The present study was in the line of clinical validation of some of the interpretative hypothesis attached to the responses based on shaded and achromatic areas of the Rorschach Ink Blots. As shown in the Chapter IV, different authors have usually interpreted such responses as indicator of anxiety and dysphoric mood. The present study has attempted to verify these two connotations attached to such responses.

The selection of subjects was made accordingly from population having obvious manifestation of anxiety and/or depression in their clinical picture either in psychotic or in neurotic level. There were two more comparable groups, one selected from the so-called normal population and the other from mentally ill population who did not have these trends in their clinical picture at the time of testing, nor they had these trends previously in the history of their illness. There was another group which resembled the mentally ill control group, so far as clinical picture and history were concerned, but showed extreme tension only when undergoing tests. The mental examinations also did not reveal any trace of anxiety in them. In course of selecting mentally ill control group, such subjects were met with, and out of interest to see whether they show any characteristic trend in their shading responses and whether their shading responses differ from that of other groups, they were classified together to form a fourth group under the heading "Tense" signifying their mental trends during testing situation.

Cases suffering from anxiety and depression were treated together to form one group as the two mental states are mutually inclusive. Depression
is usually associated with some sort of anxiety and anxiety with resultant depression. They, however, could be treated separately on the basis of predominance of one trend in the clinical picture of the subjects, and on its association with the characteristic constellation of symptoms. But this brings forth the issue of categorization on the basis of diagnoses which the present author did not like to do as that would lead to various age-long controversies.

All the cases having these two symptoms, e.g. anxiety and depression in any form, either as predominating feature or as secondary involvement, were treated together. In course of treatment of data, however, they were classified into different diagnostic groups they belonged to and their shading responses were discussed.

The three-fold criteria to assess presence and absence of anxiety in the psychiatric cases were (a) case history, (b) observational report supplied by psychiatrists and physicians, and (c) mental examination carried by the present investigator. The criteria obviously could not be applied to normal cases; hence a Personality Inventory was used as a substitute.

Taylor's Manifest Anxiety Scale was used in some cases, as it has been in common use amongst current research workers. But the present subjects found the test difficult to get at the proper meaning at times. The construction of sentences are very complicated. There are difficult situations to face with. One has to give the picture of self in comparison to people around as shown in the following questions: (3) "I believe I am no more nervous than most others"; (9) "I blush no more often than others"; (25) "I am more sensitive than most other people". These types of comparison not only create
difficult situation for the subject but tend to make them cautious and
defensive in giving answers. Moreover, giving answers in form of two
extremes, that too, in terms of *true* and *false* were found to be
rather inconvenient by the present subjects. So administration of this
test was discontinued and Cattle's Personal Questionnaires were used.
It was not necessary to use another set for assessing depressive component
in the personality of the normal subject as it is rather self revealing
and can be easily elicited even when it is in milder form, through inter­
views.

It could have been more methodical procedure to administer the Cattle's
Personal Questionnaire to each and every case studied here so that one
could have had a comparative picture of different groups of subjects, a
quantitative measure of the mental state. Moreover, the questionnaire was
used qualitatively as an aid to interview procedure. It could be better
used objectively by finding out average score of a group of so-called
Normal population and by selecting Normal control subjects on the basis of
their scores on the test concerned. But unfortunately these were not done.

The three main groups, i.e. Anxiety-Depressive, Mentally Ill Control,
and the Normal Control, were matched groupwise in the following variables,
e.g. sex, age, educational attainments and socio-economic status. The
matching of the groups was fairly attained as shown in Table I in Chapter
IV except a few instances. The Normal subjects in general were better
educated than the other groups and the Mentally Ill Control group had more
female subjects than male subjects. How far the adequacy of the control
study is affected by this inadequacy in matching is a matter for consider­
deration no doubt. Hence in course of treatment of data, shading score
was shown in relation to age, sex and education.

