

Introduction to the *JPA* Special Supplement on International Reference Samples for the Rorschach Comprehensive System

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This Introduction provides an overview to the *JPA* Special Supplement on International Reference Samples for the Rorschach Comprehensive System (CS; Exner, 2001). It contains a history of this project and a table including all of the lead authors, their country and the type and size of their sample. Suggestions for conducting this type of research are offered, including information on normative vs. nonpatient samples, inclusion/exclusion criteria, the use of collateral instruments, and concerns relative to representativeness. Reliability and coding concerns are addressed, and information on the Popular response in Japan are reviewed. Finally, trends within and across the data are highlighted.

HISTORY OF THE SUPPLEMENT PROJECT

The origins of the International Supplement date to the International Rorschach Society congress held in Boston in 1996, when several nonpatient Rorschach studies were presented. The following year, Philip Erdberg attended the European Rorschach Association's annual conference in Madrid, where additional nonpatient Rorschach studies were presented. This led to the decision in the summer of 1997 to attempt to compile all of the nonpatient Rorschach studies being conducted worldwide into one resource. The results of that collaboration were presented at the International Congress of Rorschach and Projective Methods (IRS) in Amsterdam in 1999. Three seminars were devoted to 18 studies delivered by 17 authors involving over 3,000 nonpatient Rorschach results from children, adolescents, and adults representing Africa, Asia, Europe, and North and South America; Subsequent presentations at IRS Congresses followed in Rome (2002) and Barcelona (2005), and the 2001 mid-winter conference of the Society for Personality Assessment held in Philadelphia provided the first opportunity for many psychologists in the United States to learn of these collaborative efforts, as many of the IRS studies were presented at that conference. The present work (Shaffer, Erdberg, & Meyer, 2007 this issue) contains 28 nonpatient or normative studies from 16 different countries representing Australia, Asia, Europe, the Middle East, and North and South America; involving 5,815 Rorschachs from children, adolescents, and adults; and including both male and female participants. A summary of the samples is presented in Table 1.

NORMATIVE VS. NONPATIENT STUDIES

In designing any reference data study, a number of decisions need to be made. The first, and perhaps the most fundamental, is whether to embark on a normative study or a nonpatient one. The former would, by definition, include individuals who are in treatment as well as many who are not. In contrast, a nonpatient

study would be comprised exclusively of individuals who are not, at the time of sampling, in treatment. It is important to emphasize that nonpatient participants are not necessarily people who are free of intrapsychic, interpersonal and/or vocational distress; they are merely individuals who are not in treatment. The samples that comprise this Supplement are mostly nonpatients, but in a few studies some people who were patients or in the process of seeking treatment were included. Nonetheless, the presence of some psychological difficulties is quite evident and demonstrated by virtually every study. For example, 19 out of 20 adult studies had 23% or more of the participants in the positive range on the Coping Deficit Index (CDI). Similarly, 17 out of the 20 had the Depression Index (DEPI) positive for 21% or more of the participants, while 13 studies had 4% or more individuals scoring positively on the Suicide Constellation (S-CON). These findings lead to two points: first, that, indeed, a portion of the participants in this Supplement probably should have been in some form of treatment; and second, the above findings are in keeping with other test findings and other US epidemiological statistics. Using the United States as an example, 22% to 23% of the US adult population, about 44 million people, meet the criteria for a diagnosable mental disorder in any one year period (Mental Health: A Report of the Surgeon General, n.d.). Thus, the Supplement data, demonstrate the psychological qualities of mostly nonpatient data, and they are in keeping with epidemiological findings.

INCLUSION/EXCLUSION CRITERIA

Another decision that needs to be addressed is the identification of inclusion/exclusion guidelines, and the studies in the Supplement were diverse in their implementation of these criteria. The most frequently used exclusion criterion was the presence of psychiatric hospitalization. Many studies excluded potential participants if the individual had ever participated in any form of psychiatric treatment, whether inpatient or outpatient. Another very frequently implemented exclusion criterion was having undergone psychological testing (either in the past year, the past two years, or ever). The use of psychotropic medication was also employed as an exclusion criterion by some

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TABLE 1.—Participants.

Country	Principal Author	Sample	Size
Argentina	Helena Lunazzi	Adults	506
Argentina	Isidro Sanz	Adults	90
Australia	Phillip Greenway	Adults	128
Belgium	Christian Mormont	Adults	100
Brazil	Regina do Nascimento	Adults	409
Denmark	Kim Hansen	Children	75
Denmark	Jan Ivanouw	Adults	141
Finland	Carl-Erik Mattlar	Adults	343
Greece	Stamatia Daroglou	Adults	98
Holland	Corine de Ruiter	Adults	108
Israel	Ety Berant	Adults	150
Israel	Shira Tibon	Adults	41
Italy	Adriana Lis	Children	223
Italy	Adriana Lis	Pre & Adolescents	233
Italy	Adriana Lis	Adults	249
Japan	Mariko Matsumoto	Children	190
Japan	Noriko Nakamura	Adults	240
Peru	Matilda Raez	Adults	233
Portugal	Danilo Silva	Children	357
Portugal	Antonio Pires	Adults	309
Romania	Nicolae Dumitrascu	Adults	111
Spain	Vera Campo	Adults	517
USA	Mel Hamel	Children	100
USA: Mex.Am.	Mary Ann Singer-Valentino	Children	42
USA	Katherine van Patten	Adolescents	37
USA	John Exner	Adults	450
USA	Thomas Shaffer	Adults	283
USA	Kevin Pertchik	Older Adults	52
Total			5,815

