

An Assessment of Rorschach Inkblot Test in Current Scenario

Dr. Bhawna Singh,

Principal,

Chirag Special School, Agra.

Abstract

The Rorschach Inkblot Test is extensively used since it is found to be a tool to unearth the deep-rooted emotional conflicts. Despite limitations and various drawbacks Rorschach Inkblot Test is widely and rigorously used in different clinical settings and has considerable potential to contribute in the field of psychology in the future years. Hence, an attempt has been made to understand the current status of Rorschach Inkblot Test. However, The Rorschach Inkblot Test has the dubious distinction of being simultaneously the most cherished and the most criticized of all psychological assessment tools. Till date on one hand it is held in great esteem by many for its ability to access intrapsychic material, whereas others consider it to be a prime example of unscientific psychological assessment.

Key Words: *Projective Technique, Cognitive Structuring, Coping Deficit Index.*

Personality refers to the patterns of thoughts, feelings, social adjustments and behaviours consistently exhibited by an individual over time that strongly influence an individual's expectations, self-perceptions, values, attitudes, and predicts reactions to people, problems and stress. Personality is referred to as the complexity of psychological systems that contribute to unity and continuity in the individual's conduct and experience, both as it is expressed and as it is perceived by that individual and others. In the 1930s personality psychology emerged as a discrete field of study where personality assessment received its important impetus. Along with this, a large number of personality inventories were developed to assess a variety of characteristics or temperaments. Projective technique is one kind of instrument to study personality.

The term "Projection" was given by Freud in 1894 and described it as a method of externalizing of conflicts or other internal conditions that had given rise to conscious pain and anxiety. A very comprehensive definition of projective technique describes it as a kind of "X-Ray" into those aspects of personality which subjects either cannot or will not openly reveal. Another definition says "A projective technique is an instrument that is considered especially sensitive to covert or unconscious aspect of behavior, it permits or encourages a wide variety of subject responses, it is highly multidimensional and it evokes us".

The most popular projective technique, in terms of frequency of clinical and research application, is the Rorschach Inkblot Test. It consists of ten symmetrical, ambiguous inkblots developed by Swiss psychiatrist Hermann Rorschach in 1921. The test requires the subject to report what he sees and what the inkblot looks like to him followed by a phase of enquiry. Rorschach experimented with a large number of inkblots which he administered to different psychiatric groups. 300 mental patients and 100 control subjects were studied and in 1921 Rorschach wrote his book "Psychodiagnostik", which formed the basis of the development of the inkblot test and after experimenting with several hundred inkblots, he selected a set of ten cards for their diagnostic value but unfortunately he died the following year. Although Rorschach had served as Vice President of the Swiss Psychoanalytic Society, he faced difficulty in publishing the book on Rorschach cards and it attracted little attention when it first appeared. As a result of such clinical observations those response characteristics that differentiated the various psychiatric groups were gradually incorporated into a scoring system. These results were

published in a posthumous paper by Emil Oberhelzer, a co-worker of Rorschach. Shortly afterwards, David Levy introduced Rorschach method to USA. Samuel Beck influenced by Levy became the first American psychologist to publish material about the method.

There were five psychologists who had quite different backgrounds from Rorschach and also from one another. Samuel Beck, Zygmunt A. Piotrowski, Bruno Klopfer, Marguerite Hertz, David Rappaport had their own systems by developing their own style of interpretation which was an important chapter in the history of development of Rorschach and its adaptation. John E. Exner came up with the analysis of Rorschach Test that combined all the five systems to develop a set of system which is commonly called Comprehensive System (CS).

NATURE OF RORSCHACH INKBLOT TEST

The nature of the Rorschach revolves around mainly four questions, each of which has received considerable attention as discussed below,

1. Objective and Subjective Features of the Rorschach

The Rorschach Inkblot Method consists of 10 inkblots printed individually. It involves forming perceptual impressions of blot characteristics like shape, color and comparing these impressions with object impressions stored in memory. In contemporary language, these elements of producing Rorschach responses identify the instrument as a cognitive structuring task involving processes of attention, perception, memory, decision making and logical analysis. Projection is inevitable in Rorschach responses and essential to their providing any useful information. It also introduces ambiguity into the examination situation independently of how much projection is involved in the subjects' responses. The Rorschach is both an objective or subjective measuring instrument.

