Chapter 1

INTRODUCTION
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This chapter gives the basic and important information regarding each variable related to research. It covers wide and detailed information in relation to each group. Introduction gives deepest information and knowledge in the context of the development, history and administration of the Rorschach test, life of Rorschach, Cognitive mediation related variable.

**Mood disorders and Schizophrenia:**

International Classification of Desease-10 described the criteria of Mood disorder and Schizophrenia. It is described as below:

1. **Mood disorder:**

In ICD-10, Mood disorder (affective disorder) mentioned in category F30-F39. Here, concerning our research data, we have mentioned the criteria of Mania with psychotic symptoms and Severe depression with Psychotic symptoms as below:

1.1. **Mania without psychotic symptoms (F.30.1):**

Mood is elevated out of keeping with the individual circumstances and may vary from carefree joviality to almost uncontrollable excitement. Elation is accompanied by increased energy, resulting in overactivity, pressure of speech, and a decreased need for sleep. Normal social inhibitions are lost, attention cannot be sustained, and there is often marked distractibility. Self-esteem inflated, and grandiose or over-optimistic ideas are freely expressed. Perceptual disorders may occur, such as the appreciation of colours as especially vivid, a preoccupation with fine details of surfaces or textures, and subjective hyperacusis. The individual may embark on
extravagant and impractical schemes, spend money recklessly, or become aggressive, amorous, or facetious in inappropriate circumstances. In some manic episodes the mood is irritable and suspicious rather than elated. The first attack occurs most commonly between the ages of 15 and 30 years, but may occur at the age form late childhood to the seventh or eighth decade.

**Diagnostic guidelines**

The episode should last for at least 1 week and should be severe enough to disrupt ordinary work and social activities more or less completely. The mood change should be accompanied by increased energy and several of the symptoms referred to above (particularly pressure of speech, decreased need for sleep, grandiosity, and excessive optimism).

1.2. Mania with Psychotic Symptoms (F.30.2):

The clinical picture is that of a more severe form of mania as described in F30.1. Inflated self esteem and grandiose ideas may develop into delusions, and irritability and and suspiciousness into delusions of persecution. In several cases, grandiose or religious delusions of identity or role may be prominent, and flight of ideas and pressure of speech may result in the individual becoming incomprehensible. Severe and sustained physical activity and excitement may result in aggression or violence, and neglect of eating, drinking and personal hygiene may result in dangerous states of dehydration and self-neglect. If required, delusions or hallucinations can be specified as congruent or incongruent with the mood.
“Incongruent” should be taken as including affectively neutral delusions and hallucinations; for example, delusions of reference with no guilty or accusatory content or voices speaking to the individual about events that have no special emotional significance.

1.3. **Severe depressive episode without psychotic symptoms** *(F.30.2):*  
In a severe depressive episode, the sufferer usually shows considerable distress or agitation, unless retardation is a marked feature. Loss of self-esteem or feelings of uselessness or guilt are likely to be prominent, and suicide is a distinct danger in particularly severe cases. It is presumed here that the somatic syndrome will almost always be present in a severe depressive episode.

**Diagnostic guidelines**  
All three of the typical symptoms noted for mild and moderate depressive episodes should be present, plus at least four other symptoms some of which should be of severe intensity. However, if important symptoms such as agitation or retardation are marked, the patient may be unwilling or unable to describe many symptoms in detail. An overall grading of severe episode may still be justified in such instances. The depressive episode should usually last at least 2 weeks, but if the symptoms are particularly severe and or very rapid onset, it may be justified to make this diagnosis after less than 2 weeks.
During a severe depressive episode it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

1.4 Severe depressive episode with psychotic symptoms (F30.3):
A severe depressive episode which meets the criteria given for F32.2 above and in which delusions, hallucinations or depressive stupor are present. The delusions usually involve ideas of sin, poverty or imminent disasters, responsibility for which may be assumed by the patient. Auditory or olfactory hallucinations are usually of defamatory or accusatory voices or of rotting filth or decomposing flesh. Severe psychomotor retardation may progress to stupor. Delusions or hallucinations may be specified as mood-congruent or mood-incongruent.

2. Schizophrenia (F20):

2.1. Criteria for Schizophrenia:

(a) Thought echo, thought insertion or withdrawal and thought broadcasting;

(b) Delusions of control, influence or passivity, clearly referred to body or limb movements or specific thoughts, actions or sensations; delusional perception.

(c) Hallucinatory voices giving a running commentary on the patient’s behaviour or discussing the patient among themselves, or other types of hallucinatory voices coming from some part of the body.
(d) Persistent delusions of other kinds that are culturally inappropriate and completely impossible, such as religious or political identity, or superhuman powers and abilities (being able to control the weather, or being in communication with aliens from another world.

(e) Persistent hallucinations in any modality with accompanied either by fleeting or half-formed delusions without clear affective content, or by persistent over-valued ideas or when occurring every day for weeks or months on end;

(f) Breaks or interpolations in the train of thought, resulting in incoherence or irrelevant speech or neologisms;

(g) Catatonic behaviours, such as excitement, posturing or waxy flexibility, negativism, mutism, and stupor;

(h) “negative” symptoms such as marked apathy, paucity of speech, and blunting or incongruity of emotional responses, usually resulting in social withdrawal and lowering of social performance; it must be clear that these are not due to depression or to neuroleptic medication.

(i) A significant and consistent change in the overall quality of some aspects of personal behaviour, manifest as loss of interest, aimlessness, idleness, a self-absorbed attitudes, and social withdrawal.

**Diagnostic guidelines:**

The normal requirement for a diagnosis of schizophrenia is that a minimum of one very clear symptom (and usually two or more
if less clear-cut) belonging to any one of the groups listed as (a) to (d) above, or symptoms from at least two of the groups referred to as (e) to (h), should have been clearly present for most of the time during a period of 1 month or more. Conditions meeting such symptomatic requirements but of duration less than 1 month (whether treated or not) should be diagnosed in the first instance as acute schizophrenia like psychotic disorder (F23.2) and reclassified as schizophrenia if the symptoms persist for longer periods. Symptom (1) in the above list applies only to a diagnosis of simple schizophrenia (F20.6), and a duration of at least one year required.

2.2. **Undifferentiated Schizophrenia (F20.3):**

Conditions meeting the general diagnostic criteria for schizophrenia (see introduction to F20 above) but not conforming to any of the above subtypes (F20.0 to F20.2), or exhibiting the features of more than one of them without a clear predominance of a particular set of diagnostic characteristics. This rubric should be used only for psychotic conditions (i.e. residual schizophrenia, F20.5, and post schizophrenic depression, F20.4, are excluded) and after an attempt has been made to classify the condition into one of the three preceding categories.

**Diagnostic guidelines:**

This category should be reserved for disorder that:

(a) Meet the general criteria for schizophrenia
(b) Are either without sufficient symptoms to meet the criteria for only one of the subtypes F20.1, F20.2, F20.4, or F20.5 or with so many symptoms that more than one of the paranoid (F20.0), hebephrenic (F20.1), or catatonic (F20.4) subtypes are met.

3. Origin of the test and Herman Rorschach:

Leonardo da Vinci (1452-1519) was apparently the first to realize there might be a similarity between inkblot responses and personality. He had his pupils compose paintings while they looked at ambiguous visual forms. Da Vinci was struck by the fact that each painter revealed personal traits in the figures which were drawn. Piotrowski (1950) believes that Rorschach was familiar with this research, since his father was an art teacher and Rorschach was intensely interested in art. Whether others influenced Rorschach is not known. Binet, the founder of intelligence tests, mentioned the use of inkblots in 1895 as a means of measuring passive imagination and his suggestions resulted in research by Dearborn in this country in 1898 among others. They found that the occupation, habits of living, environment, and degree of mental stability seemed to contribute to the types of responses given by subjects (Klopfer, 1946 et al.).

Rorschach’s wife stated he became interested in the problem in 1910 when a classmate who was teaching used inkblots to stimulate the interest of his pupils in creative writing. Rorschach was impressed by the variety of responses the pupils gave to the same blot. Several
years later he began the research on the inkblot which terminated ten years later at his death (Piotrawsky, 1950).

