-Boyd, 1993).

In her dissertation study, Kurpinsky (2000) utilized the Rorschach to analyze the personality features of people who have murdered kin. Using the Rorschach records of 137 convicted felons, Kurpinsky examined selected Rorschach variables. Of the 137 felons who participated in this study, 68 murdered family members, 27 murdered strangers, and 42 were non-violent offenders. Kurpinsky (2000) stated that the DSM diagnosis which most people who murder their kin have is schizophrenia, and almost all are actively psychotic during the murder.

The Rorschach variables which she analyzed using the Exner Comprehensive System were D Total, M-, Wsum6, FC: CF+C. Aff, Space, X-%, Y, Zd, W:M, (3r+(2)/R), and H:(H)+Hd+(Hd). Although no correlations of these variables from this population were found in her study, it is still a valid example of how the Rorschach can be utilized in the forensic setting.

In the 2010 study performed by Weizmann-Henelius, Kivilinnae & Eronen, researchers utilized only the Rorschach and the Exner Comprehensive System to evaluate the degree of responsibility of a man being tried for murder. One very experienced psychologist administered the Rorschach Inkblot test to the subject, then three very experienced psychologists coded the record and completed the structural summary based on the responses given to the test. The verbatim Rorschach responses, the complete Rorschach codes, and the structural summaries were then sent to thirty-four psychologists who all had various levels of time in the field, but who had all received training in the Rorschach and the Exner Comprehensive Scoring System. These psychologists were asked to interpret the Rorschach protocols and to give their assessments of the subject by answering a questionnaire sent to them.

The psychologists were not given any background information on the subject and could only utilize the Rorschach data that they were given to make their interpretations. One forensic psychologist was given access to all relevant information about the subject including observation and reports from a multi-dimensional team, psychological interview information, results from 10 psychological tests (one was the Rorschach), and all collateral information regarding the subject and the crime. The data from the forensic psychologist was compared to the results given by the psychologists who had used only the Rorschach data. The results showed that the psychologists who were given only the Rorschach data agreed with 14 of the 19 questions answered by the forensic psychologist who had access to all the records.

There were five statements which differed between the forensic psychologist and the Rorschach-only psychologists. One statement which did not correlate was: "Client has a tendency for self-destructive behavior;" the forensic psychologist believed there were indications to support this statement while 31 Rorschach-only psychologists determined there were no indications. Another statement was that the "client's attitude to others is suspicious." The forensic psychologist determined that there were indications of this while 20 of the Rorschach-only psychologists determined that there were no indications. The findings of this study show support for the Rorschach being utilized in forensic evaluations, although no explicit conclusions could be drawn from this study alone (Weizmann-Henelius, Kivilinnae and Eronen, 2010).

The Rorschach has also been used to compare the personality features of violent murderers compared too nonviolent offenders (Coram, 1995). The Rorschach profiles of 23 violent murderers were compared to 23 nonviolent offenders in an attempt to identify

certain personality features which may indicate the likelihood of violent behavior. There were several variables from the Exner Comprehensive Scoring System which were selected as variables of importance in this study.

The first variable selected was Form, as Form can be utilized as an indicator of reality testing and the ability to accurately interpret events. The second variable was Pure C responses, as this variable can be indicative of a reduced capacity for emotional cadence. The third variable was a selection of several variables clustered together (D, adj D, EA, es) to attempt to analyze organization and stress tolerance. The fourth variable was the ego-centricity index which the researcher hypothesized would show a low human content score (Coram, 1995).

Data collected from the participants showed that there were between group differences for the violent versus the nonviolent offenders on the Rorschach. Both groups had inconsistent problem solving styles which increases the likelihood of having difficulty when making decisions. Both groups showed distortions in their perceptual accuracy, although the violent murderers had higher frequencies of distortions than the nonviolent offenders. Both groups demonstrated less complex psychological functioning. The researchers discovered that, in fact, the violent murderers had more emotional cadence than the nonviolent offenders, (but still less than normative data), something that they hypothesized would be the opposite. Also, although both groups showed to have low tolerance for stress, the violent murderers appeared to be more impulsive and to have even more difficulty coping with life's stresses. Violent offenders also showed more emotional distress than nonviolent offenders (Coram, 1995).

Results indicated that violent murderers had less interest in others and had a higher concern for personal space. Both groups had low human content scores on the Rorschach. The results of this test can help understand violent behaviors and other personality features of both violent and nonviolent offenders. The Rorschach was found to be valid in testing for the personality features of these populations (Coram, 1995).

Critiques of the Rorschach and the Comprehensive System

The Rorschach, just like many other psychological constructs and tests, has been criticized for not being a valid and reliable test of personality features. Although Exner's Comprehensive System is the most commonly taught and most widely used form for scoring and interpreting the Rorschach, it also is not without its critics (Mihura, Meyer, Dumitrascu, & Bombel, 2013). There has been much data collected on this topic which shows support for both sides of this argument.

A major critique of the Comprehensive System is that the norms in which Exner used are not representative of the population being analyzed and perhaps simply outdated. To address these criticisms, researchers and clinicians participated in a large scale project to attempt to compile new norms from individuals from around the world. Completed and published in 2007, the collection of data from this study is referred to as the "International Norms" (Meyer, Erdberg, & Shaffer, 2007). In response to this project, Ritzler (n.d.) stated that "this international consistency is an indication that the Rorschach method is relatively culture-free" (p. 1).

However, the results of the international norm study differed slightly from the results Exner found using his traditional sample. The international norm population tended to look less healthy overall than both Exner's non-patient and outpatient sample in

that across all scores "the international sample was about 4 tenths of a standard deviation less healthy than the old Comprehensive System non-patients (i.e., Md = –.38) and about equal to the Comprehensive System outpatients (Md = .03)" (Meyer, Erdberg, & Shaffer, 2007). Compared to Exner's sample of non-patients, participants in the International Sample "used more unusual location areas, incorporated more white space, used less color, had fewer blends, tended to see more partial than full human images, had less thematically elaborated movement (i.e., AG and COP), had more cognitive special scores, and gave fewer responses to the last three cards" (Meyer, Erdberg, & Shaffer, 2007, p. S202).

In response to these findings, Scaira & Ritzler (n.d.) published a critique of the international norms that included issues such as having graduate students doing most of the examinations and coding. They stated that they believe having experts in the Comprehensive System may have yielded different results. They also state issues with the complexity of the records derived from the international norm sample stating that "the Exner (2007) data indicate[s] a higher level of complexity, at least some of the simplicity can be attributed to the lack of examiner experience" (p. 3). Another major critique of the international norms is that it may not be generalizable to the non-patient sample, as most participants came from large urban areas, whereas Exner's sample used participants from urban and rural settings (Scaira & Ritzler, n.d.).

Other critiques of the Comprehensive System include that Exner himself coordinated and conducted most of the studies which indicated that his test was valid and reliable. Also, much of the prerequisite foundational data to developing the Exner norms

were derived from unpublished studies conducted by Exner himself (Mihura, Meyer, Dumitrascu, & Bombel, 2013).

Although there are many critiques of the validity and reliability of the Rorschach Inkblot Test, Irving Weiner urges that the Rorschach is reliable and valid when used appropriately. If we look solely at individuals who were uneducated, used the test for a purpose it wasn't meant for, or did not interpret the scores appropriately, then one will be unable to make an adequate decision on the Rorschach's validity and reliability (Weiner, 1996). Weiner also states that while the Rorschach, like every other psychological test, does have its limitations, it is not a test which should be written off as bad or invalid (Weiner, 1996).

Summary

The current literature review explored research in the areas of personality features of abused women, how domestic violence impacts the community, the Rorschach Inkblot test, and the Exner Comprehensive Scoring System, as well as past studies which have utilized the Rorschach. With an estimated 1.3 million women falling victims to physical assault by an intimate partner each year, it is imperative that research attempts to learn more about this issue and attempts to urge psychologists to learn as much about these women as possible (Centers for Disease Control, 2003).

Although much research using the Rorschach to analyze personality has been published, what has yet to be established in the literature is how the Rorschach can be utilized to help understand the personality features of women who have recently been in, or are currently in, abusive relationships. The design for this study was chosen based upon a careful review of existing psychological literature in the areas of domestic

violence, Rorschach Inkblot Test, and Exner's Comprehensive System. The next chapter discusses the methodology, setting, sample, instrumentation, and analysis that will be used to conduct the study.

Chapter 3: Methodology

Introduction

Intimate partner violence (IPV) affects millions of women and their families each year, all around the world, with more than a million incidents of domestic partner abuse reported to law enforcement officials each year in the United States (Bernstein, 2006; Miller, 2012). Women who experience violence from an intimate partner are more likely to have health conditions such as frequent headaches, difficulty sleeping, and poor mental health when compared to women who have not experienced IPV (CDC, 2011).

Being able to accurately assess and help a woman who is experiencing this type of violence can be difficult for even a seasoned mental health or medical professional. The woman may not fully disclose the details of the situation, as she may fear that she will experience some form of retaliation from her partner or further harm. Being able to understand different aspects of a victim's personality may speed up the therapeutic process. Research has determined that several personality traits appear to be common among women who have experienced IPV (Bornstein, 2006, 2007; Chronister, 2007; Kaser-Boyd, 1993). The Rorschach inkblot test has been found to be a valid and reliable test to analyze all of these personality features (Bornstein, 2012; Exner, 1993, 2000). In this chapter, I present the research design and rationale, the population, the sample and sampling procedures, procedures for recruiting participants and collecting data, instruments, operationalization, validity, and ethical procedures.