In the present study it has been shown that age of subjects, i.e.
variation of age within the range of adult population has no specific relation with their production of shading responses in general or different subtypes of shading except to a certain extent with C^ category. There were more C^ in advance age. The sex differences were reflected to a certain extent on the average shading scores when expressed in terms of percentages. The female subjects in general scored lower than the male, except in the Anxiety-Depressive group where the position was just reversed. The female subjects in general gave more responses than the male subjects.

Out of usual 36 scoring categories, Felzer (30) found sex differences in the performances only in two sets of scores, e.g. FC and T/R. But sex differences in shading scores, found here, need further verification.

In the Normal group, there was increase in the shading responses along with higher educational attainments. In the Anxiety group this trend was maintained to a certain extent, but in the Mentally Ill Control group the subjects with medium education had highest score. In the Tense group no definite trend was detected. From these it was evident that education as such has no direct effect on the production of shading responses but other factor related to this or resultant of this might be related to shading responses. It is, however, necessary to probe into it further. One thing, however, was evident i.e., the education was found to have influence on the attitude of the perceiver towards the test and the testing situation, which in turn could affect their performance in general. The subjects who are illiterate or almost like that, feel shy or inhibited to handle the situation which calls forth activity having little affinity to their day to day experience or to any concrete reference. The performance in Rorschach Test consists in forming meaningful concepts out of the vague meaningless materials. Unlike mere recognition of common objects, it requires from the subject to find out some sort of similarity....
similarity of these vague blots to things of experience or things that can be conceived of and then specifying them as belonging to one category or the other. This process of finding out similarity and difference involves the capacity for abstraction to certain extent. The better a person is educated the more he feels at ease to undergo like situations as his abstraction ability is put in practice in course of education, his capabilities are tested in the academic field. All the more, his range of interests are also made wide. The illiterate and like subjects are less sure of themselves and hence would tend to qualify their answers by saying "This may be so"; "I am not sure"; "My range of informations is very narrow"; "I am able to recognise the figure but can not give a name as I have poor hold on language", etc. etc. Assurance and encouragement proved to be helpful to overcome such attitude to some extent. Moreover, the number of such cases in the present study were more or less proportionate to the different groups of subjects.

Strikingly enough, the average frequency of shading responses in general, as well as different subtypes of shading responses when taken irrespective of their differentiated and undifferentiated nature, given by the different groups of subjects, show an unexpected picture. The Control groups scored higher total shading than the Anxiety-Depressive group. The Normal group scored still higher than the Mentally Ill Control group. The Normal group also scored higher Vista and toned down Vista than the other groups. In the Texture category its score was almost as high as that given by the Tense group. Only in the C category the Normal group scored lower than the Anxiety-Depressive and the Mentally Ill Control groups which gave highest score in this category. The Vista of the later group was also higher than the Anxiety-Depressive as well as the Tense group. Only in Texture determined responses it scored lower than them. In toned down Vista responses all the
three groups scored equally low.

When Vista and Texture determined responses were further classified according to their differentiated and undifferentiated characters, the proportion of these two varieties of responses shows somewhat diverse trends in the Normal and Anxiety-Depressive groups. The Normal as well as the Tense cases gave more differentiated Vista than undifferentiated Vista or diffusion responses, while the Anxiety-Depressive and the Mentally Ill Control group gave more diffusion responses. Whatever may be the proportion, even in the diffusion responses, the average score of the Normal subjects were higher than all the groups. In the only variety of shading where the Normal group scored lowest is in undifferentiated Texture responses.

The content analytical procedure did not yield any striking discriminating results for the different groups of subjects. The Normal group scored highest R.C.T. Elizur reported the average R.C.T. score of his Normal group as 5.2 and 1.3 for a and h respectively. In the present Normal group it was 3.5 and 1.1 respectively. The hostility score of the two Normal groups was almost same but the present Normal group gave lower anxiety score compared to Elizur's Normal cases. He also reported a and h scores of a group of neurotics as 12.5 and 5.6 respectively. The present author did not have a similar group however. But the other groups of the present study even the Anxiety-Depressive group did not have higher a score than the Normal subjects and their h score was lower.