Rorschach was born on November 8, 1884, in Zurich, Switzerland, the son of an art teacher. He inherited a love of art, drew well, and was intensely interested in visual sensations as revealed by the nature of his research in later years. Because of his father’s death he studied medicine to earn a living, going to school in Nuenberg, Zurich, Berne, and Berlin. He qualified as a doctor in 1910. Originally he had been interested in psychotic hallucinations, then the psychological sources of religion, finally the study of inkblots. As a psychiatrist and psychoanalyst, he worked at several mental hospitals in Switzerland. Research on the psychiatric patients available to him made it possible for him to validate some of his theories about the inkblot responses. These patients had exaggerated personality traits in comparison with the normal individual, so that Rorschach found it easier, for example, to prove that use of color must be a measure of impulsivity or of affective reactions, since patients having such strong emotional characteristics were found to use responses which involved color. By means of controls and checks with other types of patients he was finally able to establish sufficient conclusions to publish a monograph in 1921 which dealt with his investigations on the inkblot test. The monograph, Psychodiagnostik, (Rorschach, 1942) and an article published posthumously are all that is available by him on this test. He died suddenly on April 2, 1922, at the age of 37 of appendicitis complicated by peritonitis.
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Little as he published, his contributions resulted in a tremendous impetus to the use of his test and later to the creation of tests based on his ideas. Unfortunately the gaps in his system and his untimely death have resulted in the many schools of Rorschach which exist today. After David Levy returned to the United States, Dr. Samuel Beck went to Switzerland to study under Dr. Oberholzer, Rorschach's colleague, and in 1928 Beck wrote the first American doctoral dissertation on the Rorschach method. Beck is now the head of a school of Rorschach philosophy which claims to hold rigidly to the principles established by Rorschach. Bruno Klopfer, at present at the University of Southern California, developed an elaborate system of scoring and interpreting which is unlike that of Beck. Working independently of the European influence, Dr. Marguerite Hertz, of the Brush Foundation in Cleveland, Ohio, developed her own system and theory and has published much on her research. Piotrowski and Rapaport are others who have modified Rorschach's original work.

Rorschach dead at the age of 37, only seven month after Psychodiagnostik, published. The 183 pages (English translation) that comprise the monograph are rich with concepts, findings and case examples. The original title that Rorschach selected for his monograph was, Method and Result of a Perceptual-Diagnostic Experiment: Interpretation of Arbitrary Forms: The issue of the title was raised in early August of 1920, when the menucript was being reviewed before the type setting began. Walter Morgenthaler, a close friend and colleague, who was serving as the professional editor for the project,
wrote to Rorschach: ‘I take this opportunity to include a word about the title of your work, I believe you are being very modest about it. Your subject concerns more than just Perception Diagnostics, much more than that, and all together more than a ‘mere’ experiment. I would, therefore like to suggest as the main title (in cap) PSYCHODIAGNOSTIC (or something similar)... As a subtitle I could see: ‘Though the Interpretation of Chanse Forms’, or ‘Experimental Investigations with the Interpretation of Accidental Forms.’ Rorschach was not receptive to this suggestion and two days later wrote to Morgenthaler: Now about this title. It is not just modesty, I have a sense of responsibility for the title. I have brooded a ling time about this... but nothing has come forth that has suited me. Expressions such as Psychodiagnostik, Diagnostics of Diseases and Personality and the like seem to me to go much too far. Perhaps later, when there is a norm created through controlled investigations, such an expression can be used. For now it strikes me as being too pompous.. So I should like to ask you to let the title stand as it is. (1920/1999). But this did not end the matter and for the next several days, Morgenthaler continued to argue forcefully for a title change, emphasizing that the original title could create difficulties in marketing the book. Before the end of the month, Rorschach acquiesced, ‘Not very happy I yield, but your arguments are weighty and so I can do nothing else.’

It is certain the Rorschach often played the popular Klecksographie (Blotto) game as a youth. In fact, he even had the nick
name “Klex” during his last two years in the Kantonsschule, which might have reflected his enthusiasm for the game. Ellenberger (1954) has suggested that the nickname may simply have evolved from the fact that Rorschach’s father was an artist, but that notion seems less plausible than the fact that Rorschach himself developed considerable artistic skill during his youth. Even before reaching adolescence, he was in the habit of making pencil sketches in small notebooks, and during adolescence created many very detailed ink drawings. In late adolescence and through the remainder of his life, he painted extensively with water colors. Most of his sketches and paintings are relatively small and are quite remarkable for their realism and exquisite detailing. In fact, this skill probably contributed substantially to the creation of the 10 figures that were published with the monograph and comprise what has become known as the Rorschach Test.

Rorschach had close friendship with a classmate from the Kantonsschule, Konrad Gehring, played an initial role in stimulating his exploration of the use of inkblots with patients. The Klecksographie game had flourished in Europe for several decades by the time Rorschach began his psychiatric residency in 1910 at the Munsterlingen Asylum on Lake Constance. The game was a favorite of both adults and children, and had several variations. Inkblots (Klecks) could be purchased in some stores or, as was more commonplace, players of the game could create their own. Sometimes, it was played by creating poem like associations to the blots (Kerner, 1857). In
another variation, a blot would be the centerpiece for charades. When children played the game in school, they or the teacher usually would create the blots and then compete in developing elaborate descriptions. Konrad Gehring became a teacher at an intermediate school close to the Munsterlingen Asylum, and he and his pupils often visited the hospital to sing for patients. Gehring had discovered that if he contracted with his students to work diligently for a period of time and then permitted them to play Klecksographie, it not only provided an incentive, but his classroom management problems also were reduced considerably. This routine causes Rorschach to question whether Gehring’s gifted pupils demonstrated more fantasy in their inkblot responses than did the less gifted pupils. In 1911, a brief “experiment ensued, lasting only a few weeks, but the procedure and results caused Rorschach to become intrigued with the management potential that the game seemed to offer, and also provoked an interest in making comparisons between the Klecksographie responses of Gehring’s male adolescent students and his own adult patients. Thus, in a very casual and unsystematic manner, they worked together for a brief period, making and testing out different inkblots.

It is possible that little would have come from the Rorschach-Gehring “Experiment” had not another event occurring during the same year. This was publication of Eugen Bleuler’s famed work on Dementia Praecox in which the term schizophrenia was coined. Bleuler was one of Rorschach’s professors and he directed Rorschach’s Doctor’s Thesis, which concerned hallucinations.
Rorschach noted that patients who had been identified as schizophrenic seemed to respond quite differently to the Klecksographie game than did others. He made a brief report of this to a regional psychiatric society, but little interest was expressed in his apparent finding.

In 1910, Rorschach married a Russian, Olga Stempelin, who was studying medicine in Switzerland. They agreed to ultimately practice in Russia. Rorschach completed his psychiatric residency in 1913 and moved to Russia with the expressed intention of remaining there for quite some time. He obtained a position at the Krukova Santorium where he worked for about five months, but then returned to Switzerland and accepted a position as a resident psychiatrist at the Waldau Mental Hospital near Bern, where he was to work for the next 14 months. It was during that time that he renewed his close friendship with Walter Morgenthaler, a senior psychiatrist at the hospital. It is very evident that Morgenthaler stimulated Rorschach’s thinking about the potential usefulness of inkblots, and he played a key role in the publication of Rorschach’s monograph.

In 1915, Rorschach obtained a position as a Senior Psychiatrist at the Krombach Mental Hospital in Herisau, and later became the Associate Director of that facility. It was at Herisau, in late 1917 or early 1918, that Rorschach decided to investigate the Klecksographie game more systematically. It is likely that the stimulus to that decision was the publication of the “Doctor’s Thesis” of Szymon Hens, a Polish medical student who studied under Bleuler at the Medical
Policlinic in Zurich. Hens developed his own series of eight inkblots which he group administered to 1,000 children, 100 no patient adults, and 100 psychotic patients. His thesis focused on how the contents of responses were both similar and different across these three groups, and he suggested that a classification system for the contents of responses might be diagnostically useful (Hens, 1917). Rorschach was familiar with much of the literature on perception and seemed intrigued with, and influenced by, the concepts of Ach, mach, Loetze, and Helmholtz, and especially the notion of an apperceptive mass.

Rorschach began his systematic investigation with the premise that group of individuals, when presented with a series of inkblots, would be differentiated by the characteristics of their responses to the question, what might this be? It is evident that one of his basic postulates was that this variation of the Klecksographe procedure might ultimately lend itself as a way of differentiating schizophrenia. Rorschach made dozens of inkblots in preparing for his experiment. It is certain that he made at least 40, and tried out different combinations of 15 to 20 at the onset. Shortly after beginning this pilot work, he decided against using simple inkblots. He did not write much about that decision. His failure to do so, plus the manner in which he described the “Apparatus” in his monograph, caused many to assume that the figures of the test are largely ambiguous inkblots. But that is not true.

Each of the figures in the test contains numerous distinctive contours that are reasonably commensurate with objects with which
most people have familiarity. Nonetheless, for several decades after the test was published, most who used and researched it were unaware of the substantial frequency of potentially reasonable answers that seem to be readily available to most people. There are probably several reasons for this, beginning with Rorschach’s report of his experiment. In the monograph, Rorschach wrote, “The production of arbitrary forms is very simple: a few large inkblots are thrown on a piece of paper, the paper is folded, and the ink spread between the two halves of the sheet”. This description carries the implication that the stimulus figures are ambiguous inkblots. Beyond this point in the monograph, he discontinued the use of the term inkblot (klecks) and referred to the materials as pictures (bilder), Plates (tafeln), or figures (figures).