2. Rorschach Assessment of Personality Structure and Personality Dynamics

Rorschach pioneers who regarded the instrument primarily as a measure of perception tended to regard it mainly as a way of identifying states and traits, that is, structural elements of personality. Rorschach scholars who pioneered attention to associations in Rorschach interpretation tended to disregard the instrument mainly as a means of revealing a subject's underlying needs, attitudes, conflicts and concerns, that is dynamic aspects of personality. Accordingly, the Rorschach should not be considered either as a measure primarily for assessing personality structure or as a measure primarily for assessing personality dynamics.

3. The Rorschach as a Test or Method

Tradition would suggest that the Rorschach is best identified as being a test. As mentioned previously, Rorschach (1921/1942) called it "a diagnostic test" in the subtitle of monograph. Beck (1930a, 1930b) who introduced the Rorschach into the English language used the title Rorschach's Test; and contemporary terminology commonly places the Rorschach within the category of "psychological tests" and refers to administration of the Rorschach as an aspect of "psychological testing". Standardization of administration and scoring in the Comprehensive System have made it possible for the Rorschach to demonstrate substantial psychometric properties.

4. Psychometric Foundations of the Rorschach

For more than 30 years after its publication in 1921, the Rorschach Test was frequently and sometimes harshly criticized as a psychometrically unsound instrument. To some extent, this criticism was warranted by repeated failures to demonstrate the reliability and validity of Rorschach assessment. These failures led some early leaders in the development of the Rorschach to recommend calling it a method rather than a test in order to avoid accountability to psychometric standards.

RELIABILITY

Among all available scoring systems, the Comprehensive System by Exner have been shown to have adequate reliability. Studies of inter-rater agreement indicate that the variables coded in the comprehensive system can be reliably scored. The levels of agreement typically found exceed 90% for location scores, pairs, popular and Z-scores; are somewhat lower for form quality and content categories and middle or lower 80's for determinants and special scores. Test-retest reliabilities for the comprehensive system have been somewhat variable. In books and articles by Exner and his colleagues the test-retest coefficients have typically ranged from 0.30 to 0.90, with median

values in the 0.80s or mid-to-high 0.70s but other researchers have found lower values like 0.40. Another study describes that over 13 core variables including Z frequency, lambda, M, active movement, Fc, X+%, sum C, Sum T etc. have shown reliability coefficients of 0.80 or more. Another study reported new inter-scorer reliabilities with agreement ranging from a high of 0.99 for texture and vista responses to a low of 0.88 for passive movement. However, significant concern remains on method by which interrater reliability is typically calculated in Rorschach research. The following two issues are relevant: the nature of the response base (i.e., the total Rorschach protocol or individual responses to each card) and desirability for adjusting chance agreement. After extensive research Exner originally included scoring category that had inter-scorer reliabilities of 0.85 or higher.

Using intra-class correlation or Kappa coefficients it has shown that the scoring reliability of all CS variables to attain the minimum acceptable threshold of 0.85 have not been possible, only about half of them attained it. Furthermore, reliability was low for several widely used CS scores, for example reliability coefficient or the schizophrenia index (SCZI) were 0.45 to 0.56 and for Adjusted D were 0.53 to 0.68, and for X-% which is considered as an indicator of perceptual and mental distortion it was 0.62 to 0.66 as seen in different studies. The problem with the above data however was that the sample sizes were small so with the result that greater variability would be expected. One researcher had the most ambitious, vigorous and large-scale study to date and concluded that CS had overall excellent inter scorer reliabilities with median correlations ranging from 0.82 to 0.97.

So, observing the above controversies only one firm conclusion can be drawn at present that the test retest reliability of most Comprehensive System scores is still an open issue that remains to be resolved by methodologically rigorous studies.

VALIDITY

The first statistically sound meta-analytic review was done and it was suggested that some Rorschach indexes can possess moderate validity by usual psychometric standards and it is comparable to MMPI in this respect. However, reanalysis of the above data revealed that the typical validity of Rorschach was significantly lower than that of the MMPI. Studies claimed that comprehensive system indices for schizophrenia (SCZI) and depression (DEPI) are helpful in identifying these two conditions. An elevated score on the DEPI correlates very highly with a diagnosis of depression but further studies found moderate to low associations between DEPI and presence of depression in adults and not at all reliable in adolescent and child population. In contrast to DEPI, the schizophrenia index (SCZI) has been found to be somewhat more successful. Extensive meta analytic studies commented that CS scores do not show a consistent relationship to self-report indexes. Another study found Rorschach to effectively predict variables such as outcome from psychotherapy (using prognostic rating scale), detection of psychosis (using schizophrenia index) and dependent behaviour (using oral dependency scale). The first statistically sound meta-analytic review suggested that some Rorschach indexes possess moderate validity by usual psychometric standards.

