

D1 SPECIAL SESSION – HISTORY TABLE**D1-1****HISTORY OF THE INTERNATIONAL SOCIETY FOR RORSCHACH AND PROJECTIVE METHODS (ISR)**

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This year, the International Society for Rorschach and Projective Methods (ISR) celebrates its 70th birthday as a legally recognized body. But how did the society come into being? This presentation will give an overview of the history of the ISR, beginning with the formative years, through the growth spurt that happened in the 1990s, to today, while mentioning some key people and events that made it all happen. The presentation will begin by covering the two formative factors in the creation of the ISR: the publication of Hermann Rorschach's "Psychodiagnostik" in 1921, and the commitment of several post-WWII scholars to work with both colleagues and former enemies to revitalize the field of psychological research. One focus will be on the Swiss psychiatrist Dr. Walter Morgenthaler (1882-1965), a key figure in the life of Hermann Rorschach and the creator and first president of the ISR. Moving on to the middle period of the society's history, another focus will be on the American psychologist John E. Exner (1928-2006), who was ISR president during the 1990s. He helped achieve some of the outstanding goals of the ISR's founders and was largely responsible for transforming the ISR from a society of friends into the international and democratic society we have today. Finally, we will briefly look at the ISR in the 21st century and review where the ISR has come from and where we want to go from now in the next 70 years of our history.

D1-2**THE DOCTORAL DISSERTATION ON REFLEX HALLUCINATION AND THE PSYCHODIAGNOSTICS: TWO MOMENTS OF THEORETICAL ELABORATION ON PERCEPTUAL INTERPRETATION, MENTALIZATION AND BONDING MODALITIES.**

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The construction of the Psychodiagnostics in its three fundamental areas, namely: a) the choice of the type of stimulus and the formulation of a coherent instruction for it; b) differentiation of the determinants and other factors of the test; c) theoretical foundation of the test, was developed in the two most relevant texts left by Rorschach, which are his doctoral dissertation and the Psychodiagnostics. In both he reflects on perception and apperception. In his doctoral thesis, dedicated to a phenomenon defined by Kahlbaum, the reflex hallucination, Rorschach maintains the description and criticizes the original foundation. Through clinical observations, he studies the modalities of a perceptual process involving two registers in different sensory fields that are perceived instantaneously or almost instantaneously. One of the axes of his explanation is the existence of a parallel kinesthetic series associated with another sensory register, generally optical. It is a process in which some content factors are involved, as in artistic synesthesia, but the plane of analysis is that of a neuropsychological process. The thesis initiates the reflection of movement as a determinant linked to an unconscious associative process, to the Erlebnistypus as a plane of access to a global perceptual sense, and to a complementarity of perceptual systems. In the Psychodiagnostics the study of movement and apperception, with changes, is taken up again. A new factor of study

is added: color, defined by the contact with the stimulus integrated or not in a form. The link with affect is complex and shows mechanisms linked to mentalization, contact with the outside world and bonding modalities

Keywords: Rorschach test - Reflex Hallucination. - movement response - color response

D1-3**FROM LEONARDO TO RORSCHACH. FOR A HISTORY OF INKBLOTS.**

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The aim of my contribution is twofold. First, I will present the figure and work of Hermann Rorschach in the context of early 20th century Swiss psychiatry. Secondly, I will provide a first historiographic recognition of the roots of his Psychodiagnostics, not exclusively linked to the scientific initiative of Rorschach himself. In fact, the technique of free interpretation of stains (ink or other) has illustrious precedents: from Leonardo da Vinci to Alfred Binet, from Immanuel Kant to Justinus Kerner. However, the invention of the so-called InkBlot test is mainly due to the American psychological tradition, and what has been elaborated in Psychodiagnostics constitutes a variant (systematic, rigorous and supported by a good statistical basis) of a heritage of studies and materials that had been widely circulating for at least half a century among European and American psychiatrists and psychologists.

D1-4**HERMANN RORSCHACH'S SECRET INTENTIONS**

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Documents found in the Hermann Rorschach Archives cast an interesting light on how he constructed the inkblots and what his intentions were. Analysis of his preparatory experiments, his sketches, his correspondence with colleagues and his press clippings indicate that he deliberately introduced a) conflicting representations and b) concealed images in the inkblots. We will show some of the materials he worked on and discuss their bearing on the nature of the test he devised.

D2 SYMPOSIUM**RECENT RESEARCH ON THE RORSCHACH PERFORMANCE ASSESSMENT SYSTEM (R-PAS)**

Dr. Gregory Meyer¹, Mr. Ruam Pimentel¹, Ms. Elizabeth O'Donoghue¹,

Dr. Joni Mihura¹, Dr. Francesca Ales², Dr. Sara Pasqualini², Dr. Luciano Giromini², Dr. Salvatore Zizolfi⁶, Dr. Daniele Zizolfi⁵, Dr. Alessandro Zennaro², Dr. Giselle Pianowski³, Dr. Anna Elisa de Villemor-Amaral³, Ms Maira Colombaroli⁴, Dr. Sonia Pasian⁴