Research Design and Rationale

In this study, I explored and compared differences on Rorschach variables between women who had experienced IPV and those who had not experienced IPV. This

dissertation study included data from Rorschach protocols, which were analyzed using the Exner Comprehensive Scoring System. All participants were administered the Rorschach using the standardized test administration protocol as presented by Exner in his 2001 edition of the *Rorschach Workbook for the Comprehensive System*. All responses from participants were written word for word, to ensure that nothing would be lost for the coding of the responses. The responses were coded using the Exner Comprehensive Scoring System. Codes were analyzed into full structural summary blanks using the Rorschachplus software program.

Using the Exner Scoring System, one is able to retrieve quantitative data that can be analyzed for the exploration of possible relationships. This study was a mainly exploratory study to determine whether a significant relationship exists between the experience of IPV and response patterns on the Rorschach. This study was developed to investigate the possibility of typical response patterns appearing on the Rorschach among victims of intimate partner abuse. This study was not intended to determine predictability of future response patterns or behavior for all individuals in this population. Further research would be needed to determine predictability and causality.

Population

The target population for this study was women who lived in the United States and had experienced domestic violence in the past year. It is impossible to know the exact population size, given the fact that not every woman who experiences IPV will report it. However, the National Coalition Against Domestic Violence (n.d.) has estimated that 1.3 million women are victims of physical assault by an intimate partner each year. When victims of verbal and psychological abuse are added to this number,

rates are likely to increase. The National Coalition Against Domestic Violence (n.d.) has stated that on a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide. Although the exact numbers of this population cannot be determined, it is evident that this is a very large population.

Participants and Selection

There were two groups of participants in this study: women who had experienced violence and women who had not experienced violence (control group). To be eligible to participate in this study, women had to be over the age of 18. To be eligible to be in the violence experienced group, women needed either to be currently experiencing domestic violence or to have experienced domestic violence within the last year. Any and all forms of IPV qualified women to be in this group. There were no distinctions made between the different types or severity of abuse. Women were included in either group based upon their responses to the questions in the interview. The only further qualification for someone who met the above criteria for participation was that she must be fluent in English. Individuals who were not fluent in English were disqualified from this study due to my own inability to communicate with them properly, which would have resulted in an invalid Rorschach protocol. During the interview portion of the intake, any language barriers would have been identified as determination of eligibility occurred; no one was identified as not speaking English. If it had been necessary to verify that participants met the age criterion of being over 18 years old, I would have screened participants using government-issued identification; no one appeared to be under the age of 18.

Sampling Procedures

In this study, a convenience sample was used to gather participants for both groups of women. This method was used in order to maximize access to anyone who met the inclusion criteria. The data were collected in Dallas (Dallas County), Texas. In order to collect data, I rented a small office within a psychologist's private practice, in addition to using an office at a local community mental health center. Letters of site cooperation can be found in Appendix B and Appendix I. Within the office there was a confidential and comfortable waiting room, so clients felt comfortable and their privacy was protected. All assessments were prescheduled, and time between sessions was carefully considered so that clients did not have to wait or encounter each other.

Power Analysis

G*Power version 3.1.9 was used to determine an appropriate sample size. The research included ANOVAs to examine differences between two groups only. Sample size calculations were based on a generally accepted power of .80 and an alpha level of .05. First, the necessary sample size to discover a medium effect was calculated. To determine a medium-sized effect ($f = 0.25$), the ANOVA required 128 participants, ideally with 64 participants who had experienced violence and 64 who had not. Next, the necessary sample size to discover a large effect ($f = 0.40$) was calculated. To determine a large-sized effect, the ANOVA required 52 participants, ideally with 26 participants who had experienced violence and 26 who had not. Thus, a final sample size of 52 to 128 participants was sought in order to achieve adequate statistical power (Faul, Erdfelder, Buchner, & Lang, 2012).

For this study, a large effect size was used. Evans (2004) analyzed many of the same Rorschach variables with a woman who had experienced IPV. In her study on abused women who had committed homicide, Kaser-Boyd (1993) used a large effect size by analyzing the Rorschach profiles of 28 women who had killed their abusive spouses. Of these 28 women, six were disqualified because they had IQ scores of less than 70 and had given too few answers on their Rorschach profiles; this left a total sample size of 22 women. In their 2014 study on emotional distress, Schwartz and Canetti analyzed the Rorschach protocols of 40 volunteers to identify which variables might indicate emotional distress. Researchers in all of the above studies were able to find valid and reliable results using a limited sample. As stated in the delimitations section of this dissertation, due to the labor-intensive work required for this study, it was not feasible to assume a medium effect size. However, if there were a strong relationship between these variables as hypothesized, it should still have been evidenced in this study with the limited sample size (Cohen, 1988).

Sample Recruitment

This study took place in Dallas (Dallas County), Texas. Participants were recruited using a variety of techniques. Women were recruited from local women's shelters via flyers sent to shelter managers; groups that specialize in aiding women and children who have suffered domestic violence or related incidents were also sent flyers asking individuals to participate; local counselors and psychologists were asked to display flyers in their offices and/or share a flyer with any client whom they felt might want to participate; and local counselors and psychologists were also invited to share the flyer with professional colleagues with whom they were acquainted who might wish to

display flyers. Additionally, I used word-of-mouth recruitment from individuals who participated in the study, as well as general word-of-mouth referrals.

Dallas County has a population of approximately 2,480,331 people; 50.6% of the population is women (U.S. Census, 2013). Additionally, 68.3% of the population is identified as White only; 39% is identified as Hispanic only; 23.1% is identified as African American only; 5.7% is identified as Asian only; 1.1% is identified as American Indian or Alaskan Native only; 0.1% is identified as Native Hawaiian or other Pacific Islander only, and 1.7% is identified as more than one race (U.S. Census, 2013).

Informed Consent

Upon arrival to the testing site, each participant was given an informed consent form that was discussed with her, and then her signature was obtained. Participants were given the original consent form to keep, and I kept a copy of each consent form. Care was taken to explain each section of the informed consent form, and participants had the opportunity to ask any questions they might have about the informed consent form or the testing process in general. Participants were informed that their participation in this study was completely voluntary and that they could leave the assessment at any time. Participants were also informed that their identity would remain anonymous throughout the study. Participants were also given the numbers of national domestic abuse hotlines, and well as numbers of local agencies that could help them with any abusive situation or psychological concern. A copy of the informed consent document is located in Appendix C.

Instrumentation

Rorschach Inkblot Test

The Rorschach is a projective test that analyzes an individuals' personality and problem-solving patterns based on their responses to several "inkblot" designs. The overall goal of the technique is to assess the structure of the personality, with emphasis on how individuals construct their life experiences and the meaning assigned to their perceptual experiences (Groth-Mamat, 1997). The Rorschach inkblot test was published in 1921, in Rorschach's manuscript *Psychodiagnostik*. This publication included the 10 inkblot cards (Exner, 1993). Today, the test is still published by the same company that has been publishing it since the 1920s, the Hogrefe Group. According to the Hogrefe Group (2012), each reprinting of the plates themselves requires great attention, and is done on what can now only be regarded as ancient equipment, which is carefully maintained exclusively for this purpose so as to maintain a virtually identical reproduction of the originals. Even the weather has to be taken into account, and if it is too humid, or too dry, the printing process has to be rescheduled.

Although there are several different Rorschach scoring systems available, in this study the Exner Comprehensive Scoring system was used. Exner developed the Rorschach Comprehensive System in 1974. Since then, it has been regarded as the predominant system in use for administration, coding, and interpretation of the Rorschach. Exner's Comprehensive System is a scientifically valid and reliable method of using the Rorschach inkblot test. Exner also developed reliable and valid rules of administration (Sciara & Ritzler, n.d.).

Standardized administration guidelines were set by Exner to ensure that data would be collected uniformly and reliably so that accurate scoring could be obtained. In this study, all standardized administration procedures were followed as directed in *The Rorschach Workbook for the Comprehensive System* by Exner (2000). All 10 Rorschach inkblots were given to each participant. No deviations from the standardized testing procedures occurred, and a full Rorschach protocol was produced from each administration.

After all responses were recorded, the responses were then coded using the Exner Comprehensive Scoring System (Exner, 2000). With all projective assessment tools, coding and analysis rely on some subjective input from the coder. To minimize the risk of codes being subjective or biased, I followed Exner's coding procedures exactly as instructed in the manual. I successfully passed the Rorschach workshop and was certified to be a qualified administrator and scorer on the Rorschach inkblot test. A course completion certificate can be found in Appendix D. Additionally, Dr. Barry Ritzler was available as a consultant to check over any codes or address any issues. If any response had been overly complicated or complex, I had an expert consultant available to review codes.

The validity and reliability of the Rorschach have been the focus of ongoing debate for many decades. The Rorschach has low face validity, as it does not directly state what it is it is looking for. For instance, people taking the Minnesota Multiphasic Personality Inventory have a pretty clear understanding that this test is measuring personality traits, and their responses directly correlate with the traits (Rose, Kaser-Boyd, & Maloney, 2001). However, the ambiguous stimuli of the Rorschach do not come

across as something that can actually measure personality (Bornstein, 1994). Much of the research on the validity of the Rorschach focuses on interrater reliability measures. In his research, Weiner (1997) found that the interrater reliability on Rorschach protocols was greater than 90% for several of the scoring components on the test, and overall test-retest reliability was between .85 and .90. Validity data from the Rorschach have been shown to be comparable to those of the Minnesota Multiphasic Personality Inventory (Rose, Kaser-Boyd, & Maloney, 2001). The Minnesota Multiphasic Personality Inventory and the Rorschach both displayed adequate validity values: .46 for the Minnesota Multiphasic Personality Inventory and .41 for the Rorschach (Parker, Hanson, & Hunsley, 1988). Test-retest indicated stable coefficients of .80 or higher for many Rorschach variables (Rose, Kaser-Boyd, & Maloney, 2001).