INDIAN HISTORY

The use of Rorschach Test made its earliest impact in India during the period when it was at its zenith in the international arena. Historically, in 1947, the Rorschach Test was introduced in India. Moreover, the first reported study was conducted by Kaliprasad & Asthana which was published in "Indian Journal of Psychology". In their study they noticed that meaningful configurations flash after the initial responses has been given. The real beginning of inkblot techniques in India may be credited to Dosanjh with his first exposure with Rorschach test under the guidance of Silverberg who had administered Rorschach Test on him in 1949 and on the basis of his performance on this test, he was selected to work with the Columbia University Team under Steed on the project 'An approach to a study of personality formation in a Hindu village in Gujarat'. According to Bhargava & Saxena, Dosanjh & Jain are pioneers who used this test for research in India. Probably Asthana (1963) was the first Indian researcher to use the Rorschach test for research in clinical settings and brought out its clinical utility in assessing different aspects of personality.

In the history of the use of the test in India, at different periods of time one or two researchers persisted with their

interest and piloted administering the test as a research tool. While Asthana from the start in 1947 led the scene in fifties and sixties, Raychaudhari and Kumar carried the baton in sixties and early seventies and it was taken over by Dubey in the seventies and eighties. S.K. Verma and D. Pershad also contributed much in keeping the test active in research for more than three decades. However, in the late nineties and in the beginning of the twenty first century, the research interest appeared to have decreased though more clinicians continue to use the tool for assessment purposes.

EMPIRICAL VIEW ON RORSCHACH INKBLLOT TEST

Critics have argued that projective tests cannot be a 'test' as it doesn't adequately fulfill the psychometric properties of reliability, validity or norms. It has been pointed out that the final interpretation probably 'projects' personal idiosyncrasies of the examiner than the examinee's personality. Rising to the persistent criticism pertaining to lack of psychometric properties in Rorschach Inkblot Test, attempts have been made to standardize this test.

Rorschach himself however did not conceive his work as a 'projective test' per se. Instead he thought of it as an investigation in perception that would help in the differentiation of Schizophrenia. He chose to call his method a 'Form Interpretation Test' and stressed the importance of greater empirical validation of his method. But due to his untimely death in 1922, not much progress was made.

After his death Rorschach's colleagues continued to use his method but their focus was on clinical and vocational applications of the method. None tried to follow a systematic empirical approach stressed by Rorschach. In fact, during a period of slightly more than 20 years, five Rorschach systems developed, though far away from his birthplace in America with their unique scoring and approach to interpretation. The five differed in their emphasis on empirical investigation and phenomenological / psychoanalytic approach. Among them Samuel Beck, Ralph and Mangeurite Hertz, and Zygmunt Piotrowski had more of empirical orientations, while Bruno Klopfer and David Rapaport had phenomenological orientations.

In 1974, John Exner developed the 'Comprehensive System' by incorporating elements that had empirical support from the five different systems. Over the years, various editions documenting the Comprehensive System have included the following:

1. Detailed rules for administration, inquiry, scoring and interpretation.
2. Evidence of reliability and validity for many scales and summary scores
3. Normative data for clinical and non- clinical samples.

The Rorschach Test has proven itself to be consonant with a nomothetic approach to psychological assessment, which is clearly exemplified in Exner's Comprehensive system. However, the Rorschach also allows idiographic and meaning-oriented approach to psychological assessment generally absent in purely objective measures.

DIFFERENT PERSPECTIVES

Rorschach Test has been one of the most widely used projective technique all over the world. Hence an attempt has been made to understand the different aspects of this Rorschach Test.

PERSONALITY ASSESSMENT BY RORSCHACH TEST

Rorschach Test is used to assess personality structure with particular emphasis on how individuals construct their experience (cognitive structuring) and the meaning assigned to their perceptual experiences. Personality structure refers to the nature of people as defined by their current frame of mind (Personality states) and their abiding dispositions to think, feel and act in certain ways (Personality traits) of personality states and these are very well measured by the Rorschach Test. Rorschach Test proved to be effective to assess implicit motives (i.e. need states that the individual cannot describe directly), cognitive perceptual style (i.e. the person's habitual way of perceiving and processing information) and aspects of the individual's coping style (e.g. stress tolerance, coping resources).