It is necessary to compare the present data with the results reported by others before any attempt at explaining them. The average shading frequency of the Normal subjects given by Vernon and Guirdham (122) was 1.2 and 1.1 respectively. They estimated total shading numerically in the line analogous to the arithmetic assessment of true colour responses. Beck (120) gave average y 1.96 with S.D. 2.22 and average V 1.84 with S.D. 2.04. Neff & Glasser (129)
reported high shading scores given by his highly educated Normal group, i.e., average $y$ 2.1 with S.D. 2.0 and average $V$ 3.9 with S.D. 3.3. The present group of Normal subjects gave average shading lower than those reported by later two authors — it was 2.38 with mean deviation 1.4. This score included both $V$ and $y$ of Beck and Neff. The dispersion in the present case was, however, less than reported by those authors. Wenden Meyer (133) gave average score of normal subjects given on different subtypes of shading.

His normal group gave average $K$ and $k$ 0.30 with S.D. 0.56, average $FK$ 0.28 with S.D. 0.64, average $c$ 0.84 with S.D. 0.93, and average $C^e$ 0.41 with S.D. 0.73.

In the present study, the Normal group of subjects gave average $K$ and $K^f$ 0.46; average $FK$ 0.49; average $c$ 0.99 with mean deviation 0.68 and average $C^e$ 0.34 with mean deviation 0.52. Both the Normal groups gave more or less similar picture.

In the frame of reference of the findings reported by different authors the average shading and subtypes of shading given by the present Normal group can be taken to be within the range expected of them. The other groups studied here were diagnostically heterogenous and similar groups have not been studied by other authors, so their results could not be compared.

The present findings in general, however, are obviously against expectation and is a challenge to the interpretative hypothesis attached to the shading responses as the subjects with conformed anxiety and depressive trend gave lower shading responses than control groups who are not supposed to have these trends. In Rapaport's (92) reported results, we can find an interesting relation between anxiety and production of shading responses. His non-anxiety patrol group gave average shading 1.1 patrol with mild anxiety ....
anxiety gave average shading 1.7, patrol with marked anxiety gave average
shading 3.6. His well adjusted control gave shading as much as mildly
anxious patrol, i.e. 1.7 and his border line adjusted control gave as high
as markedly anxious patrol, e.g. 3.6. Thus Bapaport's findings e.g.
increase in shading responses along with increase in anxiety is a definite
support for the accepted interpretative hypothesis. In the present study
no differentiation could be made as regards degree of anxiety. Hence,
differences in shading performances within the same group of subjects vary-
ning in degrees of anxiety involvement could not be studied here. Inspite
of this positive relation between shading responses and anxiety as shown
by Bapaport's findings, these also show in corroboration with findings of the
present investigator, the normal subjects giving more emphasis on the shad-
ing responses than the patrol. His well adjusted control gave higher shad-
ing than non-anxiety patrol and as high as mildly anxious patrol.

This apparently contradictory findings, i.e. shading is related to
anxiety and more shading in the normal cases even where they are well ad-
justed, demand clarification of the word anxiety. So the pertinent
question in this stage is what does the term anxiety signify.