He also wrote, “Not all figures so obtained can be used, for those used must fulfill certain conditions, the forms must be relatively simple, they fulfill certain requirements of composition or they will not be suggestive, with the result that many subjects will reject them as “simply an inkblot”.

Rorschach typically made his inkblots on tissue paper. A large number of them were donated to the Rorschach Archives and Museum in 1998-1999 by his son and daughter, Wadim and Elisabeth Rorschach. They had been safekeeping a large quantity of their father’s papers, protocols, tables, correspondence, figures, and artwork until a satisfactory site could be established for their storage and display. Between 15 and 20 of the tissue paper blots have some
similarity to the published figures, but none contain the exquisite detailing that is evident in the figures used in the test. Seven or eight of the tissue paper blots might easily be confused as being the published figures at first glance, but even a causal comparison reveals the published figures are much more precisely detailed.

It is possible that Rorschach discovered some method for creating much more detailing when creating inkblots, but it seems more likely that he used his considerable artistic talent to detail and embellish the figures that he produced, and add some of colorings. In doing so, he added many more contours and colors to those that appeared in the original blot. He did this to ensure that each figure contained numerous distinctive features that could easily be identified as similar to objects stored in the memory traces of the individual. This was important in constructing the figures because the premise underlying his experiment was based on the perception of arbitrary “forms”.

Rorschach did not elaborate further on the manner in which the figures were created, but he did briefly mention the importance of “two or three parallel series” that he was creating, or intending to create, with the objective that each parallel figure should be designed so that, “the number of answers should compare favorably. Plate I of the new series should give approximately the same number of F’s and M’s as Plate I of the original, and so on. Plate V of the parallel series should present object equally easy to recognize.
After a few months, he had created a series of 15 or 16 figures that seemed most useful for his purpose. He used at least 15 figures through much of 1918, and possibly into early 1919. Then, apparently after reviewing his finding, reduced the series to 12 figures, and continued to administer the 12 figure until circumstances caused him to eliminate two more.

During the period from 1917 to 1919, he maintained frequent contact with Morgenthaler and also presented three brief papers concerning his experiment at professional meetings. It was in this time frame that Morgenthaler encouraged him to publish information about his experiment and, by mid 1919, Rorschach became convinced that his work had progressed sufficiently to warrant publication. He was especially interested in having the figures that he was using printed in a standard format so that they could be used by the numerous colleagues who had expressed interest in his work.

The data that Rorschach had analyzed by mid 1919 were sufficient for him to demonstrate that the method he had devised offered considerable diagnostic usefulness, especially in identifying schizophrenia. In the course of the investigation, he also discovered that clustering of high frequencies of certain kinds of responses, mainly movement or color responses, appeared related to distinctive kinds of psychological or behavioral characteristics. Thus, the method seemed to have both a diagnostic potential and the possibility of detecting some qualities of person which, in terminology of
contemporary psychology, would probably be called personality traits, habits or styles.

In addition to Morgenthaler, other colleagues, including Bleuler were impressed with Rorschach’s experiment and the diagnostic potential that it seemed to hold. Several pleaded with him for a loan of the figures he was using so that they could try them out and numerous colleagues encouraged Rorschach to publish his findings in a form from which others could learn to use the method. Gradually, Rorschach became enthusiastic about this prospect, but encountered a significant obstacle when he proposed the work to several publishers. They were uniformly negative about the printing of the inkblot figures, citing the complexities and expense involved. One publisher expressed interest, provided that the printing of only one figure would be required. Another agreed to publish a manuscript but with the proviso that the number of figures be reduced to six. Rorschach rejected these possibilities but continued with his work, adding more subjects to his samples.

It was at this point that Morgenthaler interceded on Rorschach’s behalf. Morgenthaler was, at that time, a consulting editor for the firm of Ernst Bircher, a publishing house specializing in medical books. Morgenthaler that he could also deal successfully with the problems involved in reproducing the blots that Rorschach had created, and he appealed to Bircher to undertake the publication of Rorschach’s monograph.
Bircher agreed, somewhat reluctantly, but some compromises were necessary. Bircher refused to reproduce more than 10 inkblot figures and also decided that those used by Rorschach were too large. Although probably dissatisfied, Rorschach agreed to rework the various data tables that he had created so that they would reflect the accumulated findings for only 10 figures. He also agreed to a one-sixth reduction in the size of the figures, but even well into 1920, before the final manuscript was submitted, appealed for at least one more figure to be added to the series. Although Rorschach used 12 figures well into 1919, there is a definite possibility that he anticipated using only 10 figures in the final set well before that time. Some of his correspondence to colleagues, contributed to the Rorschach Achieves and Museum by his son Wadim and daughter Elisabeth in 1999 includes letters in which 10 figures are mentioned. Whether these were written prior to his verbal discussions about a monograph with Mergenthaler is not clear, but clearly raises the possibility that he was not disappointed, as I have suggested, about having only 10 figures printed. It also seems likely that the two figures that were deleted from the 12 blot series were ultimately included in the parallel series that known as the Behn-Rorschach.

After the final manuscript was submitted in July 1920, Rorschach had to reduce it by more than 60 pages because of cost factors, but more significant problems occurred as the proofs of the figures were created. When they were reproduced, some of the colors were altered substantially, especially on Cards VIII and IX, and a
much greater differentiation in the shades of grey and black were produced in the achromatic figures (IV, V and VI) had been created with almost no shading, the printing process created very notable contrast in the tones. Ultimately, Rorschach accepted these “glitches” as offering new possibilities (Ellenberger, 1954), but it is clear that he was not enthusiastic about them at the onset. Proof version for all the original figures was made at least twice, and as many as four proofs were created for some of the plates. Finally, in October 1920, Bircher wrote to Rorschach, “…the glitches can no longer be changed... I cannot do it because each print costs too much.”

The manuscript was finally published in September 1921. Much of it is based on the findings that had accumulated for 405 subjects, of which 117 were nonpatients that he subdivided into ‘educated’ and ‘noneducated’. The sample also included 188 schizophrenics who comprised his basic target population. True to his casual 1911 observations, the schizophrenic group did respond to the figures quite differently than did the other groups. His major thrust avoided and minimized content and, instead, focused on the development of a format for classifying responses by different characteristics. He developed a set of codes, following largely from the work of the Gestaltist (Mainly Wertheimer) that would permit the differentiation of response features. One set of codes, or scores as they have come to be called, was used to represent the area of the blot to which the response was given, such as W for the whole blot, D for large detail areas and so on. A second set of codes concerned the features of the
blot that were mainly responsible for the identification of the image reported by the subject, such as F for form or shape, C for chromatic color and M for the impression of human movement. A third set of codes was used to classify contents, such as H for human, A for animal, An for anatomy and so on.

Rorschach looked forward to much more research with the method and invested himself vigorously in it during the next several months. But then tragedy struck. On April 1, 1922, he was admitted to the emergency room at the Hersau hospital after having suffered abdominal pains for nearly a week. He died the next morning from acute peritonitis. He had devoted less than four years to his investigation of the “Bloto Game”. Had he lived to extend his work, the nature of the test and the direction of its development might have been much different than proved to be the case.

It is evident that Rorschach was disappointed about the seeming indifference to his work after Psychodiagnostik was published. The only Swiss psychiatric journal did not review it and other European Psychiatric journals did little more than publish brief summaries of the work. The monograph was a financial disaster for the publisher. Only few copies were sold before Rorschach dead and before the House of Bircher entered bankruptcy. Fortunately, the subsequent auction of Bircher goods left the monograph and the 10 plates in the hands of a highly respected publishing house in Bern, Verlag Hans Huber. Huber’s reputation for quality publications, plus a few favorable reviews of the monograph, stimulated interest in
pursuing Rorschach’s work further. However, Rorschach’s death and the fact that the figures created in the printing were somewhat different than those used by Rorschach in his experiment, posed a significant problem for those who would try to continue his work.

4. History and Development of Rorschach Inkblot Test:

Rorschach (1884-1992) wrote in a theoretical idiom that is not immediately recognizable to the modern reader. His zeitgeist was founded, not on the social behaviorism and positivism that characterizes contemporary American clinical psychology (Loevinger, 1994), but on the rich philosophical, medical and natural science traditions of the 19th century. He was educated in a period of revolutionary cultural transition. Rorschach was a brilliant student, talented artist and aesthetician. His medical school education and psychiatric training, during the decade of 1910-1920, exposed him to the early “depth psychologies” of Freud, Bleuler (1916) and Jung.

