

From: "Stephen Brennan" <sbrennan@SAMHEALTH.ORG>
To: <RORSCHACH@MAELSTROM.STJOHNS.EDU>
Subject: Re: Rorschach Single-Sign Indicators
Date: 10 April, 2004 06:53

Adam: check <http://psychpage.com/projective/interps/core.html>

-----Original Message-----

From: Adam B. Troy [mailto:Atroy@MIAMI.EDU]
Sent: Wednesday, April 07, 2004 6:04 PM
To: RORSCHACH@MAELSTROM.STJOHNS.EDU
Subject: Rorschach Single-Sign Indicators

Hi everyone. I'm compiling a list of Rorschach single-sign indicators of various personality traits or indications of psychopathology based on the presence or elevation of individual codes (not indices). I've pasted my compilation of 20 codes thus far below, and was hoping some of you could suggest some additions to the list. Most of these codes are from the CS, and although this is not the best way to approach interpretation, I wanted to compose such a list for my own edification in graduate school. Any information either of you could provide would be greatly appreciated. If there are any additions regarding non-CS codes, if you could explain the code for me, I'd appreciate it. Thanks. --Adam

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. C': Related to affective constraint. Appears twice as often in psychosomatics, obsessives, and schizoids. Patient is a repressor, holds anger inside, or tends to hide negative emotions from others. Might become angry at self for expressing emotions or anger at others.
2. T: If elevated means greater need for closeness (waiting room study); T = 0 in 79% of males with antisocial personality disorder, 71% of females with APD, and 86% of adolescents with conduct disorder, but only 11% of non-patient adults (Gacono & Meloy, 1994). Desire for social attention/love/nurturance.
3. Total S (white space) responses: If elevated, suggests an argumentative, stubborn, critical personality. Does not like authority.
4. Y: Increases with stress/anxiety; Y increased with experimentally induced stress situations (Cox & Sarason, 1954; Eichler, 1951; Levitt &

Grosz, 1960) and decreased when anxious subjects were relaxed with CO₂ (Lebo, Toal, & Brick, 1960)

5. V: Indicates presence of discomfort associated with self-inspection (related to suicide; (Exner & Wylie, 1977). Patient is often brooding and self-critical, or struggles with feelings of shame.
6. FM indicates distraction or preoccupation. FM increases under diminished states of consciousness including alcohol (Piotrowski & Abrahamsen, 1952), sodium amytal (Warshaw, Leiser, Izner, & Stern, 1954), and amphetamine (Exner, Zalis, & Schumacher, 1976).
7. m: Indication of stress; m differentially increased in 20 seamen during a storm (Shalit, 1965); m increased in 20 parachute jumpers before the jump (Armbruster, Miller, & Exner, 1974), in 25 surgery patients before the surgery (Exner, Armbruster, Walker, & Cooper, 1975). Also externalizes blame, feels his life is being controlled by others.
8. FC indicates cognitive control of affect.
9. Sum C : If elevated, indicates emotional expression, histrionic features, or an obsessional, flamboyant personality. C + CF indicates less control of affect or an abundance of affect that feels out of control.
10. H: Patient has social life, feels relationships with people are important.
11. FD > 1: Patient is self-reflective, introspective, philosophical, objective ("observing ego")
12. Elevated W's indicate more effort than necessary on cognitive tasks.
13. Dd/D elevation could indicate obsessive style.
14. M: Aggressive Human M's predict aggressive relationships (Exner, 1983). Assertive M's predict independence scores (Witkin, Dyk, Faterson, Goodenough, & Karp, 1962). M related to fantasy, creativity, intuition (i.e. thinking style) (Dana, 1968; Dudek, 1968; Hersh, 1962; Richter & Winter, 1966). M is related to sleep deprivation (Lerner, 1966; Loveland & Singer, 1959; Palmer, 1963). Depression related to low M (Guirdham, 1936), Mania related to high M (Schmidt & Fonda, 1954)
15. AG: Aggressiveness, assertiveness, hostility, anger.
16. COP: Cooperative, consideration, gets along well with others.

17. POP: Conventional, tends to conform to societal norms.
18. Reflections: Grandiose, self-centered, likes to be the center of attention, concerned with appearance.
19. Color Shading Blends: Patient has confusing emotional experiences.
20. Whirling responses: Predictors of disease and death (Thomas & Dusynski, 1985)

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