Anxiety is apprehension of danger or calamity which threatens one's
sense of security. This is a threat to loose something precious, something
highly valued or cared for. The subjective feeling is that of unpleasant
tension, a disruption of peace of mind. This capacity is innate in mental
apparatus. All normal persons are prone to such reactions under stress
and strain which is on increase in the complexity of life of modern days.
Within the sphere of normal life when anxiety is evoked there are attempts
to eradicate it by fighting out possible sources or to prepare the mind
to bear the challenge. If neither of these is possible, the person afflicted tries to suppress the subjective feeling or to divert the mind away from it. These reactions are motivated by urge to maintain mental health or to keep the homeostatic intact. When one fails to master anxiety and yields to it he ceases to be normal. Thus we find potentialities to be anxious are present in normally functioning mind and it is not necessarily a negative personality factor. As long as it is not hampering normal functioning of mind, it is an ego building process. Within normal limit it gives the signals, trauma is threatening and this permits the ego to initiate action to avoid trauma. If this is so, we can expect a good number of shading responses from normally functioning mind. But all types of anxiety can not be explained in this way. They are, at times, more than mere awareness of impending danger. The difference between the normal anxiety and such pathological variants lie in the mode of their expressions, in their impact on the functioning of the personality at large, in their illogical character and in their undue prolongation. The anxiety is no longer an ego building process for them; it is rather an 'ego destroying' one. It is more like primal anxiety as experienced in early stage of development of ego. During this stage when weak ego is swamped by an excess of excitation which it is unable to master, this swamp of excitation is relieved by vegetative discharges, e.g., crying and diffuse motor movements. When anxiety turns to be pathological, we find a similar helpless submission to this oppressive affective state. In some acute stages, as in case of Involution Depression or acute Anxiety reactions, we find at times a picture resembling this 'primal anxiety', e.g., wailing restlessness, crying etc. As their whole conscious state is victimized by an oppressive feeling of apprehensiveness,
and to impending danger/a threat/their sense of security.

In the light of this explanation we can find out relevancy of our findings. Shading responses do not indicate primal type of anxiety but rather secondary type of it which has an ego building rather than destroying effect. If it is so then we can expect a good number of shading responses from normal subjects, specially from a group of normal population like the present one who has developed a greater awareness of danger and apprehensiveness due to repeated exposure to such situations, e.g. political and social upheavals, economic crisis, etc. These have made them more sensitized and keen to apprehend impending danger. As eradication of the causes are not attainable, these are usually suppressed and when they are provided with scope to give vent to the affect of anxiety (which usually remains suppressed within the range of normal life as there is no suitable media of its expression) they utilize the scope fully. They use the blots as a means to drain their pent up affect and thus there is emphasis on shading responses. In maladjusted cases, their failure in adjustment is a severe threat of impending danger which makes the subjects anxious and thus there is mere shading in the protocols.

The cases suffering from anxiety in psychotic or neurotic level are already victimized by this mental state. The anxiety has lost its ego building value in them and has become ego destroying in nature. Moreover, the type of cases studied here, all in-patients of hospitals. - Their disease process had a good toll on their ego and prolongation of illness has made it enfeebled all the more. Their anxiety is like that of primal type. There is constant drainage of it though their symptoms, there is incessant accumulation as well. When such cases are provided with Rorschach blots, the severity of their mental states can not allow them to react to
the situation always in more subtle way by producing shading. They often react to the shading impact of the card rather more bluntly by saying "I am afraid", "They are going to do harm to me", etc. etc. as shown while discussing content analysis in Chapter IV. Moreover, due to this overwhelming effect of anxiety the ability for concentration is affected and such subjects usually form a few loosely knit responses with vaguely formed percepts. This also delimits the scope for shading responses. These may be the reasons why investigators usually find a low correlation, or no relation at all between the shading responses and any Anxiety rating, e.g. Taylor's Manifestation Anxiety Scale. The more there are primal type of anxiety, the more there are overt expression of the state, and this delimits the scope for subtler expression of it through shading. In the Anxiety-Depressive group, the cases belonging to the diagnostic category of schizophrenic had highest number of shading than other nosological groups. In the schizophrenic cases we can expect presence of anxiety only in the early stages of illness when the ego is comparatively more intact usually. In this disease process, in the later progressive stage with weakening of ego, it becomes insensitive to apprehensiveness of danger or to any finer emotional responsiveness. In such advanced state we will expect lesser shading responses than the present ones. If we could take into consideration duration of subject's illness and degree of its involvement, we could expect a protocol more saturated with shading from cases in early stages of their illness or on the verge of their recovery. This may be a reason for proportionately higher shading responses of the Mentally Ill Control group of the present study where 20 or 37 per cent of the cases were on the verge of recovery. In the light of this interpretation we can give favourable explanations for other findings of the study as well. The present group of normal
subjects gave highest K responses irrespective of form involvements. Its differentiated and diffusion responses were equally high. The K responses, as Klopfer (65) points out, stands for awareness of anxiety and when such responses are predominated by form they stand for conscious attempts to master this anxiety. The proportion of FK and KF were in the expected direction in all the groups. The Anxiety-Depressive and Mentally Ill Control groups gave diffusion almost as high as the Normal, but their differentiated responses were very low. Conscious attempt to master anxiety was much less expected of them than normal subjects.