Psychodiagnostics is called a monograph. It is written in dry, scientific terminology. The English translation of the book (Rorschach, 1942) reads in a wooden, perhaps overly literal rendering. There is a paucity of German language scholarship concerning the Rorschach, in part it seems, due to the fact that the book received a very poor reception in Switzerland and Germany. None of the early German-language scholarship has been translated and published in English-language Rorschach literature. The contemporary reader attempting to generate a background relies inevitably on Ellenberger (1954,1970) and commentaries on Psychodiagnostics by the various Rorschach
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systematizers (Exner, 1968). Finally, the attempt to approach and assimilate Rorschach’s seminal work, in light of the sometimes gifted scholarly commentaries of the earlier generations of Rorschach scholars – Ernest Schachtel and David Rapport—among them, creates a daunting attitude of humility.

The layout of Psychodiagnosics is plain and simple. Psychodiagnosics is a scientific document written in terse language lacking literary elegance. It is, certainly, written in a theoretical language that is unfamiliar to the modern reader. Rorschach’s debt to associationist theory, in his discussion of perception and apperception, is found in his famous quote of Bleuler:

Perceptions arise from the fact that sensations, or groups of sensations, memory pictures of former groups of sensations within us. This produces in us a complex of memories of sensations, the elements of which, by virtue of their simultaneous occurrence in former experiences, have a particularly fine coherence and are differentiated from other group of sensations. In perception, therefore we have three processes: sensation, memory and association. This identification of a homogeneous group of sensations with previously acquired analogous complexes together with all their connections, we designate as apperception (Rorschach, 1942).

Rorschach, in several places in the book, indicates that “virtual memories” and “engrams” are centrally involved in responding to the cards. This approach to the response process, based on associationist and schematic properties, expresses notions similar to contemporary
information processing ideas of distributed processing and schema theory (Acklin & Wu-Holt, 1995).

Rorschach referred to his inkblot test as a “form interpretation test”. Rorschach’s monograph is posed as an experimental report. He readily admits that his findings and ideas are preliminary and in need of further development. The outline of the work is in traditional scientific format; apparatus, procedure (Section I), and description of scoring system as applied to a group of 45 participants (Section II). He deals with the stimulus requirements of the blots (Section III). The heart of the work (Section IV) elaborates Rorschach’s notion of *kinesthesia*, a construct that has little in common with contemporary psychological ideas and the extension kinesthesia into the notion of the experience type experience type (Erlebnistypus [EB]). In a brief discussion (section V), he notes that the applicability of the inkblots to diagnostic considerations was discovered quite secondarily, and discuss the test’s use in the clinical situation. He concludes his monograph with one of the first examples of personality assessment: 28 Rorschach case studies, including normals, neurotics, psychotics, manic-depressives, epileptics and organic psychoses, creating an enduring prototype for Rorschach case studies. His posthumous paper, “The Application of the Form Interpretation Test”, written in collaboration with Emil Oberholzer, is appended to *Psychodiagnosics*.

Ellenberger’s writings are indispensable appreciating Rorschach’s personality, his contemporaries, and his work. “The Life and Work of Hermann Rorschach” (Ellenberger, 1954) described who
Rorschach was and the development of his ideas. Only after penetrating into Rorschach’s work does Ellenberger’s description of the magnitude of Rorschach’s genius take shape. Ellenberger described young Rorschach, the son of an artist and art teacher, as living ‘in an atmosphere of extraordinary intellectual, artistic, and cultural concentration’. Rorschach seems to have been the sort of person who developed his ideas intensely, if not being actually possessed by them. His early work on the psychological and social pathology of Swiss cults (1913-1919), and later his inkblot test, stands as examples. Swiss psychiatry, at the time that Rorschach trained and practiced, was very well developed and bred a number of singular theorist and clinicians, including Bleuler, Jung, Pfister, Minkowski, and Binswanger. The Swiss psychoanalytic group, to which Rorschach belonged, comprised a veritable psychiatric hall of fame. These brilliant psychiatrists developed influential phenomenological and depth psychologies. Freud’s work of course was intensely debated and had been rapidly assimilated into contemporary clinical practice. Jung (1875-1961), Rorschach’s senior by 9 years, had been at the Burgholzli Clinic since 1900 (Rorschach obtained his medical degree from the University of Zurich in 1912) and had fully established himself by 1910 with his word association studies (Ellenberger, 1970). Rorschach used Jung’s word association test in his own clinical work, comparing the result with his inkblot method. Jung’s stature and influence on Rorschach cannot have been insignificant.
Rorschach had been exposed to Freud’s thought long before he developed his inkblot test and wrote Psychodiagnosis. Ellenberger (1970), in chapter 10 of *The Discovery of the Unconscious*, makes an unreferenced statement concerning the direction that Rorschach’s thinking seemed to be taking: “but when Rorschach gave his last communication to the Swiss Psychoanalytic Society on February 18, 1922, it was clear that he was developing his method of test interpretation in the direction of phenomenology” (p. 842). Rorschach was a radical innovator and his ideas about kinesthesia and the EB form the theoretical core of *Psychodiagnosis*.

European philosophy and psychiatry were preoccupied with dream psychology in the latter half of the 18th century, in part due to the influence of Romanticism. Dream research was focused on the origins of dream images, stimulation of dream images in various sensory modalities, and philosophical speculation about the relation of dreams to the ‘soul’ (psyche). Ellenberger (1970) asserted that Rorschach was heavily influenced by the dream research of J. Mourly-Vold (1850-1907), a Norwegian philosopher. Vold had discovered that people tended to dream more vividly, with accompanying physical sensations, when their limbs were restrained during sleep. Vold’s notions are adapted to Rorschach’s notion of kinesthesia. Rorschach’s interest seems to have been about fundamental psychophysical processes and experiences that produce dream images. This was not solely the preoccupation of Rorschach, of course. Psychiatry at the time was fascinated by the notions of dream psychology, the
‘unconscious psyche’, and their role in mental functioning and psychopathology (Ellenberger, 1970). Morgen thaler, Rorschach’s senior colleague during his years at the Waldau asylum (1914-1915), was intensely interested in the artistic productions of psychotics (Ellenberger, 1954). Jung had during the first decade of the century, elaborated his association test and had, following his break from Freud, begun to explore the source and structure of primordial images and the architecture of the unconscious.

By 1913 Jung has broken with Freud over notions of the unconscious psyche, feeling that Freud’s notion was unduly limiting and too focused on sexuality. Jung preoccupied with psychic images (complexes and archetypes) in the years prior to Rorschach’s inkblot investigations. Rorschach was aware of, and integrated the theory of complexes (‘feeling-toned groups of representations’), a concept introduced by Bleuler but developed by Jung. Rorschach published a case study in which he attempted to cure amnesia using free associations, Jung’s Association Test, and hypnosis, indicating that he was well aware of the available treatment modalities.

The year after Rorschach died, Ellenberger noted that Binswanger read a paper introducing phenomenological psychiatry. In summary, many contemporaries of Rorschach were preoccupied with the role of the experiential foundation of unconscious psychic life. Rorschach’s synthesis and integration of these ideas seem to have ripened and burst forth in a 3-year period before his death, in which he developed his “form interpretation experiment”, tested a sizable
sample of participants (N=405), and published his *Psychodiagnostics* in June 1921. He died suddenly the following Spring (April 2, 1922).

In Section IV, Rorschach elaborates his notions about kinesthesia, the arising of psychic images from life processes, into a core concept and foundational personality principle—the EB. The EB represents a ratio between the sum of human movement (M) responses and the weighted sum of chromatic color (C) responses. M responses reflect the capacity to produce or evince images of human movement. They are based, in Rorschach’s words, on form and kinesthetic factors. Kinesthesia indicates a capacity for “inner creation”. Rorschach (1942), in his discussion of M responses, wrote that, “This component of intelligence can be nothing other than the ability to create new, individual productions, the capacity for inner creation. In its finest development we call this artistic inspiration, religious experience. Etc.” Kinesthesia reflects introversion denoting the capacity to attune and resonate to one’s inner life. Rorschach’s definition for kinesthetic responses required that they be felt, not merely named, the basis, in Schachtel’s thinking, for empathy (Schachtel, 1966). Schachtel noted that, “kinesthesias have a particularly intimate and deeply rooted connection with the core personality”. Reflecting the influence of Mourly-Vold, kinesthesia is related to inhibited motility. Kinesthesias seem to be drive-conditioned psychomotor impulses that are projected and objectified in the response. Color responses (C) on the other hand, reflect extraversion,
representing affectivity and the feeling-based adaptation to the external world. Rorschach did not see these dimensions as static or opposed, per se, but as independent aspects of the individual’s capacity for experiencing and adaptation. They coexist in specific proportions. He noted that the relation of M to C changed as a result of psychoanalytic treatment, in particular, demonstrating an equalization of introversive and extratensive features. Rorschach further developed the notion of dilation, based on “Many M and Many C” and coartation, an absence of M and C, to describe the scope of capacity for experiencing a rudimentary phenomenological theory of defenses. A person could be seen as leaning in one direction or the other, as introverted or extroverted, or balanced (ambiequal). Rorschach believed that ambiequality, in the context of ample M, color responses balanced with form (both FC and CF), and good form visualization represented psychological health and integration. Although it is clear that Rorschach’s ideas were in their initial stage of development, the notions of kinesthesia and EB are innovative and fundamental in his view of human nature.