In their 1988 study; Parker, Hanson, & Hunsley ran several reliability and validity correlational tests on the Minnesota Multiphasic Personality Inventory, the Rorschach, and the Wechsler Adult Intelligence Scale. They discovered that the Rorschach produced a reliability quotient of .86, the Minnesota Multiphasic Personality Inventory produced a reliability quotient of .84, and the Wechsler Adult Intelligence Scale produced a reliability quotient of .87. Parker, Hanson, & Hunsley determined that "the average correlation found in the validation studies directed theoretically, empirically, or both for the MMPI and Rorschach was not significantly different" (p. 372). Weiner (1996) summarized many of the validity studies on the Rorschach up until that year. He stated that validity studies had shown that the Rorschach is valid when it is used in the manner for which it was designed. These studies have to do with the overall validity of the test and not specific scores and categories (Rose, Kaser-Boyd, & Maloney, 2001).

There are two variables that are important for protocol validity: number of responses and Lambda. Exner (2000) stated that any protocol with less than 14 responses is considered invalid There must be more than 14 responses on the Rorschach in order to code and interpret the results. Lambda is the proportion of pure form (F) responses that an individual has given compared to the total of nonpure form responses. The average range for a Lambda score is .59-.94, and the mean is .58. When an individual receives a Lambda score greater than 1.2, it indicates a very simplistic response style that may indicate defensiveness and caution. When an individual receives a Lambda score of < .59, the individual may have been overwhelmed by emotion and unable to respond without the intrusion of emotion (Rose, Kaser-Boyd, & Maloney, 2001).

Before collecting data for this study, I obtained permission to use the Rorschach through Hogrefe publishing; the approval letter can be found in Appendix E. No Rorschach cards or information are shared in this study, as the Rorschach is a copyrighted test.

Data Collection Method

Participants were recruited using a variety of techniques. Women were recruited from local women's shelters via flyers sent to shelter managers; groups that specialize in aiding women and children who have suffered domestic violence or related incidents were also sent flyers asking individuals to participate. In addition, local counselors and psychologists were asked to display flyers in their offices and/or give out flyers to any client they felt might want to participate, and local counselors and psychologists were invited to share the flyer with professional colleagues with whom they were acquainted who might wish to display flyers.

Further, word-of-mouth recruitment from individuals participating in the study was used, along with general word-of-mouth referrals.

The flyer indicated to either call or email the researcher directly in order to set up a confidential appointment time. The flyer has been included in Appendix F. No walk-ins were accepted for this study, and all appointments were scheduled with enough time in between that participants did not have to encounter another participant at any time. Upon either phone call or email to volunteer, I set up a time which works for both parties and provided directions if needed.

Upon arrival, the participants were greeted and brought back to a private office. The participants then were provided with two copies of an informed consent form. One copy was theirs to keep, and the other copy was signed by both parties and kept by the researcher. The researcher then went over all statements in the informed consent form, and the participant was asked if they had any questions pertaining to the form or to the study. Once both parties understood and agreed to the informed consent form, a brief initial interview was conducted. The purpose of this interview was to gather demographic information, as well as information relating to the intimate partner violence experience. A copy of the interview questions can be found in Appendix G.

After completion of the interview and verification that the participant met all required criteria (was over 18, experienced violence of some form from an intimate partner within the last year, and was fluent in English), the Rorschach was administered. The Rorschach was administered using all standardized methods from the Exner Comprehensive Scoring System administration guidelines.

Following completion of the Rorschach Inkblot test, participants were thanked for their participation in the study and were provided with a debriefing form which included numbers for free or low cost mental health services, as well as numbers for shelters and national domestic abuse hotlines. A copy of this debriefing form is available is Appendix H. Participants were then given an incentive of $20.00 cash to thank them for their time and participation in the study.

Participants will not be given any feedback or results from their Rorschach test. This was discussed with them during the informed consent process. I also informed them that one test alone will not yield a diagnostic profile and would not be able to be used for any purpose other than this research project.

Operational Definitions

There were several variables analyzed in this study which are part of the Exner Comprehensive Scoring System (Exner, 2000). The Exner Comprehensive Scoring System is widely accepted as a valid and reliable approach to scoring the Rorschach, with the inter-rater reliability being high (Myer, Hilsenroth, Baxter, et al., 2002). The first variable that was studied is MOR, which represents morbid content on the Rorschach. Such morbid content may describe items/images as dead, damaged, diseased, deformed, broken, or in other ways dysfunctional (Weiner, 2003). MOR scores can help understand an individual's self-perception. When the frequency of MOR answers exceeds one, it typically signifies that the self-image of the person includes impressions of negative or blemished features. MOR=2, some negative features are included in self-concept. MOR=3 or more, self-image is noticeably marked by negative attributions (Exner, 2000). MOR scores can also help understand an individual's ideation and their cognitive

processes. Three or more MOR responses are significant and signify that conceptual thinking is often marked by a pessimistic set. The presence of this pessimistic set may have a relationship with the likelihood that a person will conceptualize his or her relationship to the world with a sense of doubt and discouragement. People with this score typically anticipate gloomy outcomes for their efforts, regardless of the quality of their effort (Exner, 2000).

The second variable studied was AG, which represents aggressive movement on the Rorschach. Such aggressive contents may include fighting, kicking, beating, or torturing (Weiner, 2003). AG scores correlate with an individual's interpersonal perception and behavior. AG scores are often interpreted in relation to COP (cooperative movement) scores. COP scores are indicated when content includes any movement involving 2 or more objects which are positive and cooperative. The expected frequency or average for COP and AG responses is 1. A potential finding which is important to this study is that when the value of COP is zero or one and the value for AG is two or more, or when the value of COP is two and the value of AG is greater than two, it is likely that the person perceives aggressiveness as a natural part of interpersonal relationships (Exner, 2000).

A third variable analyzed was the S variable, which represents space responses. When an individual incorporates the white space on the cards, or when they only respond to the white space on the cards, it is considered a Space response. Space responses have been correlated with individuals who are experiencing internal aggression (Exner, 2000). The value of S responses must be three or more to be significant. If S=3 and at least 1 of the 3 S answers occurred after card 2, it suggests that the subject is disposed to be more

negativistic or oppositional toward the environment than most people. If the value for S is four or more, and at least one of the S answers was given after card 3, it indicates that presence of considerable anger. This is a trait-like feature that affects the psychological functioning of the individual; it will have some influence on the decision making and coping activities of the individual. People with this score have difficulty sustaining deep and/or meaningful relationships with others (Exner, 2000).

A fourth variable which was analyzed in this project was passive movement scores. Passive movement in the Rorschach is defined as content which includes something or someone doing a movement such as leaning, whispering, sighing, or looking. When the p>a by 1 or more, it is significant, and it signifies that the individual generally will assume a more passive (although not necessarily submissive) role in interpersonal relationships (Exner, 2000). This tendency to be more passive will be an important component to understanding women who are involved in abusive relationships.

Another variable analyzed is the FD, food response. Food responses have been correlated to dependent behaviors (Bornstein, 1996; Hilsenroth, & Charnas, 2007). Examples of food responses may include seeing a boiled lobster, a bowl of bird seed or a baby drinking out of a bottle. When the value of FD is greater than zero in an adult record, it suggests that the person can be expected to manifest many more dependency behaviors than usually is expected (Exner, 2000).

Another area of interest is the variable known as the Egocentricity Index. This index relates directly to an individual's self-esteem, self-concern, or their self-focusing (Exner, 2000). This index does not come directly from the content of the responses the individual gives, rather it is an index uses the formula (3r + (2)/R) to calculate the

individuals score, where r equals the number of reflections the individual uses as responses, (2) is the number of pair responses given, and R is the total number of responses (Exner, 2000). The average range of this index for people over the age of 16 is = .33-.45. If a score falls below the average range, it indicates that the individual's estimate of personal worth tends to be negative. Such individuals tend to regard themselves less favorably when compared to others (Exner, 2000). If the score falls above the average range, it indicates an excessive involvement with the self, but does not necessarily equate to positive self-esteem unless there is also a reflection response shown in the record (Exner, 2000).

The final variable which was analyzed in this study is EB, which stands for Experience Balance, which is the relationship between human movement responses and the weighted sum of the chromatic color responses (Exner, 2000). There are three types of personality styles which Exner (2000) describes in his scoring system: introversives, extratensives, and ambitents. Introversives are more oriented toward using their inner fantasy life and look inward to satisfy most of their basic needs. Extratensives tend to use more external interactions as the way to satisfy their basic needs. Ambitents are more likely to be flexible during interpersonal relationships but are more vulnerable to interpersonal problems, as well as intrapersonal problems; these individuals also have a difficult time making decisions and their behavior is usually unpredictable (Exner, 2000).

To identify an individual as ambitent, neither side of the EB quotient will be markedly different than the other and the Lambda value will be less than 1.0. To identify an individual as avoidant-ambitent, neither side of the EB quotient will be markedly different than the other, and the Lambda value will be greater than 0.99 (Exner,

2000). To identify an individual as introversive, the value will be higher on the left side of the EB. To identify an individual as extratensive, the right side of the EB will be higher than the left side (Exner, 2000).