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This symposium brings together five presentations covering a range of applications with existing R-PAS variables and variables being considered as potential additions to the system. Ruam Pimentel opens

the session presenting research on several variables being considered as potential markers of depression or its opposite, encompassing self-critical or helpless behavior, pleasant or appealing expressions, and elevated mood states. Elizabeth O'Donoghue then evaluates the ways in which Rorschach responding may differ when administration is in its traditional in-person format with the cards in hand and the assessor seated next to the respondent from a remote format with the cards displayed electronically and the assessor connected by video conference using a newly developed digital administration application. Next, Giselle Pianowski presents results from a collaborative study of CS and R-PAS researchers to explore system differences in responding among 50 patients assessed by each system. She then compares the validity of each system for differentiating these patients from 50 similarly assessed nonpatients. Subsequently, Maíra Colombaroli explores the extent to which R-PAS scores might longitudinally predict treatment success in a sample of 22 women who received bariatric surgery for obesity who were reassessed at 6-months, 12-months, 18-months and 24-months post-surgery. Finally, Francesca Ales presents data collected using the remote administration app to determine what variables differentiate nonpatients attempting to fake insanity from patients with schizophrenia or nonpatient controls. Each of the authors provide rationales for their projects, note strengths and limitations associated with the findings, and discuss implications for practice and additional research.

D2-1

RORSCHACH AND DEPRESSIVE BEHAVIORS: POTENTIAL DEPRESSIVE RELATED BEHAVIORS DISCRIMINATING PATIENTS WITH AND WITHOUT DEPRESSIVE SYMPTOMS AND CONTROLS

Ruam P. F. A. Pimentel, M.A.¹, Gregory J. Meyer, Ph.D.¹

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Investigating manifestations of depression is relevant because of the alarming consequences that symptoms such as self-depreciation and self-criticism, guilt, hopelessness, and general displeasure with life can entail. Initially, we investigate whether new and recently developed Rorschach scales comprising Self-Critical and Helpless Behavior (SCHB), Pleasant or Appealing Expressions (PAE), and the Elevated Mood States (EMS) would differentiate patients with depression from other patients and correlate with depressive-related symptoms assessed via the Positive and Negative Syndrome Scale (PANSS) and the Brief Psychiatric Rating Scale (BPRS) in psychiatric patients. Secondly, we investigate whether these Rorschach scales differentiate patients with depressive disorders from matched healthy controls. We hypothesize that depressed patients relative to the controls will have less EMS and PAE, and more SCHB. Lastly, we anticipate that the effect sizes produced in depressed vs. control comparisons will be higher than effects produced in the depressed vs. non-depressed patient comparisons. The patient group consists of 70 protocols from inpatient archival data (M age = 41.7, SD = 7.3), with the diagnosis of depression, schizoaffective with depressive or bipolar symptoms, and schizophrenia. The control group consists of 70 matched protocols from the Rorschach Performance Assessment System norms (Mean age = 38.67, SD = 16.68) matched by education level and the number of responses. For the analysis, we use correlations, focused contrast ANOVAs, and multiple linear regressions. We discuss the reliability and validity of these Rorschach scales and indicate how they may be helpful for clinicians and future directions.

Keywords: depression, Rorschach, validity

D2-2

ASSESSING POTENTIAL R-PAS SCORE DIFFERENCES FOR IN-PERSON AND REMOTE ADMINISTRATION

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OBJECTIVES: In this study, we compare R-PAS summary scores obtained using a remote administration application with official electronic inkblot stimuli created by Hogrefe to scores obtained using traditional in-person administration with handheld inkblot stimuli.

The remote administration data are from University of Toledo (UT) undergraduates collected after the pandemic started and the comparison data are from pre-pandemic UT undergraduates. **BACKGROUND:** In March 2020 and due to COVID-19, many regions barred clinicians from conducting in-person psychological assessments. This catalyzed new interest in research investigating the equivalence of in-person and tele-assessments to understand the implications of administering psychological assessments within a tele-health context. This is significant because there is currently no published literature on the equivalence of these two Rorschach administration methods. **DATA OVERVIEW:** Data use the Rorschach Performance Assessment System (R-PAS; Meyer, Viglione, Meyer, Erard, & Erdberg, 2011), which is a psychological measure now used in clinical settings around the world. If the findings show that score means are equivalent across the two administration methods, then clinicians and researchers can conduct their assessment work remotely without concern that a change in administration format modifies test scores. Conversely, if our findings show modified mean values across administration format, the results will provide data to correct test scores in order to equate them normatively across administration methods.

Keywords: Rorschach, R-PAS, tele-assessment

D2-3

DOES THE RORSCHACH PERFORMANCE ASSESSMENT SYSTEM (R-PAS) DIFFER FROM THE COMPREHENSIVE SYSTEM (CS) IN ITS VALIDITY TO DIFFERENTIATE PATIENTS AND NONPATIENTS?

Giselle Pianowski¹, Anna Elisa de Villemor-Amaral¹, Gregory J. Meyer

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Replicating and extending Pianowski et al.'s (2021) research, we examined how psychiatric patients respond to the Rorschach task when assessed by the Rorschach Performance Assessment System (R-PAS) or the Comprehensive System (CS). We examined 50 nonpatients and 50 patients per system (N = 200). We document how R-PAS produced more patient protocols having an optimal number of responses (R) for interpretation than the CS. In addition, the R-PAS assessors never had to ask for additional responses because of low R (< 16), but CS assessors had to have 10 people complete a full second administration because of low R (< 14), after which two patient protocols did not reach minimum productivity for interpretation. The R-PAS protocols were much less variable in R than the CS protocols, despite having about 2.5 more responses. We also extend the previous research by documenting that the primary markers of psychopathology in each system validly differentiate patients from nonpatients. However, the R-PAS versions of each variable produced stronger results (large to very large effects) than the CS (medium to large effects). Finally, secondary to very large differences in average years of education, the patients produced simpler Rorschach protocols. For R-PAS, the Complexity variable thus added