Ellenberger (1970) noted that typology was of great interest to the younger psychiatric generation of the time and its relation to various kinds of mental illness. Rorschach attempted to apply typological theory to EB. Rorschach referred to “apperceptive types” and the “experience type” as they relate to intelligence, imagery and talents. Personality and talents, perceptive and probably, imagery type, and significant elements of affect and intelligence, are all direct
outgrowths of the experience type of an individual. (Rorschach, 1942). The experience type in Rorschach’s thinking is at bottom the “capacity to experience”, a notion that has strong phenomenological leanings. Rorschach’s fundamental notions, despite their similarity and innovation, seem at their basis to share strong affinities with Jungian ideas about psychic functioning. His ideas, apart from the dry prose of the Psychodiagnostics, are organismic, phenomenological, and focused on the psychobiological processes that produce primordial images Jung’s archetypes.

For Exner, EB is representative of a “problem-solving or coping style”. Rorschach’s notions of “ambiequality” stand in sharp contrast to the generally negative picture of “ambitendency” as a vacillating and ineffective style (Exner, 1993). That is overrepresented in clinical groups. Rorschach noted that “a dilated experience type is fundamental for most talents and the normal ambiequal represents the ideal result of the development of the experience type.

Rorschach’s test is almost entirely lacking the forest of determinants, ratios, indices, and constellations that characterize the Comprehensive System. The only determinants that Rorschach used were M, C and form (F). Rorschach’s test had no formal inquiry (though he suggested that one may inquire to clarify), no shading distinctions (C’, Y, V or T, though he belatedly discovered shading-‘chiaroscuro’ by virtue of printer’s error), a small number of contents, no active-passive movement, no DQ, FD, pairs or Fr, and no blends. His thinking about the so called special scores, reflecting structural
problems in thought organization, was in the early stage of development. But Rorschach’s test, simple as it is by comparison, is no less profound. It was and remains a unique and incomparable method for tapping into the primary “capacity of experiencing”.

5. Beck, Klopfer, Piotrowski, Rapport Systems:

Rorschach’s colleagues Walter Morgenthaler, Emil Oberholzer and Hans Behn-Eschenberg became the strongest advocates of the Form Interpretation Test. Behn-Eschenberg, a psychiatric resident who worked directly with Rorschach at Herisau, was the first to apply the method with school children (1921). In this study, supervised by Rorschach, he used 10 of the plates that Rorschach had created while attempting to develop a parallel series. These ultimately known as the Behn Rorschach and later were touted as parallel series (Zulliger, 1941).

Oberholzer, a psychoanalyst and close friend of Rorschach, was enthusiastic about the inkblot project. A few weeks prior to his death, Rorschach sought Oberholzer’s comments about a paper that he had been preparing to present to the Swiss Psychoanalytic Society. Although Rorschach did not complete a final revision, Oberholzer decided to publish it because it included some new concepts and the identification of two new scoring categories, one for chiaroscuro (shading) features and the second for vulgar (Popular) answers (Rorschach & Oberholzer, 1923). The article has been included as an addition to subsequent editions of Psychodiagnostik. Oberholzer also wea to play an important role in the ultimate development and use of
the test. Oberholzer was one of the first catalysts to development and growth of the test in the United States. Because of Oberholzer's reputation, and American Psychiatrists, David Levy, petitioned for and received a grant to study with Oberholzer in Switzerland for one year. During that year, Levy learned about Rorschach's work and, on his return to the United States. He did publish a translation of one of Oberholzer's paper about it in 1926.

In 1927, Samuel J. Beck, a graduate student at Columbia University, was awarded a student fellowship at the institute. He worked a few hours each week, learning to administer and interpret various test of intelligence, aptitude and achievement. By 1929, Beck was actively searching for a research topic that might be acceptable for a dissertation. In a casual conversation one afternoon, Levy mentioned to Beck that he had brought copies of the Rorschach figures with him on his return from Switzerland. He showed them to Beck and loaned him a copy of Rorschach's monograph. Beck became intrigued with the test and practiced with it under Levy's supervision at the Institute. Subsequently, Beck broached the idea of a standardization study to his dissertation advisor, the famed experimental psychologist Robert S. Woodworth. Woodworth was not aware of Rorschach's work, but was familiar with some of the experiments of the Gestaltists in which inkblots were used as a part of the stimulus field. Beck took three years to collect and analyze the data for his study. During that period, he maintained contact with his close friends Ralph and Marguerite Hertz. Marguerite Hertz was also
student of Psychology in Western Reserve University, Cleveland. Beck shared Rorschach work with her and showed her the test figures. She recognized the potential of Rorschach method and decided to do dissertation on Rorschach. Beck and Hertz both dissertations completed in 1932.

Bruno Klopfer had completed his doctorate in 1922, at the University of Munich. He became a specialist in children and focuses much on his work on emotional problems as related to academic progress. He became a senior staff member at the Berlin Information Centre for Child Guidance. Klopfer had no interest in Rorschach. And has much interest in Freudian and Jungian Psychoanalysis. But by 1933, Berlin Government more pressure on other areas of work, which was not suited with personal interest Klopfer decided to leave the country. Werner Heibrun, aided him in contacting many professionals outside of Germany, seeking assistance for him. One who responded positively was Carl Jung, who promised for Klopfer in 1933 as technician at Zurich Psychotechnic Institute. The institute served many functions, among which was psychological testing of candidates for various types of employment. The Rorschach test was among the techniques used routinely, and Klopfer was required to learn how to administer and score it. His instructor was another technician, Alice Garbasky. During the nine months that he held this post, Klopfer became intrigued with some of the postulates offered by Rorschach in Psychodiagnostik, but he did not become strongly interested in teaching or using the test. Instead, his first love remained
psychoanalysis and his stay in Zurich provided the opportunity for considerable personal experience with Jung. His role as a technician was far less satisfying to him than has been his much more prestigious position in soliciting other employment, both Switzerland and Other countries. Ultimately, he was offered and accepted, a position as Research Associate in the Department of Anthropology at Columbia University. He immigrated to the United States in 1934. This was about the same time that Beck went to Switzerland, under a Rockefeller Fellowship, to study with Oberholzer for a year. American student of the test was faced with two problems regarding Rorschach. First, Rorschach’s monograph was not readily available, but even if a copy were located, the reader had to be quite skilled in German, because it was not translated in English until 1942. Second, it had not gained widespread use as was the case in Europe. Beck taught the method at Harvard Medical School and the Boston Psychopathic Hospital for about two years, and Hertz began teaching the method to technicians at the Brush Foundation and to students at Western Reserve University. In late, 1934, Klopfer conducted informal seminar on Rorschach. Six students would participate, each paying a small stipend for the six-week seminar. Klopfer’s intention to teach the fundamentals of administration and scoring during that first private seminar. By the end of the seminar, the students had already decided to continue for a second six weeks, and other students from Columbia University and New York University asked Klopfer to form a second group. The second led to third and so on. In each of these seminars,
possible new scores for location and to identify responses that included shading features were discussed, and decisions were made to add them to the existing scoring format. By late, 1935, several new scores had been added, and more were being considered. Klopfer published newsletter that he called The Rorschach Exchange, later to become the Journal of Projective Techniques, and finally known as The Journal of Personality Assessment. The purpose of that journal was to provide updates concerning the developments of the tests they evolved in the many seminars that Klopfer conducted privately and in the supervisory seminars he began teaching at Columbia. Klopfer wanted to share data, ideas and experiences with the test. He invited Beck, Levy, Hertz, and Oberholzer to contribute and anticipated that a dialogue among those experienced with the test would stimulate more rapid development. Beck published article in Exchange in 1936, but it was criticized by Bleuler and Manfred in terms of subjectiveness and scoring method. Beck received an invitation to write for the Exchange from Klopfer. He sent Klopfer a copy of manuscript. It was his first book known as Beck’s Manual. After that some volumes of Exchange, Klopfer criticized the Beck method. When the Beck-Klopfer schism became so apparent in the Exchange, she attempted to assume the role of a mediator. Then they worked independently. Beck worked at Chicago University and published three volumes concerning Rorschach in 1944, 1945 and 1952. Klopfer worked at California University and published three volumes concerning Rorschach. Hertz worked at Western Reserve University, Cleveland and published more
than 60 articles concerning Rorschach test. As the same time Zygmunt Piotrowski, an experimental psychologist had interaction with Klopfer during seminar at New York. Piotrowski’s primary objective was to learn more about neurology and development of symbolic logic. After 10 year of study of Rorschach he had published the Perceptanalysis, in which he integrated his own ideas about perceptual interpretation in to a system for using the test. Before Piotrowski completed his work, David Rapport was to have a significant impact o the development and use of the Rorschach in United States. Rapport’s orientation was strongly psychoanalytic. He was strongly influenced by Henry Murry concerning the process of projection and its relation to the study of personality. Karl Menninger and Rapport organized an project to study of efficacy of psychological tests for the purpose of deriving a broad picture of the psychological functioning of the person. That project culminated in a masterfully written two volumes series, Diagnostic Psychological Testing (1946) that focused on the clinical application of eight psychological tests, including Rorschach. Following publication of two volumes , Rapport was to drift away from psychological testing and back to his first love developing a more detailed model about ego functioning. He was enriched by Schafer’s classic work, Psychoanalytic Interpretation in Rorschach Testing. It represents a milestone in the use of content analysis to derive a broad review of the dynamics of personality. In Europe, during this same period, Ewald Bohm published Lehrbucher Rorschach Psychodiagnostik. In it he brought together the basics of
administration and scoring, remaining very close to Rorschach’s concepts and presenting a thorough and sophisticated description concerning the interpretation of the test.