Data Analysis Plan

Data was entered into SPSS version 22.0 for Windows. Descriptive statistics were conducted to describe the sample demographics, as well as any research variables to be used in the analyses. Frequencies and percentages were calculated for any categorical variables of interest, such as those who experienced domestic violence versus those who did not. Data was reported for the means and standard deviations of each score for the selected Rorschach variables.

In order to examine the seven null and alternative hypotheses, a series of analyses of variance (ANOVAs) were conducted. ANOVA is an appropriate analysis when the goal of research is to determine the relationship between a categorical and continuous variable (Tabachnick & Fidell, 2012). In this research study, each of the scores for the Rorschach variables were evaluated for a relationship with the experience of domestic violence. The morbid content, cooperative movement and aggressive movement, space, passive movement, egocentric index, food, and ambient or ambient avoidant Rorschach outcomes will be scored as a continuous value, where higher scores indicate a greater degree to which a Rorschach variable is expressed. The experience of violence was a dichotomous nominal variable and will indicate whether a participant has experienced domestic violence or not. The ANOVA was used to determine if there are differences in any Rorschach variable's score between the group of women who did experience domestic violence versus those who did not.

This research project included seven ANOVA tests; one analysis was conducted per dependent variable. The seven dependent variables are the continuous outcomes from the seven selected Rorschach variables, which will increase with each successive reference to the corresponding variable. The ANOVA uses the *F* tests, which is the ratio of two independent variance estimates of the same variance and makes the overall comparison on whether group means differ. If the obtained *F* is larger than the critical *F*, the null hypothesis is rejected (Pagano, 2009).

Prior to analysis, the assumptions of the ANOVA were assessed. To properly conduct an ANOVA, data from the continuous dependent variable is assumed to follow a normal distribution (i.e., normality), and that both groups in question have near equal variation in their responses (i.e., homogeneity of variance). The assumption of normality was assessed using a one sample Kolmogorov Smirnov (KS) test. If the KS test indicates significant results, the distribution of the dependent variable is significantly different from a normal distribution and the assumption is violated. However, Stevens (2009) posits that the *F* test is robust against violations of this assumption in most cases. Homogeneity of variance was assessed using Levene's test, where a significant outcome indicated that variance between the groups are significantly different and the assumption is violated (Tabachnick & Fidell, 2012). If the assumption of homogeneity of variance is violated, a more stringent degree of freedom was used to assess the results of the ANOVA. This degree of freedom does not assume that variances are equivalent for both groups, and corrects for this inequality (Howell, 2010).

Results were interpreted via examination of the resulting *F* value for each analysis to determine a *p* value and assess whether this *p* value suggests significant differences at

an alpha level of .05. Using an alpha level of .05 as a benchmark to determine significant differences will provide 95% certainty that significant differences are not due to random variation alone. If a significant difference was determined on any of the Rorschach variables, the mean scores were compared between the two groups. These means were then interpreted for both groups to determine whether the women who experienced domestic violence had the higher or lower scores than the group that did not.

Research Question

Is there a significant relationship between Rorschach outcomes (morbid content, cooperative movement/aggressive movement, space, passive movement, egocentricity index, food, and ambitent or ambitent avoidant) and the experience of domestic violence?

Hypotheses

$H_0$1: There is not a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

H_A1: There is a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

$H_0$2: There is not a significant difference in cooperative movement / aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

H_A2: There is a significant difference in cooperative movement / aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

$H_0$3: There is not a significant difference in space (S) scores between those who have and have not experienced domestic violence.

H_A3: There is a significant difference in space (S) scores between those who have and have not experienced domestic violence.

$H_0 4$: There is not a significant difference in passive movement scores between those who have and have not experienced domestic violence.

H_A4: There is a significant difference in passive movement scores between those who have and have not experienced domestic violence.

$H_0 5$: There is not a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

H_A5: There is a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

$H_0 6$: There is not a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

H_A6: There is a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

$H_0 7$: There is not a significant difference in ambitent / ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

H_A7: There is a significant difference in ambitent / ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

Ethical Procedures

Participant Protections

Throughout this study, I did not expect participants to experience any physical pain or any psychological distress, as discussions of abusive events will be kept to a minimal and most of the focus will be on the Rorschach administration. During the informed consent portion of the assessment, I made sure that participants know that they can leave or discontinue the assessment session at any time they wish. I also explained to participants that they can choose to disclose what they wish about any situations they have encountered. I made sure that participants understood that this was not be a therapy session and that if they wish to seek therapeutic services, those numbers and locations will be included in the debriefing sheet. I made sure to include phone numbers and addresses for free or sliding scale community mental health providers. I will also include national hotline numbers which they can call 24/7. Furthermore, listed names, addresses, and phone numbers of local women's shelters, domestic violence outreach programs, and safe haven options in the Dallas, Texas area.

Participants were given identification numbers instead of using their names. Rorschach responses and codes were entered into the computer software using numbers which will be assigned to each participant's identification number. Names were not included in any data collection documents or spreadsheets. These sheets will be kept in a locked fireproof box and will at no time be released to anyone. All Rorschach codes were written by hand and then entered into a computer software program to calculate and complete the structural summary. This software does not require the name of the

individual to be entered to be scored correctly. All demographic information will be kept private and will not be shared with anyone other than the researcher.

All paper documents, including consent forms, Rorschach response notes, and structural summaries, were transported in a locked briefcase to my home. They were then transferred and stored in a locked fireproof box. The only documents which are kept in this fireproof box is information gathered for this research project. All documents will be kept in this fire-proof box for a period of five years.

If any participants experienced any adverse reactions to any portion of this assessment, or if there were any questions pertaining to the ability to maintain confidentiality and privacy, both my committee chair and the Walden University IRB board would have been notified immediately.

Incentives

Upon completion of the assessment, each participant was given $20.00 cash to thank them for their participation and time spent taking the assessment. The assessment took between 60-75 minutes per participant.

Threats to Validity

External Validity

The Rorschach Inkblot test is used worldwide as a universal method of personality assessment. The Rorschach is used around the globe and has been shown to understand personality regardless of cultural influences. Meyer (2002) determined that ethnic differences on the Rorschach produced no difference in the validity. Regardless of ethnic backgrounds, the Rorschach is still a valid tool for assessing personality structures. Therefore, it can be determined that, regardless of the ethnic background of the

participants in this study, the results will be valid. However, these results will not be able to be representative of a larger population as a convenience sample will be used for this study.

Internal Validity

Trochim (2006) defines internal validity as the approximate truth about inferences regarding cause-effect or causal relationships. In this study, there were no attempts to discover a causal relationship between the variables and the experience of intimate partner violence. This study was only looking at the differences between two groups and their scores on certain variables. Construct validity was met in this study by utilizing the Rorschach Inkblot test, which has been found to be a valid test of personality. Since I was utilizing Exner's method of test administration, scoring, and interpretation exactly as he has written it, this study should also be a valid measure of personality. Content validity was upheld in this study due to the fact that the Rorschach has been shown to accurately assess the personality components which have been selected as variables in this study.

Statistical Validity

To ensure statistical validity of the data in this study, the appropriate level of power was established using computer software which has been shown to be a valid and reliable tool to measure such statistics (Faul, Erdfelder, Buchner, & Lang, 2012). Utilizing the same software, the appropriate sample size needed to conduct this study was determined. The test which was used in this study has been shown to be a valid tool in assessing personality characteristics. Furthermore, the computer program, Rorschachplus, which was used to analyze the Rorschach codes and to build the

structural summaries, has been shown to be a valid and reliable tool for doing such calculations. All data was verified as having met all statistical assumptions before any conclusions about the data was made.

Summary

This study explored the between group differences among Rorschach scores and whether or not a woman experienced intimate partner violence. A total of 52 participants, 26 who have experienced intimate partner violence within the last year, and 26 who have never experienced intimate partner violence, were given a brief interview, as well as administered the complete Rorschach Inkblot test. An ANOVA was conducted for each selected variable to determine if a significant relationship exists between scores on the Rorschach and the recent experience of intimate partner violence. This study did not attempt to determine causality between the experience of intimate partner violence and the resulting personality characteristics.

Chapter 4 will discuss all the results of this study, including the demographic information which was collected from the participants. All hypotheses will be discussed, and the results for each will be given in the following chapter.

Chapter 4: Results

The intent of this study was to determine whether mental health professionals can better understand women's behavior in violent relationships using their Rorschach response scores pertaining to selected variables. Women who exhibit emotional dependency, economic dependency, low self-efficacy, low confidence, and passivity may have specific responses on the Rorschach (Bornstein, 2006; Chronister, 2007). This study was conducted in an attempt to discover whether there are certain response patterns on selected variables seen on the Rorschach for women who have become involved in a violent relationship. It is important to study and research domestic violence and the traumatic effect that it can have on women, so that mental health professionals can be effective in making progress toward minimizing its impact on society.

Preanalysis Data Screening

The initial data set was composed of data from 59 participants. The data were checked for univariate outliers, which were defined as standardized scores greater than 3.29 or less than -3.29 (Tabachnick & Fidell, 2012). It was important to remove these outliers so that the analyses would reflect the majority of the participant data and would not be skewed by one or two data points. This was particularly true due to the relatively small sample size (Stevens, 2009). Any standardized values of the continuous variables that were found to be outliers were removed from the analysis. One participant was removed for an outlier in morbid content (MOR) scores, one was removed for an outlier in cooperative movement (COP) scores, two were removed for outliers in aggressive movement (AG) scores, two were removed for outliers in Space scores, and one was

removed for experiential balance (EB), and ambient avoidant scores. Therefore, the final data set was composed of the data of 52 participants.