The FK responses which Klopfer (65) points out as attempt to intellectualize anxiety, was found higher in frequency in the Normal group of subjects as expected from the one control group and the Anxiety-Depressive group.

The total shading irrespective of any subtype of it did not yield any clue for assessing depressive state of mind. The depressive cases studied, hence, did not show any characteristic pattern of shading responses. Piotrowski (83) points out some variety of shading responses which in the present study scored mostly as C° and in some cases as pure K, indicate dysphoric mood and feeling of unpleasantness. In the Involutional and other Depressive cases, this mood and feeling are found to have in aggravated way. But the frequency of C° and K responses given by these cases did not corroborate the expectation. However, depression is the pathological variant of dysphoric mood.

As in the case of anxiety it is not the pathological variant of it but rather its normal manifestation, which is reflected through shading responses, in the case of this affect also one can assume that depression will not be ...
be revealed through this subtler way, i.e., through production of shading. But the shading score will be sensitive in case of dysphoric mood, which is a downward trend of mind within normal range. Unfortunately in the present study no measure was used to assess dysphoric tone of mental state. However, one finding can be taken as a support to this assumption. Dysphoric trends of mind usually set in during late age, and here we find emphasis on Ce responses in higher age groups.

The Tense cases gave lower shading score all along except in few occasions. They gave highest undifferentiated Texture and differentiated Vista as high as Normal subjects. Their diffusion responses were very low. On the basis of these findings we can draw the picture of psychopathology of these groups of subjects in the following way. They are the persons who do not suffer from free-floating anxiety, nor do they have been enough sensitized to apprehend it much even to the level it is an ego-building force. But like young child they feel anxiety when they are placed in a situation which may lead to their rejection. So when they were given Borschach and other tests they took it as a threat to their sense of security with the idea that if they could not do well there were chances of their being rejected. This state of tension was thus phasic, induced by the situation which made them tense and rigid for the time being. It would not be out of place to mention here that they were the persons with whom rapport situation was established most easily, leading to their emotional dependency. However, they resisted this establishment of rapport like a negativistic child. This was, however, not like that shown by catatonic patients, i.e., if one wants to make them seat one should better say "keep on standing" and they will react to this order by taking their seat. These negativistic tense cases rather required a firm and steady handling with assurance of
acceptance. With such stand their negativism could be easily overcome. They were rather emotionally immature person with well developed intellectual capacities. This is reflected in their shading responses. They felt strong need for affection and resultant anxiety when there was possibility for rejection. So they produced c in good number as well as high undifferentiated c responses. But there were conscious attempts to control this anxiety, which was reflected to their high differentiated K as well as o responses. The achromatic chromatic ratio showed most disturbed pattern. The ratio amounting to 1 : 1 and 1 ; 2 which indicates (65) a well adjusted and well integrated need for affection was given by least number of them. The ratio of 2 : 1 and 2+ : 1 which signifies strong affectional need and a resultant inhibition in this field, more or less like burnt child reaction in the field of affection was given by good number of them. But they mostly gave the ratio 1 : 2+ which is also a burnt child reaction in the field of affection, i.e., the need for affection and approval is so suppressed that they feel little of that.