USE OF RORSCHACH INDICES IN DIAGNOSIS

Exner's Comprehensive System provides indices for schizophrenia (SCZI) now renamed as 'Perceptual Thinking Index' (PTI), Depression Index (DEPI) and Suicide Constellation Index (S-CON), which have been of recent interest in many researches. Although the SCZI appears clinically successful in adult populations, it produces more

false positive score in adolescent and child population. To overcome these problems Exner introduced PTI which is a five variable index. DEPI originally consisted of sum vista, color shading blends, egocentricity index, sum achromatic colour and morbid response, later DEPI was revised with two added criteria's was developed by studies which proved DEPI having low sensitivity and high specificity, therefore making DEPI less able to use as a diagnostic tool of depression

The Suicide Constellation Index (S-CON) developed by Exner and Wylie Consists of 12 variables summarized from the complete Rorschach protocols have been used in different studies to assess suicidal ideation in patients suffering from depression and borderline personality disorder. S-CON helps in understanding, expressing and dealing with the unexplored inner psyche and all these mental psychological processes accompanying the intricate phenomenon of suicide. Score > 7 successfully predicted lethal suicidal activity^[53,54]. S-CON is widely used to identify characteristics that make an individual vulnerable to suicidal behaviour. It successfully assesses suicide potentials in adults and adolescents aged 12 and above.

The Coping Deficit Index (CDI) has been extensively studied and score above 5 has been found in persons with history of social ineptness, poor success in interpersonal relationships and inability to withstand with stress. Exner indicated that 74% of alcohol and substance abusers had positive CDI value. Studies have shown alcohol dependent patients and patients with borderline personality disorder have highest no of positive CDIs. Holaday et al. found higher CDI value and fewer human movement (M), pure human (H) responses in adolescents with PTSD. Persons with an avoidant style (high lambda) are more likely to have positive CDI value.

In Rorschach protocols, aggressive and morbid content have been shown to be useful in assessing aggression and predicting self-mutilation in adolescents.

Rorschach findings are demonstrating potentially important contributions to the evaluation of psychopathology and planning of psychological interventions. The Rorschach prognostic rating scale (RPRS) measures ego strength that reflects outcome for treatment.

SCIENTIFIC STATUS

By prevailing standards an instrument is considered psychometrically sound when

- a. Estimates of the reliability indicate that the test provides reasonably accurate information, that is, the 'obtained' scores it yields closely approximate with what the 'true' scores are.
- b. It identifies purposes for which it is reasonably valid.
- c. Normative data concerning its descriptive statistics among various populations are adequate to allow comparisons of individuals to appropriate reference groups.
- d. Trained examiners can reach reasonable agreement in scoring its variables.

Various Rorschach researches claim that Exner's Comprehensive System (CS) satisfies each of these four psychometric requirements and assert that the scientific status of the test rests on 'three pillars'

- a. A representative normative database
- b. Objective and reliable scoring
- c. Standardized administration

CLINICAL AND PROFESSIONAL STATUS

Rorschach Test has been successfully utilized to understand personality structure and dynamics, making diagnosis, treatment planning. In spite of all controversies, Rorschach Test is among the first five psychological tests mostly used in clinical and research setting. It is also a dynamic instrument for which new interpretive methods continue to emerge and about which there is much yet to learn. Rorschach Inkblot Test finds a prominent place in the professional education of clinical psychologists and others. For instance, there are estimates that 6 million Rorschach tests are given each year. Masling notes that there are probably well over 2000 published experimental investigations, plus an untold number of unpublished master's and doctoral theses, based on inflexible, mechanical schemes for scoring Rorschach responses.

USE OF RORSCHACH TEST IN LEGAL AREA

In 2005, one article published in Journal of Personality Assessment, “The Status of Rorschach in Clinical and Forensic Practice” where an official statement by the Board of the Trustees of the Society for Personality Assessment” reviewed the status of using the Rorschach in forensic settings. That article in part states:

“Although court and legal settings require a higher level of expertise in the use of the Rorschach for expert testimony, articles summarizing the utility of the Rorschach as an instrument indicate that the Rorschach meets the variety of legal tests for admissibility, including validity publication in peer reviewed journals, and acceptance within the relevant professional community.”