Descriptive Statistics

Of the 52 participants, 50% reported not having experienced IPV (n = 26). The second half (50%) reported having experienced IPV (n = 26). Frequencies and percentages for the categorical demographic data are presented in Table 1.

Table 1

Frequencies and Percentages of Demographics

Demographic	*n*	%
Have you experienced IPV?		
Did not experience IPV	26	50
Experienced IPV	26	50

Note. Due to rounding error, not all percentages sum to 100.

The age of the participants ranged from 19 to 61 years, with a mean of 35.96 (*SD* = 11.12). The MOR scores ranged from 0 to 6 with a mean of 1.42 and standard deviation of 1.50. COP scores ranged from 0 to 3 with a mean of 0.37 and standard deviation of 0.66. The AG scores ranged from 0 to 3 with a mean of 0.54 and standard deviation of 0.80. Space scores ranged from 0 to 4 with a mean of 0.96 and standard deviation of 1.08. Passive scores ranged from 0 to 3 with a mean of 0.58 and standard deviation of 0.91. FD scores ranged from 0 to 2 with a mean of 0.22 and standard deviation of 0.52. Egocentricity index scores ranged from 0 to 0.76 with a mean of .30

and standard deviation of .16. EB (ambitent) scores ranged from 0 to 6 with a mean of 1.98 and standard deviation of 1.46. EB (ambitent avoidant) scores ranged from 0 to 4 with a mean of 1.80 and standard deviation of 1.10. The descriptive statistics of continuous variables are presented in Table 2.

Table 2

Descriptive Statistics of Continuous Variables

Continuous variables	Min.	Max.	*M*	*SD*
Age	19	61	35.96	11.12
MOR score	0	6	1.42	1.50
COP score	0	3	0.37	0.66
AG score	0	3	0.54	0.80
Space score	0	4	0.96	1.08
Passive	0	3	0.58	0.91
Egocentricity index	0	2	0.22	0.50
FD score	0	0.76	0.30	0.16
EB score (Ambitent)	0	6	1.98	1.46
EB score (Ambitent avoidant)	0	4	1.80	1.10

Summary of Results

The following results are based on a single research question with seven pairs of null and alternative hypotheses. The findings suggest that MOR and AG scores were

different between groups of individuals who did and did not experience IPV, while other Rorschach subscales were not significantly different between participants who had and had not experienced domestic violence. Examination of group means suggests that those who had experienced IPV had significantly higher morbid content scores than those who had not. Further, the individuals who had experienced IPV also tended to have significantly higher aggressive movement scores than those who had not. These results are detailed in the following sections.

Detailed Analysis

Research Question

I used an overarching research question in order to guide the statistical tests. Using this research question, several Rorschach variables were to be examined. As such, the research question had multiple null and alternative hypotheses that were examined using a series of individual statistical analyses. The primary research question was the following: Is there a significant difference in Rorschach outcomes (morbid content, cooperative movement/aggressive movement, space, passive movement, egocentricity index, food, and ambitent or ambitent avoidant) between those who have and have not experienced domestic violence? The research question was examined in the scope of seven hypotheses and individual analyses, which are detailed below.

To inform each of the research questions, a one-way analysis of variance (ANOVA) was conducted for each Rorschach variable. The ANOVA was chosen to examine differences based on placement into groups whose members had versus had not experienced IPV due to its statistical robustness. Stevens (2009) stated that the *F* family of tests, including the ANOVA, are robust test statistics, even when the typical

assumptions of parametric analyses are violated. Thus, the use of this analysis allows each Rorschach variable of interest to be examined for group-based differences with a great degree of confidence.

Hypothesis 1

$H_0$1: There is not a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

H_a1: There is a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

To asses Research Question 1, I proposed an analysis of variance (ANOVA). Before the ANOVA was conducted, the assumption of normality was assessed with a Kolmogorov-Smirnov (K-S) test. The K-S test tests against the null hypothesis that the data fit a normal distribution, so to meet the assumption of normality the K-S test must be nonsignificant. The results of the K-S test indicated significance ($p < .001$). The assumption of normality was not met by the K-S test, but the sample size ($n > 50$) allowed me to assume normality due to the central limit theorem (Stevens, 2009). The central limit theorem states that "the sum of independent observations having any distribution whatsoever approaches a normal distribution as the number of observations increases" (Stevens, 2009, p. 221). Next, the assumption of homogeneity was assessed with Levene's test. Levene's test tests against the null hypothesis of equal variance of error terms. Levene's test indicated significance at the .05 level ($p = .002$), so the assumption was not met.

As a result of the assumption of an ANOVA not being met, the nonparametric equivalent was used due to its less restrictive assumptions (Lehmann, 2006). The

Kruskal-Wallis test indicated that there were significant differences in the MOR scores between groups ($\chi^2(2) = 15.10$, $p < .001$). Thus, the null hypothesis can be rejected in favor of the alternative, and I concluded that there is a significant difference in morbid content (MOR) scores between those who have and have not experienced domestic violence.

To determine the effect size for this nonparametric analysis, the *z* score for a Mann-Whitney *U* was calculated, and an effect size estimate was derived from this score using the equation $r = \frac{z}{\sqrt{N}}$, where *z* is the Mann-Whitney *U* test statistic and *N* is the total sample size. Using this equation, $r = .54$ ($\frac{3.89}{7.21}$), which corresponds with a large effect size based on Cohen's (1992) guidelines for interpreting effect sizes. Results of the Kruskal-Wallis test are presented in Table 3.

Table 3

Kruskal-Wallis Test for Differences in MOR Scores by IPV Group

	Mean ranks		$\chi^2(2)$	*p*
Rorschach variable	IPV	No IPV		
MOR score	35.04	17.96	17.75	< .001
	True means			
	2.27	0.58		

Hypothesis 2

$H_0$2: There is not a significant difference in cooperative movement/aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

H_a2: There is a significant difference in cooperative movement/aggressive movement (COP & AG) scores between those who have and have not experienced domestic violence.

$H_0$2a: There is not a significant difference in cooperative movement (COP) scores between those who have and have not experienced domestic violence.

H_a2a: There is a significant difference in cooperative movement (COP) scores between those who have and have not experienced domestic violence.

$H_0$2b: There is not a significant difference in aggressive movement (AG) scores between those who have and have not experienced domestic violence.

H_a2b: There is a significant difference in aggressive movement (AG) scores between those who have and have not experienced domestic violence.

To assess Hypothesis Two, I proposed two ANOVAs; before conducting the analyses, the assumptions of normality and homogeneity were assessed with a K-S test and Levene's test, respectively. The results of the K-S test indicated significance for both COP scores ($p < .001$) and AG scores ($p < .001$). This suggested that the distributions of

both data did not match a normal distribution, and the assumption of normality was not met. However, because the sample was large ($n > 50$), I could assume normality for both variables based on the central limit theorem (Stevens, 2009). The assumption of homogeneity of variance was assessed with Levene's test, which indicated insignificance for COP scores ($p = .792$) and for AG scores ($p = .204$). Therefore, the assumptions of normality and homogeneity were considered to be met for both variables, and I was able to conduct ANOVAs.

The first ANOVA of COP scores between participants who had and had not experienced domestic violence indicated insignificance ($F(1,50) = 0.04$, $p = .835$), so I cannot conclude that there is a significant relationship between COP scores and participant group. The null hypothesis stating that there is not a statistically significant difference in COP scores based on whether or not a participant experienced domestic violence must be maintained. The results of the ANOVA are presented in Table 4.

The second ANOVA of AG scores by group indicated that there were significant differences in scores by group ($F(1,50) = 4.59$, $p = .037$, partial $\eta^2 = .08$). Post-hoc analysis indicated significant mean differences between participants who had experienced domestic violence ($M = 0.77$) and those who had not ($M = 0.31$). The results of the ANOVA indicated that I should reject the null hypothesis in favor of the alternative, H_a2b, which states that there are significant mean differences in AG scores by group. According to Cohen's (1988) suggestions for interpreting effect sizes, the partial η^2 of .08 represents an effect between medium and large. Cohen further stated that an effect of medium size can typically be observed with the naked eye. The results of the ANOVA are presented in Table 4.

Table 4

One-Way Analysis of Variance of the Effects of Group on COP & AG Scores

Source	$F(1,50)$	p	η^2	IPV		No IPV	
				M	*SD*	*M*	*SD*
COP score	0.04	.835	.00	0.39	0.57	0.35	0.75
AG score	4.59	.037	.08	0.77	0.86	0.31	0.68

Hypothesis 3

$H_0$3: There is not a significant difference in space (S) scores between those who have and have not experienced domestic violence.

H_a3: There is a significant difference in space (S) scores between those who have and have not experienced domestic violence.

To assess Hypothesis Three, I proposed an ANOVA; the assumptions of normality and homogeneity were tested before conducting the analysis. The assumption of normality was tested via a K-S test, which maintains the null hypothesis that the sample distribution matches a normal distribution. The results of the K-S test indicated significance ($p < .001$), yet I could still assume normality due to the central limit theorem, which states that samples ($n > 50$) can be considered to follow a normal distribution (Stevens, 2009). Levene's test was used to assess the assumption of homogeneity; the

test indicated insignificance ($p = .216$), so the assumption of homogeneity of variance was met. Because the assumptions of normality and homogeneity were considered to be met, I proceeded with the analysis.

The results of the ANOVA indicated insignificance ($F(1,50) = 0.07$, $p = .794$). The ANOVA suggested that there is not a significant difference in space scores based on whether the participant had or had not experienced domestic violence. Therefore, I accepted the null hypothesis. Results of the ANOVA are presented in Table 5.