Allerland (1) points out that texture determined responses have highest and most consistent positive relationship with behavioural sign of anxiety observed. This was partially supported by the present study as in the present study undifferentiated c was more in the Anxiety-Depressive and Tense groups than Normal and Mentally Ill Control groups. But on further classification of the groups it was found that the Involutional depressive and Anxiety neurotic cases where behavioural sign of anxiety was marked in their clinical picture, there was no pre-dominance of cF and c responses in their protocol. Rather, those responses were more in the Depressive and schizophrenic cases. So it may be said here....
here, it is not the behavioural sign of anxiety with which texture responses are closely related, but rather with the inward feeling of affectional anxiety. Hence in the Tense group we find such emphasis on c and of responses. If there is overt outburst of this affectional anxiety as we expect in case of children, we will presumably get a lower texture low responses in them and more overt expression of it in content as we find shading in case of Anxiety Depressive subjects protocols.

In course of showing the production of shading responses in relation to some intratest variables, some important features were brought to light. These are linear relationship between shading and R and relative position of shading in the psychogram. The findings suggested that while giving interpretations on shading, it would not be adequate to consider its frequency merely. Shading score should be stated in proportion to R, i.e. finding out percentage of shading out of total number of R which, as suggested by Chronbach and supported by Fiske & Bangman (7) is a partial solution to this inadequacies. Another solution to this problem i.e. was also suggested by later authors, there should be norms for such affected categories for different R groups. However, these would have to be based on sizeable frequencies in each group of R to yield stable norms. In the present study percentage of shading responses out of total R were found out and this showed expected picture. The Anxiety Depressive group gave highest score and quite close to it was that of the Normal group. The Tense group had lowest score.

The other finding is to take the shading in proportion to other determinants. Absolute value of shading, even when stated in terms of percentage, would provide insufficient ground for interpretation. As the
present study shows that in the Anxiety-Depressive cases, shading came next
to F while in the Normal this position was taken by FM and in the rest two
groups by Colour responses. When shading is taken in relation to total psycho-
grams and is stated in terms of percentages, it gives a clear idea that how
for this state of anxiety is pervading the mind of the perceiver. In the
protocol of a markedly anxious person absolute number of shading may be less
due to their very low productivity and stresses on casual vague F responses,
and constant drainage of shading through behaviour and overt expression of
anxiety on card potentials, thus we may find a 100% F in such records. But
whenever they were able to create an adequate percept, they are mostly making
use of shading determinants which will be revealed by their high shading
percentages and concentration on shading responses at the expense of Colour
and Movement responses.

In course of showing relation between intelligence of the subjects and their
production of shading responses an interesting picture was however revealed.
Cases belonging to the lowest intelligence group and highest intelligence group,
i.e., getting rank below 25th and above 75th percentile respectively had higher
shading responses than the average intelligence group. However, the picture was
reversed in case of Mentally Ill Control group. The Anxiety Depressive cases did
not have any one belonging to the highest intelligence group and the Mentally Ill
Control group also had only two subjects belonging to that category. In the
Normal and Tense population, however, the highest intelligence group scored
slightly less than the lowest intelligence group. This peculiar trend suggests
that there is no such relation in any direction between intelligence and produc-
tion of shading responses, but this variation in shading scores might be due to
other related personality factors usually associated with high or low intelligence
scores.
These findings can be explained if we make clear the relation between two types of anxiety discussed before. They are related to each other more or less as dysphoric mood is related to depression or fear to terror. Both of them are unpleasant mental states and are apprehension of impending danger. But one is the pathological variant of the other. In primal type of anxiety the ego is badly affected by it so far as normal functioning of the mind is concerned. The ego can not master it and thus anxiety has its expression through para-sympathetic physiological and biochemical changes along with oppressing mental states. In some cases it takes a midway, i.e., expresses itself indirectly through nail biting, bed wetting, obesity in case of children (affected by anxiety).