6. The Comprehensive System:

Five different systems developed for Rorschach interpretation. A comparative analysis of the five American approaches was published in The Rorschach System by Exner in 1969. Each system collected the data of the test differently, different regarding scoring, seating, coding, symbol etc. The first of the three surveys (Exner & Exner, 1972) involved a questionnaire sent to 750 clinicians whose name were selected randomly from the member list of the Division of Clinical Psychology of the American Psychological Association and The Society for Personality Assessment. Concurrent with the three surveys, another project was completed at the foundation in 1970 that involved a systematic review of all published Rorschach research. By early 1971, the accumulated data tended to support three broad conclusions. First, the intersystem differences in procedures did produce five relatively different kinds of records. Second, each system included some scores, scoring criteria, and interpretive postulates for which no empirical support existed, or for which negative findings had been discovered. Third, each of the systems did include many empirically sturdy elements. In early phases of the project, focus on fundamental issues such as seating, instructions, recording and inquiring responses, and the selection of the codes or scores to be used. This caused the initial rejection of many seemingly useful
scores that have subsequently been added to the system by using a revision of the criteria for their application.

The basic ingredients of the Comprehensive System were published by Exner in 1974. It represents the work of all of the systematizes, plus the findings of many dedicated researchers who contributed to the study of a complex procedure used to generate information about personality organization and functioning. The result is an approach to the use of Rorschach’s test that is more sophisticated than in prior decades. It is a standardized method for using the test, which seems to be easily taught, manifests a respectable level of interscorer agreement, and includes interpretive premises that are grounded in reasonably sound validation data.

7. Cognitive Mediations:

There are many research going on Cognitive functions in the field of Psychology. Cognitive functions include thinking, decision making, planning, intelligence, memory etc. There are lots of psychological tests which measure the cognitive functions like PGI-Battery of Brain Dysfunction, Wisconsin Card Sorting Test, Cambridge Neuropsychological Test Automated Batteries (CANTAB) etc. which are considering as objective type test. When we are thinking about subjective test, we must wonder around projective test, like Rorschach and TAT. Rorschach Ink Blot Test also measure the cognitive functions and in Comprehensive system, Exner mentioned Cognitive Functions in a Triad(Group of three function). These three functions are information, cognitive mediation and ideation. Which is similar as
information, processing and output? Here, we are trying to understand Cognitive Mediation which is mentioned as below:

“Cognitive mediation refers mental operation occurs when information input is translated or identified. The processing data focus on the input activities that leads to the formation of a mental image or icon, the data related to how that image is identified or translated. The process requires some reconciliation between the image that has been stored and items available from the memory of the individual so as to accomplish the task.”

Cognitive mediation section uses a series of indicators to measure the extent to which the client is oriented toward making conventional, acceptable responses versus more unique ones. If either one of these directions is extreme and rigid, it suggests difficulties in adapting. This section includes, Form Appropriate Extended (XA%), Form Appropriate Common Areas (WDA%), Conventional Form(X+%), Unusual Form use(Xu) Distorted Form(X-%), Popular Responses (P).

- **Form Appropriate Extended: (XA%)**:

  XA% represents an individual’s responses to the contours of the inkblots. These responses are viewed as conventional because the individual only used the shape of the inkblot to describe what they are.

- **Form Appropriate Common Areas: (WDA%)**:

  Concerns the proportion of responses given to W and D areas in which there is an appropriate use of form features.
WDA% provides direct information about the appropriate use of form. This value works best in conjunction with XA%. WDA% represents answers given to the obvious blot areas, and they contain the most distinctive distal features.

- **Conventional Form (X+%)**:  
  X+% is essentially an indicator of the degree to which a person perceives things in a conventional, realistic manner. An extremely high percentage (greater than 90%) X+% means that persons perceive their world in an overly conventional manner, to the extent that they might sacrifice their individuality. They are likely to be hyper normal, inflexible, rigid and overly conventional. (Exner, 2003). In contrast, lowering in X+% (less than 70%) suggest persons who perceive their world in an unusual manner. It might suggest serious psychopathology.

- **Unusual Form (Xu%)**:  
  The range of Xu% responses can either indicate a departure from conventional behavior or a tendency to accommodate to societal expectancies. A few Xu% responses in a protocol can be healthy sign that the person is capable of seeing his or her world in a novel manner. An overabundance of Xu% responses suggests the person is highly committed to an unconventional orientation. Substantial frequencies of unusual responses signal less commitment to convention.

- **Distorted Form (X-)**: X-% is a direct index of the degree to which a person has distorted perceptions of reality. The higher
percentage of X-% indicates that the person has a significant level of impairment. Any percentage above 20% suggests that the person will have difficulty, because he or she has poor ties with reality and difficulty developing accurate abstractions.

- **Popular Responses (P):** High P suggests that the subject is experiencing anxiety related to a fear of making mistakes, and therefore, clings to common perceptions as a way to achieve approval. These individuals can be described as conventional, over conforming, guarded and frequently depressed. (Exner, 1974). The lowest number of P responses is given by inpatient schizophrenics, which is consistent with their poor contact with reality. They can be described as poorly adjusted, detached, aloof from their environment, and unable to see the world as others see it. Low P subjects who have good form quality and who organizational activity is also good are likely to be creative individuals who are avoiding common or ordinary perceptions and want to extend their imagination. If organization and form quality is poor, there is a high likelihood that the psychopathological dimensions are more predominant.

### 8. Introduction of Rorschach Ink Blot Test:

The Rorschach Inkblot Test was created by H. Rorschach, based on his variation of the child’s game Blotto (Hess, Zachar, & Kramer, 2001). Since its early development, the Rorschach has received critical and controversial reviews. Much of the development of
the test has occurred in the years after Rorschach’s death in 1922 (Rose et al., 2001).

The Rorschach test known as the Inkblot test, consists of ten white cards, 7” by 9%”, on each of which is printed an inkblot. The person taking the test states what the inkblot seems to resemble as he is handed the cards one by one. Inkblot pictures of animals, people, flowers, in fact every conceivable kind of object and some which seem to be creations of imagination as well as of the world about us, are seen. The research done by Rorschach and his followers and students shows that the images selected and the manner of visualizing them are unique to the personality of the individual person who takes the test. By means of Rorschach’s technique these images can be scored objectively and interpreted to furnish a picture of the individual’s psychological tendencies in his relationships to himself and to others in his social environment.

The Rorschach test reveals many aspects of personality, the inner assets and weaknesses, emotional reactions and methods of controlling them, ways in which thinking is organized, ways in which the individual sees himself and imagines others see him, and whether he is tense in his social relations-to name but a few of the personality aspects. Comparisons can be made with others in his socio-economic culture group and peculiarities can be noted. Primarily the test is of interest to psychiatrists who are interested in knowing all about a patient. Much the same type of information about personality could be gotten from psychiatric interviews; the Rorschach, however, in one
testing session obtains information that ordinarily might take from six months to two years of psychiatric investigation.