Table 5

One-Way Analysis of Variance of the Effects of Group on Space Scores

Source	$F(1,50)$	p	η^2
Space score	0.07	.794	.00

Hypothesis 4

$H_0$4: There is not a significant difference in passive movement scores between those who have and have not experienced domestic violence.

H_a4: There is a significant difference in passive movement scores between those who have and have not experienced domestic violence.

Before conducting an ANOVA, I tested the assumptions of normality and homogeneity with the K-S test and Levene's test, respectively. The results of the K-S test that has the null hypothesis of the sample distribution fitting a normal distribution indicated significance ($p < .001$), so the assumption of normality was not met. However,

normality can be assumed in large sample sizes ($n > 50$) due to the central limit theorem (Stevens, 2009). Levene's test has the null hypothesis of equal variance of error terms; the results of the Levene's test suggested insignificance ($p = .478$), so the assumption of homogeneity was met. As the assumptions were met, I could conduct the analysis.

The results of the ANOVA indicated insignificance ($F(1,50) = 0.09$, $p = .765$) which means that there is not a significant difference in passive movement scores between groups. Thus the results indicated that I can retain the null hypothesis. The results of the ANOVA are presented in Table 6.

Table 6

One-Way Analysis of Variance of the Effects of Group on Passive Movement Scores

Source	$F(1,50)$	p	η^2
Passive movement score	0.09	.765	.00

Hypothesis 5

$H_0$5: There is not a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

H_a5: There is a significant difference in egocentricity index scores between those who have and have not experienced domestic violence.

I proposed an ANOVA to assess the fifth set of hypotheses. Before the analysis, the assumptions of normality and homogeneity were assessed via the K-S test and the

Levene's test. The K-S test of normality indicated insignificance (p = .200), so the assumption of normality was met. The Levene's test of equal variances indicated insignificance (p = .124), so the assumption of homogeneity was met as well. As the assumptions of the analysis were met, the researcher continued with the analysis.

The ANOVA indicated that there were not significant differences in the egocentricity index scores between participants who had and had not experienced domestic violence ($F(1,50) = 0.08$, p = .777). The results of the ANOVA suggested that the null hypothesis must be maintained, such that there is no significant difference. Results of the ANOVA are presented in Table 7.

Table 7

One-Way Analysis of Variance of the Effects of Group on Egocentricity Index Scores

Source	$F(1,50)$	p	η^2
Egocentricity index score	0.08	.777	.00

Hypothesis 6

$H_0$6: There is not a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

H_a6: There is a significant difference in food (FD) scores between those who have and have not experienced domestic violence.

To assess Hypotheses Six, I proposed an ANOVA. Prior to the analysis, the assumptions of normality and homogeneity were tested. The K-S test with the null hypothesis that the sample distribution follows a normal distribution was used to assess normality. The K-S test indicated significance ($p < .001$), so the assumption of normality was not met. However the large sample size ($n > 50$) allows me to assume normality based on the central limit theorem (Stevens, 2009). Next the assumption of homogeneity was assessed by the Levene's test of equal variances. The test indicated insignificance ($p = .478$), so the assumption of homogeneity was met. As the assumptions were met, the analysis could be conducted.

The ANOVA suggested insignificance in FD scores between groups ($F(1,50) = 0.05$, $p = .830$). The results suggest that I maintain the null hypothesis that there is not a significant difference in FD scores between participants who had and had not experienced domestic violence. The results of the ANOVA are presented in Table 8.

Table 8

One-Way Analysis of Variance of the Effects of Group on Fd Scores

Source	$F(1,50)$	p	η^2
Fd score	0.05	.830	.00

Hypothesis 7

$H_0$7: There is not a significant difference in ambitent / ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

H_a7: There is a significant difference in ambitent / ambitent avoidant (EB) scores between those who have and have not experienced domestic violence.

$H_0$7a: There is not a significant difference in ambitent scores between those who have and have not experienced domestic violence.

H_a7a: There is a significant difference in ambitent scores between those who have and have not experienced domestic violence.

$H_0$7b: There is not a significant difference in ambitent avoidant scores between those who have and have not experienced domestic violence.

H_a7b: There is a significant difference in ambitent avoidant scores between those who have and have not experienced domestic violence.

To assess the final hypothesis, I proposed an ANOVA. Prior to the analysis, the assumptions of normality and homogeneity were assessed with the K-S test and Levene's test, respectfully. The K-S test indicated that the ambitent scores were not normally distributed ($p < .001$), nor were ambitent avoidant scores ($p = .005$) at the .05 level. Although the assumption was not met with the K-S test, the central limit states that large samples ($n > 50$) can be treated as normally distributed (Stevens, 2009). Thus, the

assumption of normality was met. The Levene's test of equal variances was used to assess the assumption of homogeneity. For ambitent scores, the Levene's test indicated insignificance (p = .830) so the assumption of homogeneity was met. For ambitent avoidant scores, the Levene's test indicated significance (p = .203), so this assumption was also met. As a result, the ANOVA was conducted on both the ambitent and ambitent avoidant scores.

For the first sub-hypothesis, $H_0$7a, an ANOVA was conducted. The results of the ANOVA indicated insignificance (F(1,50) = 0.22, p = .640), such that the null hypothesis $H_0$7a was maintained. Thus, I concluded that there is not a statistically significant difference in ambitent scores between participants who had and had not experienced domestic violence. For the second sub-hypothesis, $H_0$7b, an ANOVA was conducted. The results of the ANOVA indicated insignificance (F(1,50) = 1.44, p = .236), such that the null hypothesis $H_0$7b was maintained. Thus, I concluded that there is not a statistically significant difference in ambitent avoidant scores between participants who had and had not experienced domestic violence. Results of these ANOVAs are presented in Table 9.

Table 9

One-Way Analysis of Variance of the Effects of Group on Ambitent Scores

Source	F(1,50)	p	η^2
Ambitent score	0.22	.378	.00

Ambitent avoidant score	1.44	.236	.03

Summary

Analyses of variances (ANOVAs) were used to assess the differences in the Rorschach subscale scores between participants who had and had not experienced domestic violence. The findings indicated that there were significant differences in MOR and AG scores by participant group, where both Rorschach variables were found to be higher in the group of participants who had experienced IPV. Thus, two of the null hypotheses were rejected in favor of the alternative stating that MOR scores and AG scores are significantly different between participants who had and had not experienced domestic violence. For the remaining hypotheses, the null hypotheses were retained. These findings will be interpreted in Chapter 5. In this chapter, connections will be made back to the existing body of knowledge.

Chapter 5: Conclusions

Introduction

The intent of this quantitative study was to determine whether there were differences between Rorschach scores and whether or not a woman had experienced intimate partner violence. This study analyzed the Rorschach responses from 52 participants: 26 participants who had experienced violence and 26 who had not. The relationship between the Rorschach responses and variables was then analyzed using a series of ANOVAs. The ANOVAs were used to determine if there were differences in Rorschach variables score between the group of women who had experienced domestic violence and the group of women who had not.

The findings indicated that there were significant differences in morbid content scores (MOR) and aggressive movement scores (AG) scores by participant group. Thus, two of the null hypotheses were rejected in favor of the alternatives stating that MOR scores and AG scores were significantly different between participants who had and had not experienced domestic violence. For the remaining hypotheses, the null hypotheses were retained.

Interpretations of the Findings

The two Rorschach variables that were found to be significant between the groups in this study were the MOR and the AG. Exner (2000) defined morbid content (MOR) scores as being able to describe the feeling that life is hard or that the individual has had rough life experiences. When the frequency of MOR answers exceeds one, it typically signifies that the self-image of the person includes impressions of negative or blemished features. When the MOR score equals two, some negative features are included in self-

concept. When the MOR is three or more, self-image is noticeably marked by negative attributions (Exner, 2000). Results indicate that women who had experienced IPV showed a heightened sense of, or preoccupation with, morbidity. This can be hypothesized to result from possible rough life experiences or dysfunctional relationships. Kaser-Boyd (1993) found that women who had murdered their spouses and had often experienced partner violence were likely to show hopelessness and helplessness in their Rorschach protocols. This helplessness and hopelessness may have come through in this study in some women's MOR responses in that they saw things as broken, dead, wilted, gross, and otherwise less than perfect. Examples of morbid responses from this study include the following: "a splattered pumpkin," "a dead rabbit in a puddle of blood; it is on its side just splattered," "a cracked up leaf which is falling apart like someone stepped on it," and "something injured, I think an injured spider. It is injured because it fell and now there is blood on it."

The other significant finding was elevated aggressive movement (AG) scores. Any movement that is clearly aggressive in nature is identified as aggressive movement (AG) on the Rorschach (Exner, 2000). AG scores correlate with an individual's interpersonal perception and behavior. The expected frequency or average for AG responses is one. With the results indicating a significant difference between AG scores of women who had experienced intimate partner violence and those who had not, it could be stated that the former did have a heightened sense of awareness or a preoccupation with aggressive movements because their safety may have been at risk or they may have had to be constantly looking for signs of aggression in their partners. Examples of aggressive movement from this study include: "dogs fighting or playing too rough

because there is blood everywhere," "two people fighting, they have blood on them and on their clothes." "two witches staring each other down because they are mad," and "someone pinning down a person's legs." Kaser-Boyd (1993) found that women who had murdered their spouse and had often experienced partner violence showed hyper-alertness in their Rorschach protocols. It is hypothesized that this hyper-alertness in this study may have shown up in seeing increased aggressiveness in neutral stimuli. The current study helps to link what was found in this study to the Rorschach variables and personality traits.