But where there is no trace of primal anxiety that does not imply that organism is free from it; there is anxiety within normal range and with its normal manifestation, as a means for self defence and as an ego building process. In those cases who do not suffer from anxiety, they have this later type of mental state as we find in case of Normal group and in Mentally Ill Control group. Or to put it in other way, the anxiety of the subject suffering from it is nothing but pathological variation of its normal phase. In the lower level of intelligence as the person is not well equipped intellectually, apprehension of impending danger appears more threatening as they feel less sure to master the situation. Things are usually more vague for them, more beyond comprehension. So we find that usually there are more awareness of anxiety in this group and as a result there are more shading in them. Due to the same reason there are less PM in this group. There are awareness of danger but conscious attempt to control it is less. In the Mentally Ill Control group we can not expect such anxiety from the lowest intelligence group. Those who are less intelligent, their ego is disintegrated by their disease process, and there are flattening of emotions and subtler side of mind. Due to either
regression of withdrawal or this flattening of finer mental processes, the scope for apprehending danger also diminishes in them. But this capacity remains intact in the more intelligent subjects. Thus we can find that average intelligence group having more shading than lower intelligence group. In the Tense and Normal groups of subjects, the higher intelligence groups came after the lowest intelligence groups in the production of shading responses. Higher intellectual potentialities had made them more apprehensive due to well developed foresight in them. Thus they are more tend to give more shading than other groups. To put it in other way, a person with limited capacity finds the modern life demands much more which is beyond his capacity to fulfil, which naturally makes him more apprehensive of an impending trauma. The person with very high potentialities again is more comprehensive than his averagely equipped brethren due to his well developed foresight. Thus we get more shading in these two groups of intelligence.

In all the groups, the ratio of differentiated shading to F showed a disturbed balance without yielding any distinctive feature for any group. Majority of cases in all the groups gave the ratio where the differentiated shading is less than a quarter of the F responses and very few gave the balanced ratio, i.e., \( \frac{FK + FC}{2} = \frac{1}{3} F \). So the interpretative hypothesis attached to these ratios appears to be questionable. As Klopfer points out, the ratio of \( FK \) and \( FC \) amounting to less than a quarter of \( F \) tends to be denial, repressions or underdevelopment of the need for affection. This is believed to stem from rejection experiences serious enough to wrap personality development in the background of balanced psychogram it indicates lack of awareness and acceptance of affectional need and in
the background of unbalanced psychogram a basic defect in personality organization and lack of emotional depth. Majority of the cases even belonging to normal population can be expected to show such affective pattern. Hence, these interpretations do not seem tenable on the population like the present one, unless further verified.

On analysing the variety of shading responses and keeping in view the classifications made by different authors, the following minor alterations in the scoring of shading of responses are suggested.

(1) The present author does not find much necessity in giving a different category to toned down Vista responses. It is not because these are proportionately very few compared to other subtype. Responses like relief map which is taken as K can be scored as FK or KF as the case may be with as much accuracy as scoring mountain or rocky land as such. The subject here perceives a depth, a third dimensional picture. He recognises the characteristics of up and down created by shading nuances. The differences in these two varieties of K percept is due to their differences in contents which are affected by various personality factors. The responses like X-ray picture, if retain the space filling quality, can be scored as diffusion responses. In other cases, it may be determined by texture value or achromatic colour as the case may be.

(2) Like Piotrowski, the present author also feels the necessity of making differences between achromatic colour responses where there are exclusive use of white colour and where dark values are taken as colour. The responses determined by white colour can be specified as C\*W and those determined by the dark value as C\*.
when taken as colour value, should also be taken as $C^*$, e.g. tortoise with spotted body on Card VI $WFC^* \pm A$.

(3) Another modification in scoring which needs further elucidation was that of making further differentiation in $c$ score. The responses where the soft or hard, rough or smooth or glossy effect are created by texture are one type of $c$ reaction which needs to be differentiated from responses where fine differentiations in shading are used to specify parts of objects, such as facial features, e.g., picture of goddess with large half-closed eyes, sandalwood mark on forehead, etc., on upper part of Card IV. The mottling effect of shading in such cases creates the impression. The impression of fur may also be of this type, i.e., in a given area not a bit of shading differences are left unaccounted for. If such differentiation is made the later type of $c$ or they may be specified through other symbol, e.g. $(c)$, will resemble the $F(Fb)$ responses of Binder.