The article goes on to conclude:

“...the Rorschach possess documented reliability and validity similar to other generally accepted test instruments used in the assessment of personality and psychopathology and that its responsible use in personality assessment is appropriate and justified”- making it's use justifiable in legal areas. However, in true sense it's use in legal cases are still controversial.

POPULARITY

The applicability of the projective tests has widened in recent years keeping pace with the fast-changing scenario of clinical psychology but the use of Rorschach Test remains unchanged. Watkins et al. surveyed 1000 clinical psychologists to ascertain the assessment measures that were used and concluded that Rorschach Inkblot Test was one of the most popular tests. Camara et al. in 2000 supported these findings. Moreover, in a survey of 412 clinical psychologists revealed that 82% of the respondents used the Rorschach Test. This survey also revealed that both the Rorschach ranked in the top 10 of the most frequently used assessment tools. However, in clinical practice and internship settings, Rorschach is the second most frequently used personality test according to Society for Personality Assessment. Another study suggests 43% of clinical psychologists use Rorschach Test.

CONTINUING INTEREST IN USE OF RORSCHACH TEST

There has been a resurgence of interest in empirical Rorschach scores and indexes since the introduction of the Comprehensive System. The Board of Professional Affairs of APA

really commended the Comprehensive System as “perhaps the most powerful psychometric instrument ever envisioned”.

CRITICISMS

Despite evidences promoting the use of Rorschach Inkblot Test, its status is currently being vigorously challenged.

Weiner asserted that 'the Rorschach inkblot method is not a diagnostic test and it does not in fact work very well as a diagnostic test, especially if what is meant by diagnosis is a DSM category, and numerous replication studies failed to cross validate the Rorschach indicators of psychopathy.

Also, Wood et al. have indicated that with the exception of a few disorders (schizophrenia, borderline personality, bipolar disorder), the Rorschach has not been very effective at assisting with making formal psychiatric diagnosis like major depression, conduct disorder, panic disorder. It is also reported for over perception of psychopathology sometimes. However, it is important to keep in mind that the different indices in Exner's Comprehensive System can be used at best as an adjunct to other diagnostic screening instruments.

IGNORANCE OF NEUROPSYCHOLOGICAL FUNCTIONS

Rorschach Test have almost ignored the neuro-cognitive sciences literature. They fail to reveal the complexity of human emotions or adequately gauge the range of cognitive or thinking styles that have an impact on human personality. The connection between neuropsychology and the operations that underlie the Rorschach response process has been initiated to study further. The Rorschach technique is conceived of as a complex process involving all areas of the cerebral hemispheres, encompassing various aspects of visuospatial organization and perception, object recognition, associative memory, language production and executive functioning. Smith et al. studied Rorschach response as a measure of neurocognitive functioning and concluded that the process of visual attention, scanning and processing during response involve different areas of brain like occipital lobe to inferior temporal

lobe which is related with shape color, occipital to parietal lobe dealing with spatial properties of the stimulus, including location in space, actual size and orientation. Researchers have also conceived of the idea that the Rorschach response process contains an embedded information-processing model. However, currently new perspectives are being added to the Rorschach technique.

TWO-WAY FORMAT

The open-ended format of Rorschach Test appears to be a double-edged sword. This format permits the respondent to structure the test stimuli in any way they wish, thereby allowing personality variables to influence their responses. At the same time, it permits many extraneous variables such as examiner's personality, the specific wording of prompt questions and even transient motivational state of the examinee – to come into play.

FORENSIC ISSUES

There is a long-standing debate about the legal admissibility of projective techniques, especially the Rorschach Comprehensive System, projective drawings and whether they meet the Daubert criteria in US. (criteria that delineate the legal standards governing the admissibility of scientific and expert evidence in federal courts). Effective malingering measures have yet to be developed for the Rorschach Test that can be highly susceptible to faking bad.

QUALITY AND CROSS-CULTURAL RESEARCH

Much of the clinical and research base on Rorschach Inkblot Test has become outdated. Research is especially scarce for Rorschach Test techniques. Several recent studies indicate that Rorschach scores for relatively normal community samples of Mexicans, Central American, South Africa and Asia often differ significantly from the norm of Comprehensive System (CS) for the Rorschach. In the light of these findings there is substantial reason to doubt the validity of Rorschach scores across diverse cultures and linguistic groups.