The ten inkblot cards seem to have been made by dropping ink or coloring matter on a white sheet which was then folded and creased so that the blot spread in a symmetrical matching of each side. Piotrowski (1950) states that although made accidentally, the ten blots used by Rorschach were carefully selected from thousands with which he originally experimented. He chose blots that elicited the greatest number and variety of images. The order of the blot presentation is standardized and follows the results of Rorschach's experience that from the order presented the greatest variety of stimulation is possible. Five of the blots are of grey-black ink, two have black and red colors, while the remaining three are multi-colored and devoid of black or grey. The following brief description of each of the Rorschach plates may be of interest.

Plate I is black and grey with four centered white spaces and crudely resembles a bat or winged animal. Plate II has two black figures faintly stippled with red. The figures are joined at the bottom center by a brilliant red splash of color, have a white space separating them in the middle, are connected at the top and capped individually in red. The whole inkblot very much resembles two clowns playing patty-cake. On Plate III, one gets the impression of two human figures in black with a large red bow between them and a red splash in each upper corner. Plate IV is again all black with tones of grey shading. White spaces at the bottom separate what looks like an animal's head.
from two enormous boots. People may see it as an animal or animal skin, sometimes as an ape-like monster. The blackest and most like a life-like object is Plate V which resembles a butterfly or bat. Plate VI has delicate shadings of grey with an elongated projection at the top. This, like Plate IV, is sometimes seen as a furry skin. Plate VII is horseshoe-shaped and upside down looks like two dancing women.

The last three cards are all in color without any black or grey. Plate VIII is blue, green, red, and orange from the top down and at each side appears what seems to be an animal. Each color is separated by white spaces although all areas are connected by bridges of color. Plate IX has a red base, green surmounting it, and is topped by orange. Separating the green and orange is a bluish white haze. Plate X is a riot of color, all separated yet joined or linked so that the white interlaces.

Rorschach stated that the test is not one which requires or tests imagination; rather, in seeing or in perception of the inkblot, associations or memories are aroused in the mind which the subject attempts to match with the inkblot; The association chosen is one which he thinks is similar with the blot. Rorschach uses the term "apperception" to describe the three-fold process of perceiving, recalling, and matching. The knowledge that such a process is not due to chance, but related to the basic personality of the perceiver is the contribution which Rorschach made to psychology and psychiatry. In a series of careful experiments, using both normal people and psychiatric patients, he was able to discover the personality traits
which were measured by the responses to the inkblots. (Rorschach, 1942.)

9. **Rorschach Ink Blot Test Administration:**

Test Administration is very important part in the Rorschach Ink Blot Test. The test administration is not very simple task. It requires professional training and knowledge. It is also requires supervision of experienced psychologist. We can divide test administration procedure in two stages. Stage one and Stage two. Stage one is formal interview of the client. Stage two covers seating position, introducing the test, instructions, the response phase, questions and encouragement, prompting, recording the response, Laying out the record, the inquiry, the location sheet. The detail descriptions of each stage are mentioned as below.

Stage one: It is formal interview. It is important to establish rapport with the client. The stage is start with free open ended questions. The professional person tries to collect some important information regarding client. It is likely to case history taking. It covers how to start problem? How did it develop? Which are the factors responsible for problems? Also it covers non verbal behaviour of the client, like facial expression, motor behaviour, speech, thought, physical appearance etc. Clinical psychologist does collect the basic information like family history, personal history, interpersonal relationship, attitudes, motives, and emotions etc. of the client.

9.1. **Seating:** Seating arrangement is very important in clinic. It should never be face to face. Most of psychologist chooses to sit next
to the client at table. Some examiner prefers to arrange two comfortable chairs side by side and work with a clipboard with materials on a small table next to the examiner away from the client. There are two reasons for the side by side position. The first and most important is to reduce the effects of inadvertent and unwanted cues from the examiner that may influence the client. The second is that the side by side position affords the examiner a much better view from which to see the features of the blot as they are referred to by client.

Rorschach used a side by side seating arrangement. Klopfer and Hertz systematically preferred the side by side seating arrangement. Bohm recommended that the examiner sit at a right angle to the client or sit side by side. Piotrowski recommended the side by side position, but noted that it should not be used if it necessitated a change in the regimen used in interviewing or prior testing. Beck preferred to sit behind the client and Rapport suggested a face to face seating on the assumption that it is the most natural for interviewing and testing. Actually, there is no psychological test that requires the face to face arrangement. Even when materials must be laid before the subject, as in some intelligence testing, the examiner can sit next to the client.

9.2. **Introducing the test:** If the client is cooperative and prepared properly for overall assessment process, no special elaboration should be required. The assessment should be done after a relatively brief interview, during which the examiner seeks to ensure that the person has a reasonable awareness of the purpose of the assessment. Most of
Introduction

people are aware of the general purpose of the test but much of that awareness includes some negative or erroneous assumptions. It is very important for the examiner to explore whatever set the person may have about the purpose for the assessment and provide the client with an introductory overview of the procedures to be used.

The purpose of the introduction of the test is not only to reduce the anxiety or misconception regarding test, but the client is entitled to know what will be happening, what will be done with the results, when they will be available, who will be receive them, and what kind of feedback can be expected and who will provide it. The routine should be honest, but the description of the procedures need not be overly elaborate. In the course of overview, a statement such as, “And one of the tests we will be doing is the inkblot test, the Rorschach. Have you ever heard or have you taken it?” When a person implies that they have some awareness about the Rorschach, the examiner should take time to explore what the person knows, or what they think they know about it. The Rorschach have appeared in various media, usually cartoons, movies or television and the manner in which the figures have been discussed or displayed often creates erroneous sets about the test. Usually, this is done easily with a brief, honest explanation such as, It is a test that gives us some information about the characteristics of people, and by having that information we can… The completion of the statement should relate to the person for the assessment. Such as, plan your treatment better, understand your problem better, make some recommendations that
your doctor has requested, get some idea about how your treatment progressing etc. If the person is naive about the Rorschach, typically it is best to simply indicate that, It’s just a series of inkblots that I will be showing you and ask what they look like to you. Assuming that the seating is appropriate, and the client has been prepared for testing, the procedure of administering the Rorschach becomes relatively straightforward. A brief introduction to the client is in order. Such as, now we are going to do the ink blot test. Anxious person may ask something about correct answers and the standard response should be that people see all sorts of things.

The blots will be visible to the subject, stacked, face down, and in the appropriate order, with Card I on top. They should be within easy reach of the examiner but not of the client. The Location Sheet that will be used during the Inquiry phase of the test should not be visible at this time. Because all responses will be recorded verbatim, the examiner should be well prepared with plenty of paper, and an extra pen or pencil can sometimes prove very important.

9.3. Instructions: The test begins by handing the person the first card and asking: “What might this be?” This is the basic instruction, and nothing need be added. This instruction sets off a series of complex cognitive operations that involve scanning, encoding, classifying, comparing, discarding and selecting. If the person comments that, it’s an inkblot. The examiner should restatement of the basic instruction, such as, “That’s right, that’s what it is, but I want you to tell me what it might be, what else it looks like?”
9.4. **The Response Phase**: During Response Phase, the examiner must record all verbal material verbatim quickly and efficiently, field questions on occasion, and in some instances provide a nondirective form of encouragement. The examiner must avoid injecting any set, bias or direction into the situation except in those few instances when encouragement is required. Silence by the examiner is the rule, interrupted only during the exchange of cards, or when a comment is necessary, but even then the verbalizations from the examiner should be formulated with care. Even the simplest response, such as “mmm-hmm,” can operate as a significant influence without any awareness by the client. The client should be holding the card. If some reluctance to do so is manifest, the examiner should say, “Here, take it”. If the person opts to place the card on the table, the examiner should not interfere, but initially it should be placed in the individual’s hand.

9.5. **Questions and Encouragement**: The response from the examiner should be non-directive. These are some examples of questions of clients and responses of examiner:

**Client**: Can I turn it?

**Examiner**: It’s up to you.

**Client**: Should I try to use all of it?

**Examiner**: Whatever you like. Different people see different things.

**Client**: Should I just use my imagination?

**Examiner**: Just tell me what you see there, what it looks like. (It is more appropriate to use the word see rather than “reminds you
of” to questions of this sort, stressing perception rather than association).

Client: Is that the right answer?

Examiner: There are all sorts of answers.

Client: Does it look like that to you?

Examiner: Oh, I can see a lot of things.

Client: How long will this take?

Examiner: Not very long.

There are questions concerning how many responses should be given. Often, before giving any answers, or after giving only one response to Card 1, a person will ask, “How many things should I find?” The standard response should be: If you take your time, I am sure that you will find more than one. Others will sometimes give more than one response to the first card and then ask, “How many should I see?” The standard response is it’s up to you.