There were no significant differences between the other preselected Rorschach variables. This lack of significance may be due to a small sample size, the type of participants selected, and/or the use of a single coder. It was surprising that there was not a significant difference in the passive movement scores, the food responses, and the egocentricity index between groups in this study. With there being so much research on the passivity of women who are in or who remain in violent relationships (Bornstein, 2006, 2007; Corsini, 2002; Kaser-Boyd, 1993; Walker, 2009), it was surprising to find that there was not a significant difference in this area for this study. I expected the participants in the violence group to see passive movement on the blots. However, it appears that they saw more aggression than passivity. It was also discovered that the women saw more angry male or animal images than passive women or animal images. After much thought about why there was a tendency to see angry, dominant images rather than passive images, I hypothesized that perhaps women are more likely to see others rather than themselves or a similar image in the blot. A tendency for an abused woman to

feel as though her dominant partner is more important or more noteworthy is common (Walker, 2009).

It was also surprising that there were not more food responses in this study, which are known to indicate dependency in the participant. Research has shown that women who have been or are in violent relationships are likely to be dependent in one or many ways. Some of the dependency may come from financial dependency or emotional dependency (Bornstein, 1996; Chronister, 2007; Corsini, 2002; Hilsenroth & Charnas, 2007; Schewe, 2000). Many of the women who participated in this study indicated during the interview portion that they were either out of work, had little to no income, or were emotionally fragile, due to a past or current mental illness or family problems. However, even though these women indicated these issues during the interview, many did not offer any food responses, and therefore it was found to be nonsignificant in this study. There may not have been more food responses in this study because although the participants in this study might have appeared to have issues in their lives that might bring feelings of dependency, they might not have actually felt dependent. Individuals' perception of their dependency is what is being analyzed in the Rorschach variable. Therefore, if a woman does not perceive herself as being dependent, then she will not show dependency variables on the Rorschach. It is encouraged that these variables continue to be studied further in future studies, as research indicates that these are important variables in an abused woman's personality (Bornstein, 1996; Chronister, 2007; Corsini, 2002; Hilsenroth & Charnas, 2007; Schewe, 2000).

Limitations of the Study

In this study, there was only a single researcher collecting all of the Rorschach data. I was responsible for writing down, word for word, what the participants said during the test administration. There was also only one researcher used to code all of the responses given by participants. If there could have been more than one researcher to analyze the responses and code them, it might have been possible to gain additional information regarding the coding structure of the responses. The implication of only using one researcher to code all of the data was that there could be interrater differences between coders. To minimize any coding errors, I attempted to follow Exner's coding guidelines carefully and asked participants questions to best code their responses.

This study analyzed women who were over the age of 18 years and had experienced IPV in the last year. This limited the study in terms of generalizability to the entire population of women who have ever experienced domestic violence in their lifetime. This study was limited to women who had more recently experienced violence, and therefore, this was a limit to the study. The population sample of this study might not be representative of the entire population of women who experience IPV within the United States, and this may present a limitation for the results of this study to be generalizable to women in this population as a whole.

This study included a dichotomous approach to determining which group the women would belong to. If a woman indicated that she had experienced any form of partner abuse, whether it was physical, emotional, sexual, or a combination of any form of abuse, she was placed in the experienced partner abuse group. This could have been a limitation to this study, because grouping all forms of abuse together might not have

accurately represented each group individually, or one group might have been more represented than others.

Due to the labor-intensive nature of this study, I was only able to collect data from 59 individuals, which, after the outliers were removed, left the minimum required number of participants: 52. It is suggested that in future studies a larger sample size be used. Due to the limited number of participants in this study, the sample size was limited.

Recommendations

I recommend that this study be performed in the future with more participants. Having a larger sample size might increase the amount of information that can be gained about how women who have experienced IPV respond to the Rorschach inkblot test. I also recommend that the study be performed in a way that makes it possible to gather a more diverse sample in terms of age, race, socioeconomic status, and mental health history. A more diverse sample might be gathered through more advanced marketing techniques or a wider marketing audience; future researchers might also make sure to include a nonpatient sample and possibly a more lucrative incentive.

Researchers in future studies may want to look at the difference between women who have experienced physical abuse, emotional abuse, sexual abuse, and/or a number of combinations of the abuse types. In this study, all women who stated that they had experienced some form of partner abuse were grouped together, which could be seen as a limitation to this study. Future studies are encouraged to explore the possibility of within-group differences among women who have experienced different types of abuse.

The other variables that were not found to be significant in this study should continue to be researched, as literature indicates that these are likely important personality components of a woman who has experienced IPV.

In terms of clinical recommendations, I believe that future studies on different therapeutic approaches to use with women studied in this population could advance techniques and widen knowledge in the field. Therefore, it is noted that more in-depth studies that follow similar women through therapy and analyze treatment outcomes would be helpful.

Implications

With IPV being experienced by one in four women in her lifetime (Bostock, 2009), it is important to study and research domestic violence so that mental health professionals can be effective in making progress toward minimizing its impact on society. This dissertation study is unique because it used the Rorschach to analyze the personality characteristics and possible behavior of a population that has been understudied in this manner. The results of this study may provide new information in regard to how a woman's personality is related to her risk of entering into a violent relationship. In this study, I also attempted to provide new information on how personality factors indicate whether or not a woman will stay in an abusive relationship.

This study may assist practitioners in the psychology field by allowing them to use the Rorschach to analyze a woman's responses in relation to her personality and her relationships. By knowing a woman's personality strengths and weaknesses, a psychologist, or any professional, helping the woman may be able to tailor treatment planning and case management to maximize the strengths that she has to work with.

Also, in enhancing her strengths, a woman may be more likely to leave the abusive relationship.

For instance, if a mental health worker discovers that a woman has a strong support system, the worker may be able to use that in therapy as well as in social work situations. If a woman has a really strong bond with her mother, sister, or anyone in particular, that person may be able to join in therapy sessions and keep her on the right track outside sessions; that person may also be used as an example in session as to what is expected of the client. Also, if a mental health worker discovers a woman's problem-solving style, then the worker will be able to focus on how to solve her problems based on that style. For instance, if a woman uses her emotions more than her thoughts to solve problems, then emotionally focused solutions may be best for her. However, if a woman uses her thoughts more than her emotions to solve problems, then a cognitive behavioral approach might be better. With such information about a woman in therapy, a mental health worker may be more able to get the best results for the client.

The goal of this study was to lead to positive social change in the way mental health professionals can help women who are in abusive relationships. In being able to link a woman's response patterns on the Rorschach to her personality traits and ultimately her behavior in abusive relationships, it is anticipated that mental health professionals may be able to personalize treatment plans to specific women's needs and personality to increase the probability that they will leave abuse.

In the current society, many people continue to overlook and undervalue those who are viewed as weak or not dominant. IPV continues to be a crime often overlooked until it gets very bad or a crime in which it is necessary to give the proper protection to

the abused. Often, even women who have restraining orders or other legal actions against their abuser will be told that unless the police or a public official actually sees the abuse or crime in action, there is nothing that can be done. There are often no preemptive or good-faith measures being taken to protect women who have been in abusive relationships (Jacobson & Gottman, 1998). Through this study, I hope to bring to attention this understudied population of abused women in a new way. With the Rorschach being used to analyze women in abusive relationships, there is hope that new information can be gathered about this population that may further social progress and legislation.

Conclusion

It has been estimated that one in four women will experience IPV at some point in her lifetime (Bostock, 2009). Being able to accurately assess and help a woman who is experiencing this type of violence can be difficult for even a seasoned mental health or medical professional. The woman may or may not fully disclose the details of the situation, as she may fear that she will experience some form of retaliation from her partner or further harm. Being able to understand different aspects of a woman's personality may speed up the therapeutic process.

In a review of the clinical literature, there was no study found that sought to determine if there were between-group differences among Rorschach scores and whether or not a woman had experienced IPV. By understanding the personality structures of women who had experienced IPV, clinicians might have greater insight into the inner, unconscious workings of their patients, even when these patients are unable to provide them with direct information.

After gathering Rorschach data from 52 women—26 who had recently experienced intimate partner violence and 26 who had never experienced intimate partner violence—it was determined that significant differences do exist in the amount of morbid and aggressive material that is seen in the Rorschach stimuli. This information can be used to better understand the personalities of women who are or have been in violent relationships.

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Appendix A: ROD Scale

The Rorschach Oral Dependency Scale

Categories of the Rorschach Oral Dependency Scale	Category Sample Responses
1) Foods and drinks	Milk, whiskey, boiled lobster
2) Food sources	Restaurant, saloon, breast
3) Food objects	Kettle, silverware, drinking glass
4) Food providers	Waiter, cook, bartender
5) Passive food receivers	Bird in nest, fat or thin man
6) Begging and Praying	Dog begging, person saying prayers
7) Food organs	Mouth, stomach, lips, teeth
8) Oral instruments	Lipstick, cigarette, tuba
9) Nurturers	Jesus, mother, father, doctor, God
10) Gifts and gift-givers	Christmas tree, cornucopia
11) Good luck objects	Wishbone, four-leaf clover
12) Oral activity	Eating, talking, singing, kissing
13) Passivity and helplessness	Confused person, lost person
14) Pregnancy and reproductive organs	Placenta, womb, ovaries, embryo
15) “Baby-talk” responses	Patty-cake, bunny rabbit, pussy cat
16) Negations of oral- dependent percepts	No mouth, woman with no breasts

Note. In Category 1, animals are scored only if they are invariably associated with eating (e.g., do not score duck or turkey unless food-descriptive phrases are used, such as roast duck or turkey leg). In Category 3, pot and cauldron are scored only if the act of cooking is implied. In Category 13, baby is scored only if there is some suggestion of passivity or frailness. In Category 14, pelvis, penis, vagina, and sex organs are not scored.