CLINICAL AND THERAPEUTIC USE

In India Rorschach has been used on different types of populations. Initially it was used only on student population in educational settings. But slowly it's use spread to clinical population also including epilepsy, prison population, military personal, women and tribal population.

There are not many studies that looked into the therapeutic usefulness of the test, though clinicians tend to make use of the findings of the test for selection of patients for psychotherapy or setting the limits in psychotherapy. However, Cassell and Dubey narrated the usefulness of the test in releasing somatised grief.

A careful analysis of the available research findings from different corners of the country and an expert compilation of the research data may prove handy. The compiled report may also help initiate a well-planned and coordinated multi-centered research of the Indian population using the Rorschach Test.

SCORING SYSTEMS

Different scoring systems are being followed and review of literature indicates its diverse use in clinical population. However, there was no major and in-depth study about improvising and adapting the scoring pattern in Indian context. Though different scoring systems were developed in other countries, no effort has been made so far to develop a scoring system that may be applicable to the Indian population. Also, there is no consensus regarding the scoring system to be followed by the clinicians in India which might be due to the fact that different training institutes of clinical psychology use different scoring systems to train the clinicians. Pershad and Pareekh prepared a protocol manual for the test where it has been tried to take into consideration the diverse population of India in relation to some of the indices and content.

Indian population is caste, religion, culturally, ethnically and linguistically wise diverse which might be too complex and cumbersome to work with to develop a norm. Though Rorschach Test stimulus can be considered culture free, the response pattern is influenced by culture. Though different authors studied the response patterns, indices and the profile, systematic research on content analyses is yet to be undertaken.

RESEARCH

1. Research on improving the scoring methods or evaluation of studies related to the test has not been undertaken in

Indian context. To what extent the studies which have discriminated clinical and normal population is helpful in understanding the clinical population is a pertinent question for the Indian clinicians.

2. Research on improving the scoring methods to use Rorschach Test as a research tool or clinical aid and evaluation of the studies related to this test are very poor. Though there are research reports on various indices in diverse patient population, to what level the indices can be considered significant is still a perturbing question for the Indian clinician.
3. Reliability and validity studies in Indian context are very scarce.
4. Much of the clinical and research base on projective tests is poor and outdated both theoretically and empirically.
5. The number of studies using Rorschach Test with the normal population diminished except for the assessment of the normal subjects as control group.
6. Few areas of Rorschach Test have mostly remained untouched like use in neuropsychological area, Piotrowski's Organic Signs and Wheeler's Sign of Homosexuality. Some researchers used the specific signs like the Piotrowski's Organic Signs in Rorschach Inkblot Test among epileptics. Piotrowski's alpha diagnostic formula and its clinical utility was yet another area of investigation. Very rare studies have been conducted on Wheeler's Sign of Homosexuality.
7. Often the assessment practices have been questioned like whether they are cost- effective, significantly scored, fair and unbiased or not¹.
8. Researchers often report only the negative data and are more likely to publish reports demonstrating that some procedure works which is often known as File Drawer Effect.
9. The research interest on Rorschach test appears to be diminishing based on the percentage of articles published in the Indian journals over the last ten years. Though publication in journals can be considered as a pointer to the trend in research with the Rorschach Test, there are a number of research studies that are conducted in different centers of training that go unpublished. This could be due to the paucity of the appropriate journals, accessibility of the journals and/or the lack of enthusiasm on the part of the concerned research student to complete the process of publication. Moreover, in India there is no funding agency, that promotes research exclusively in the areas of clinical psychology or psychology and lack of financial funding has thwarted the publication zeal of researchers.

CONCLUSION

Every piece of scientific work is criticized for one or the other reason and criticism is the step towards progress and Rorschach Test is of no exception. The impact of cognitive neuroscience and neuropsychology is just beginning to be felt in Rorschach psychology and is likely to be influential for a long time to come. Future studies can focus on the development of 'healthy' personality signs. In other words, utilizing Rorschach studies not only for assessing psychopathology but also eliciting positive aspects such as self-growth, psychological resources etc. In Indian context, the absence of any standardized Indian norms, content analysis and interpretation of any Indian study would be doubtful. So, one of the foremost important work will be to develop standard Indian norms which may help to comply with the parameter of Indian population and socio-culture settings. Religious responses on Rorschach Test focus on some newer type of content and opened a new dimension of further research. Researches can be undertaken related to reliability and validity of Rorschach Test in India. More research on the Rorschach profile of child and adolescent population can be undertaken to be used by the clinicians. There is also an urgent need of assimilation of Rorschach studies all over India. Whether the Rorschach Test would generate more research in understanding the different psychodynamic factors and help identify the pathognomic signs of different groups of Indian population still remains a question of debate. However, it still continues to be used as a tool for personality assessment and diagnosis of different types of mental disorders.