9.6. Prompting: There is a different circumstance in which the examiner should be more direct in encouraging answers. This is when the person gives only one response to card 1, and then attempts to return the card. When that happens, a standard prompts is employed: If you take your time and look some more I think that you will find something else, too. If the client has given no more than two answers to Card 1, and subsequently, gives only one response to Card II, one to Card III, and one to Card IV, after which he or she attempts to return the card. In this circumstance, the examiner may decide not to
accept the card and, instead, say: “Wait, don’t hurry through these. We are in no hurry, take your time”.

If the person gave few responses and it is less than 14. The interpretation of the test is not possible. In this situation examiner should explain to the subject: “Now you know how it’s done. But there is a problem. You didn’t give enough answer for us to get anything out of the test. So we will go through them again and this time I want you to make sure to give me more answers. You can include the same ones you’ve already given if you like, but make sure to give me more answers this time”. If the person is cooperative, and asked that, “How many should I really give”? The examiner should say, “Well, it’s really up to you, but you only gave... answers, and I really need more than that to get anything out of the test”. If the subject is guarded then examiner should replied to him that, “Well, it’s up to you but I really need several more answers than you give”. If the person reject the card, the examiner should response that, “Take your time, we are in no hurry”. If the person persists in the rejection attempt, the examiner should be more firm, responding with, “Look, take your time, everyone can find something. We have got all the day if we need it”.

9.7. **Recording the Responses:** Each response must be recorded verbatim. Most of psychologists use a relatively common scheme of abbreviations in recording answers. These combine the use of phonetics, the coding abbreviations for response content, and some logically derived abbreviations not unlike those found in speed writing. There are two reasons that responses must be recorded verbatim.
First, the examiner must be able to read them later to decide on the coding (scoring) for the response. The codes or scores are based on the presence of specific words or phrases. Responses that are not recorded verbatim cannot be coded accurately. Second, the verbatim recording creates a permanent record of the test so that others can also read the record and know exactly what the person said. This is important for purposes of consultation, but even more so if the client is retested at another time to cross validate the findings, or to review changes that may have occurred as the result of treatment. If the person tends to speak rapidly, ask a person to repeat of an answer or simply to request that he or she verbalize more slowly. An examiner might say, “Wait! I’m having trouble keeping up with you. Go a little slower please.” If it is necessary to ask a person to repeat part of an answer, the examiner should use the last few words that were recorded in forming the question, such as, I’m sorry, I didn’t get all of that, You said two people with hats and….? Below are the examples of Abbreviations, which are commonly used in Recording Responses:

<table>
<thead>
<tr>
<th>Phonetically Derived</th>
<th>Logically Derived</th>
<th>Derived from Scores</th>
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<td>see</td>
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<td>oh</td>
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<td>kind of</td>
<td>nature</td>
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<tr>
<td>why</td>
<td>looks like</td>
<td>food</td>
</tr>
</tbody>
</table>
9.8. **Laying Out the Record:** The response should be recorded in a manner that makes them easy to use. In other words, not only should each answer be recorded legibly and verbatim, but they should be easy to review. It is necessary to leave considerable space between the responses as they are given, so that space is available to align the Inquiry material later. It is good practice to record no more than two or three answers on one page and always begin a new page for each record. Most examiners prefer to use a format for recording responses in which the page is set horizontally, not vertically. A small section to the left is reserved for the card and response numbers. The section next to that, which should not quite extend to the middle of the page, is for recording the responses. The next section to the right is the largest. It is used for the Inquiry. Responses should be numbered in consecutive order and the entire test. It will be also be noted that carat marks (⟨⟩, ψ), first suggested by Loosli-Usteri in 1929.

9.9. **The Inquiry:** Inquiry presents the richness of the data. The purpose of the Inquiry is to ensure that the coding (scoring) of the response is as accurate as possible. The code is designed to represent what the person perceived at the time when the response was delivered. Thus, the immediate objective of the Inquiry is for the examiner to see what the client has seen or, at the very least, to understand where in the blot the person sees something, and what features of the blot cause it to be seen that way. The Inquiry is the phase of the test when the client shares responses with the examiner. It is not a new test and it is not a time when new information is
developed. It is simply a time when old information is reviewed and clarified. The average time of the Response Phase of the test is usually less than 20 minutes; the average time required for the Inquiry is rarely less than 30 minutes.

1. **Introducing the Inquiry:**

The standard explanation to introduce the Inquiry is:

“Now we are going to go back through the cards again. It won’t take very long. I want to see the things that you said you saw and make sure that I see them like you do. We’ll do them one at a time. I’ll read what you said and then I want you to show me where it is in the blot and then tell me what there is there that makes it look like that to you, so that I can see it too, just like you did. Is that clear?”

Some people ask questions ranging from, “Why do we have to do this?” The examiner replied, “So that I can see the things that you saw”. Also ask question, “What do you want me to?” The examiner replied, “Just help me to see it. Show me where you saw it and what makes it look like that.” When client ask, “Should I find other things too?” The examiner should reply, “No, I’m only interested in the things you saw before”. Some sort of restatement concerning the task or additional explanation concerning the procedure is wise, such as, “Remember, I need to see it as you do. I need to know where it is and what about the blot makes it look like that.” The examiner must be
thoroughly familiar with the coding or scoring possibilities. The basic
of the response can be divided into three categories: 1. Location
(Where is it?), (2) Determinants (What makes it look like that?), (3)
Content (What is it?).

Once the examiner is satisfied that the person is ready to
begin, the first card is given to the client with the comment, “Okay,
let’s try the first one. Subsequent cards are handed to the client one
by one, with the examiner saying, “Here you said....or then you said...
and finishing with a verbatim reading of what was given as the
answer. If the person has truly understood the prefatory instructions,
he or she will proceed to specify the area that was involved and
identify some of the main features of the object that has been
reported. After hearing the verbatim response read, the subject might
say, “Yes, that’s right.” If this happens, it becomes necessary to
repeat the purpose and procedure as in: “Remember now why were
doing this. I need to see it too, so you have to help me. Show me
where it is and tell me what makes it look like that. Sometimes,
especially with younger clients, an individual may point out where the
object has been seen with no difficulty, but then falter in attempting to
articulate features as in, “I don’t know why, it just looks like that to
me.” When this happens the examiner should be supportive yet firm:
“I know it looks like that to you but remember, I need to see it too. So
help me. Tell me about some of the things you see there that make it
look like.” If the person does not specify the location of the answer or
if the location is not clear, a question is posed. It can range from,
“Where do you see that? I don’t think I see it correctly, run your finger around it”. In extreme instances, “I’m not sure where it is, put your finger on the..”(nose, head, wing, wheel, etc.) This is done on the blot not the Location Sheet. In some instances, a question that focuses on the determinant issue will be appropriate: I’m sure what there is there that makes it looks like that. This is probably the best alternative to the reminder prompt because it asks directly for clarification. When the client seems resistively vague, it is appropriate to combine the basic prompt with the more focused question as in: “ I know it looks like that to you, but remember I have to see it, too. So help me to understand why it looks like that to you.

2. Resistance in the Inquiry:

Sometimes the person may accuse the examiner of a recording error such as, “ I didn’t say that. You must have wrote it wrong.”In other instances, a person may attempt to avoid a response by saying either, “That’s not what I really saw,” or “It doesn’t look like that now,” or “I can’t find it now.” The examiner who encounters this form of resistance should proceed tactfully but firmly. In the case where the person denies the response, the examiner should counter with something such as: “No, I’m sure I wrote every word, here look at what I wrote.” “Now, let’s find it so you can show it to me”. If the client states that it does not look like that now, or worse, reports that it cannot be found, the examiner should be firmly reassuring, saying something such as, “Sometimes things look different when you look
again, but let’s try to see it like you did before. Take your time, and let me tell you again what you said”.

**9.10. The Location Sheet:** Completion of the Location Sheet is also a very important part of the Inquiry procedure. It is a single page on which the blots are reproduced in miniature. The recording is done by outlining the area designated by the client on the miniature, using an ink or a felt-tip pen, and recording the number of the response close to the outline. When the whole figure has been used, the scoring symbol W is recorded on the Location Sheet together with the number of the response. The value of a carefully completed Location Sheet cannot be overstated. It provides a permanent record that will be used when the test is coded, and is available later for others to use when reviewing the test.

**10. Summary:**

The task of administering the Rorschach is not simple, but it is not difficult to learn. The key to the procedure is proficiency in coding. No one can be competent in the tactics of administering the Rorschach unless they can code responses easily and accurately. Competent administration of the Rorschach is not contingent only on that skill. Good examiners also exercise good judgement when administrating the test, and deal with their subjects in a tactful, sensitive and honest manner.