Appendix B: Letter of Site Cooperation

Prima A.D.D. Corp.

Dallas, TX 75243

MEMORANDUM OF UNDERSTANDING

October 22, 2014

Re: Site permission for Mary Iwanski, M.A., LPC-i

To Whom It May Concern,

Ms. Iwanski has my permission to use my office space to collect data for her dissertation study. The office address is Dallas, TX 75243-4547. Should you have any questions, please don't hesitate to contact me at XXX-XXX-XXXX.

Thank you,

Robin R. Binnig, Ph.D.

Psychologist, President/CEO Prima A.D.D. Corp.

Appendix C: Informed Consent Document

Research Consent Form

You are being asked to participate in a dissertation research study which is investigating if there are differences in response styles on the Rorschach Inkblot test between women who have recently experienced intimate partner violence and those women who have not. Women who are eighteen and older and who speak English fluently are asked to participate in this study in the category which fits their experiences. This study is being conducted by Mary A. Iwanski, MA, LPCi, who is a Doctoral Candidate at Walden University.

Procedures: If you agree to be in this study, you will be asked to participate in several steps.

1. You will be asked to complete this Informed Consent Document, and be willing to discuss the contents and ask any questions that you may have in regards to the contents.
2. You will be asked some background information such as your name, age, current relationship status, and occupation. If you are in the group which has experienced intimate partner violence you will also be asked questions such as; what kind of abuse did you experience?, What was your relationship status to your abuser?, and did you ever seek treatment or aid due to your abuse?
3. You will be asked to complete a Rorschach Inkblot test. The time to take this test varies for every individual but the average length of the test is an hour.
4. Upon completion of the Rorschach Inkblot test you will be given a debriefing sheet and any questions which you have at this time will be answered.

   The total time to complete all components of this study will be about an hour and a half to two hours.

   Voluntary Nature of the Study:

   Your participation in this study is totally voluntary. The researcher will respect your decision to leave the study at any point. If you do decide to join the study, you may still withdrawal from the study at any point you wish.

   Risks and Benefits to Participating in this Study:

Being in this type of study does involve some minor risks, as you may experience some discomfort from recalling some painful or troubling memories which has occurred in your life. You may also encounter minor stress and /or mental or physical fatigue. However, participating in this study will not pose any harm to your wellbeing or safety.

There will likely not be a direct benefit to the individuals who are participating in this study, as there will be no therapy provided and no test results will be released. However, your participation may help further the research in this field and may help women who are experiencing intimate partner violence in the future.

Payment

You will receive $20 as a sign of appreciation for your time and for your participation in this study. This payment will be enclosed in an envelope attached to the debriefing form.

Privacy

ALL information that you provide will be kept confidential. The researcher will not include your name or any information which could identify you on any part of the study. All paper documents, including consent forms, Rorschach response notes, and structural summaries, will be stored in a locked fireproof box. All voice recordings of Rorschach administration and computer generated structural summaries will be downloaded onto an encrypted computer file. All documents will be kept in this fire-proof box for a period of five years.

Questions

You may ask questions now or at any appropriate time during the assessment. You may also contact the researcher with any additional questions at her email, mary.iwanski@waldenu.edu. The researcher will give you a copy of this form to keep. If you have questions about your rights as a participant, you can email the Walden representative who can discuss these with you at irb@waldenu.edu.

Conclusion

Please be aware that this study is being conducted for research purposes only. No results or conclusions from your test will be shared with you, and you will not be given any feedback on your results. Please keep a copy of this consent form for your records.

Statement of Consent

In signing below, I am indicating that I have read this Informed Consent document and that I understand and voluntarily agree to participate in this study. I understand that I can discontinue participation at any time. I have been given an opportunity to ask questions concerning my participation and understanding of this research study.

_____ _____

Participant Signature Date

_____ _____

Researcher Signature Date

IRB Approval Number: 03-19-15-0350589 Expiration Date: March 18, 2016

Appendix D: Rorschach Course Completion Certificate

Society for Personality Assessment

This is to certify that Mary A. Iwanski **has completed, in its entirety, the following Continuing Education Activity co-sponsored by the SPA and Rorschach Training Programs.**

Twenty-one (21) Continuing Education Credits are awarded for attending:

Beginning Program for Rorschach Training Programs
Dallas, TX
February 19-21, 2014

J. H. Porcerelli

SPA Continuing Education Coordinator

Barry Ritzler

Workshop Instructor

6109 H Arlington Blvd., Falls Church, VA 22044, Tel: (703) 534-4772, Fax: (703) 534-6905
Email: manager@spaonline.org **or** assistant@spaonline.org **Web site:** www.personality.org

Appendix E: Hogrefe Publishers Approval Letter

HUBER

Verlag Hans Huber
Hogrefe AG
Länggass-Strasse 76
Postfach
3000 Bern 9
Schweiz / Switzerland

Tel.: +41 31 300 45 00
Fax: +41 31 300 45 90
verlag@hanshuber.com
www.verlag-hanshuber.com

Bern, 05.11.2014

Permission for using Rorschach ink blot test

We hereby approve the use of the Rorschach ink blot test for the following study: "Utilizing the Rorschach in analysing characteristics of women who have experienced domestic violence" by Mary A. Iwanski at Walden University.

Best regards
Verlag Hans Huber

Judith Haldemann

ein Unternehmen der Hogrefe-Verlagsgruppe

UID: CHE-495.749.759 MWST
Gerichtsstand: Bern

Bank: Credit Suisse Bern, Kto. 960390-01, IBAN: CH1404835096039001000, BIC: CRESCHZZ30R
Bank: Postbank Stuttgart, Kto. 9425703, BLZ 600 100 70, IBAN: DE12600100700009425703, BIC: PBNKDEFF
Post: Postfinance Bern, Kto. 30-5533-7, IBAN: CH8909000000300055337, BIC: POFICHBEXXX

Appendix F: Flyer

Research Study

Females Aged 18 and older

To advance research in the study of women in relationships

I am conducting a research study as part of my doctoral training in the field of clinical psychology. Women who have experienced any form of partner abuse or violence **within the past year**, as well as women who have **never** experienced any form of partner abuse or violence are needed and encouraged to participate. The study will take approximately 1.5 to 2 hours of your time. A small token of appreciation will be offered for your participation. Participants must be fluent in English. If you have any ethical concerns please contact: irb@waldenu.edu.

To schedule appointment please contact:Mary Iwanski,MA,LPC-i (817) 262-3018

Individuals who are currently in therapy with researcher should not apply.

Mary Iwanski, MA, LPC-i
(817) 262-3018
Mary.iwanski@waldenu.edu

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(817) 262-3018
Mary.iwanski@waldenu.edu

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(817) 262-3018
Mary.iwanski@waldenu.edu

Appendix G: Interview Questions

Identification Number: _____ Age: _____

Current relationship status: _____Highest grade completed

_____

Occupation? _____

Have you ever experienced partner violence? _____

How long ago did your most recent episode of intimate partner violence

occur?_____

_____

What was your relationship status with that partner?

_____

About how long total were you in a relationship with this person?

_____

About how long were you in the relationship before the abuse began?

_____

Was there physical abuse? (hitting, choking, pushing)? Explain Briefly.

_____

_____

_____

_____

Was there emotional abuse? (name calling, belittling, withholding money or goods)?

_____

Did you ever report any of the abuse to the police?

Have you ever sought treatment or assistance of any kind relating to the abuse? What types?

If no, why?

Anything else you would like to let me know about?

Appendix H: Debriefing Form

Debriefing Form

Thank you for your participation in this research study. This study is investigating if there are differences in response styles on the Rorschach Inkblot test between women who have recently experienced intimate partner violence and those women who have not. If you believe that you need to contact a mental health professional or community agency for help please feel free to utilize the following information. Please know that many of these resources offer low or no cost services, but you will be responsible for all costs associated with these agencies.

National Domestic Violence Hotline: 1-800-799-7233 or thehotline.org (available 24/7).

Genesis Women's Shelter & Support: 214-946-HELP; 4411 Lemmon Ave., Suite 201 Dallas, Texas 75219 (hotline is available 24/7).

The Family Place: 24-hour Crisis Hotline 214-941-1991 or Main Line: 214.559.2170.

Metrocare Services: 214-743-1202; 1380 River Bend Drive Dallas, Texas 75247.

Payment: You will receive $20.00 for your participation in this study. This cash payment can be found in the envelope attached to this form.

Privacy: All information which you provided during this assessment will be kept confidential. No identifying information will be released in this study. All test materials will be kept in a locked fireproof box for a period of 5 years and then it will be disposed of securely.

Results: No results from this assessment will be released or discussed with you.

Thank you for your participation in this study! If you have any ethical concerns please contact: irb@waldenu.edu.

If you have any questions please email the researcher at mary.iwanski@waldenu.edu

Appendix I: Letter of Site Cooperation

February 16, 2015

Re: Site Permission for Mary Iwanski, M.A., LPC-i

To Whom It May Concern,

Ms. Iwanski has my permission to use my office space to collect data for her dissertation study. The office address is Dallas, TX 75247. Should you have any questions, please don't hesitate to contact me at XXX-XXX-XXXX.

Jason Mishalanie, Ph.D.

Chief Psychologist

Metrocare services