References

- [1] Acklin, M.W., McDowell, C.J., Verschell, M.S., Chand, D. (2000). Inter observer agreement, Intraobserver Reliability and the Rorschach comprehensive system. *Journal of Personality Assessment*. 74, 15-47.
- [2] Viglione, D.J. (1999). A review of recent research addressing the utility of the Rorschach. *Psychological*

Assessment. 11, 251-265.

- [3] Parker, K.C.H., Hanson, R.K., Hunsley, J. (1988). MMPI, Rorschach and WAIS: A meta-analytic comparison of reliability, stability and validity. *Psychological Bulletin*. 103, 367-373.
- [4] Lindgren, T., Carlsson, A.M., Lundback, E. (2007). No agreement between the Rorschach and self-assessed personality traits derived from the comprehensive system. *Scandinavian Journal of Psychology*. 48 (5), 399-408.
- [5] Meyer, G.J., Archer, R.P. (2001). The hard science of Rorschach research: what do we know and where do we go? *Psychological Assessment*. 13, 486-502.
- [6] Verma, S.K. (1980). Psychological Referrals in Psychiatry Units of a General Hospital. *Ind. J. of Clin. Psy.* 7, 157-160.
- [7] Anastasi, A., Urbina, S. (1997). *Psychological testing (7th ed)*. Upper Saddle River, NJ: Prentice Hall.
- [8] Ilonen, T., Tiaminen, T., Karlsson, H., Lauerma, H., Leinonen, K.M., Wallenius, E., et al. (1999). Diagnostic efficacy of the Rorschach schizophrenia and depression indices in identifying first-episode schizophrenia and severe depression. *Psychiatry Research*. 87, 183-192.
- [9] George, L., Kumar, R. (2007). *Diagnostic efficiency of the Rorschach depressive index*. M. Phil. Dissertation submitted to Ranchi University.
- [10] Raizada, P., Nizamine, S.H. (2003). *Efficacy of Rorschach comprehensive system's suicide constellation 9S-CON in predicting suicidality in major depressive disorder: An exploratory study*. Dissertation at Central Institute of Psychiatry, Kanke, Ranchi, India.
- [11] Antony, F., Khes, C.R.J. (2007). *Rorschach coping deficit index in Alcohol dependence syndrome*. Dissertation at Central Institute of Psychiatry, Kanke, Ranchi, India.
- [12] Gacono, C.B., Evans, F.B., Viglione, D.J. (2002). The Rorschach in forensic practice. *Journal of Forensic Psychology Practice*. 2, 33-54.
- [13] Garb, H.N., Wood, J.M., Lilienfeld, S.O., Nezworski, M.T., (2002). Effective use of projective tests Clinical practise: Let the data help with selection and interpretation. *Professional Psychology: Research and Practise*. 33, 454-463.
- [14] Acklin, M.W., Wu Holt, P. (1996). Contributions of cognitive science to the Rorschach technique: cognitive and neuropsychological correlates of the response process. *Journal of Personality Assessment*. 67 (1), 169-178.
- [15] Smith, S.R., Bistis, K., Zahka, N.E. (2007). Perceptual and visuospatial organization required to respond to the Rorschach as a measure of neurocognitive functioning. *Clinical Neuropsychology*. 21, 789-799.
- [16] Verma, M.K., Misra, S. (2002). Rorschach Response Patterns of Drug Addicts. *SIS J. of Proj. Psy. & Ment. Health*. 9, 62-64.
- [17] Society for Personality Assessment. (2005). The Status of the Rorschach in Clinical and Forensic Practice: An Official Statement by the Board of Trustees of the Society for Personality Assessment. *Journal of Personality Assessment*. 85(2), 219-237.
- [18] Board of Professional Affairs. (1998). Awards for distinguished professional contributions. *American Psychology*. 53, 391-92.