authors. Others included drug and/or alcohol abuse, and legal problems such as ever having been arrested or incarcerated. Medical illness, chronic or acute, as well as trauma, the death of an emotionally close individual, and neurological problems were also used. Finally, hyperactivity, school suspensions, grade point average, and parental problems such as incarceration or having a parent in psychiatric treatment within the past year were used as exclusion criteria by authors of child and adolescent studies. Such a wide and varying list clearly indicates that there are no right or wrong choices, although the consistency of using at least some inclusion/exclusion criteria suggests the importance of implementing them in nonpatient research.

Another decision to be made with this type of research is whether or not to use collateral instruments. In this instance what, if any, tests or scales would be administered to participants in addition to the Rorschach? Eighteen projects in the Supplement used additional assessment tools while ten did not. A survey of the collateral instruments employed by authors in this Supplement suggests separating them into four broad categories: cognitive-neuropsychological; self-report questionnaires; those that require the negotiation of a semiambiguous stimulus; and observer-completed measures and scales. Examples of instruments in the first category include the Wechsler Adult Intelligence Scale-Revised (WAIS-R; Wechsler, 1981), and the Bender Visual-Motor Gestalt Test (Bender, 1938). Some authors used single subtests of a Wechsler such as Picture Completion or Comprehension. Items in the self-report grouping include the Minnesota Multiphasic Personality Inventory-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and the California Psychological Inventory (Gough & Bradley, 1996). The third category included some of the following methods: Draw

A Person (Urban, 1967), Thematic Apperception Test (TAT) (Bellak, 1993), and the Children's Apperception Test (CAT; Bellak, 1993). Finally, a wide variety of observer-completed scales and questionnaires were employed by many authors, including the Affect in Play Scale (Russ, 1993) and the Connor's Parent Rating Scale-93 (Connors, 1989).

REPRESENTATIVENESS

Finally, when evaluating any type of reference data, it is important to ascertain how representative it is. In this instance, the question is how generalizable the sample is to a broader and representative target population. Most of the studies addressed the issue of generalizability, with some stating clearly that their results are generalizable to the population of their country, while many were somewhat equivocal, limiting generalizability on the basis of the age of the participants, demographics, or geographic limitations. The difficulties inherent in doing nonpatient research, finding willing participants who meet the inclusion/exclusion criteria from geographic locations and demographic strata that match the population, will most often result in some non-representativeness in almost any given set of norms. The concerns relative to generalizability and the data sets in this Supplement are no exception. As such, when used by other researchers and clinicians they must be applied with the issue of generalizability clearly in mind.

POPULAR RESPONSES

While the overarching purpose of this Supplement was to provide researchers and clinicians with a compendium of nonpatient Rorschach Comprehensive System norms, one study led by Noriko Nakamura (Nakamura, Fuchigami, & Tsugawa, 2007/this issue), offers unique information on the Popular variable. This study provides data on responses that occur with sufficient frequency in their sample to meet the 1-in-3 protocol level set by Rorschach himself and maintained in the Comprehensive System for a Popular response (Exner, 1993; Rorschach & Oberholzer, 1923). Information relative to Populars for this reference sample is given in Table 2.

This sample has several differences from the Populars identified by Exner (2001). There is just one Popular to Card I, "bat" to a whole response; a second Popular to Card II, "two humans" to a whole response; a second Popular to Card VI, a "musical instrument" to the whole card; no Popular to card IX; and no

TABLE 2.—Japanese adult popular responses.

Card	Location	Response	Frequency
Card I	W	Bat	48%
Card I	W	Butterfly	22%
Card II	D1	Animal	39%
Card II	W	Two humans	38%
Card III	D1, D9	Human figure	85%
Card IV	W, D7	Human figure	37%
Card V	W	Bat	37%
Card V	W	Butterfly	61%
Card VI	W, D1	Animal skin	39%
Card VI	W	Musical instrument	35%
Card VII	D9	Human head	62%
Card VIII	D1	Animal	84%
Card IX	None		
Card X	None		

Popular to Card X. This is the only project in this Supplement to provide this information and additional study in this important area is suggested by this work.

RELIABILITY AND CODING GUIDELINE ISSUES

An important and frequently asked question is how the new international norms compare to the norms that most psychologists have been using, the older sample of 600 nonpatient adults listed in *A Rorschach Workbook for the Comprehensive System, 5th edition* (Exner, 2001). Although data for the new Exner reference sample is available (Exner, 2007/this issue; Exner & Erdberg, 2005), the older norms and their predecessors in previous editions of the *CS Workbook* (Exner, 2001) have been used widely for decades. However, it appears they may not have been fully updated to reflect coding changes (Meyer, 2001). As such, one should not turn to the *CS Workbook* for reference data to aid in interpretation but instead should use the most relevant, current norms, which are presented in this supplement.

This Supplement contains 28 normative reference projects, each containing data in the format found in the *CS Workbook*. There are six child projects, two adolescent samples, and 20 adult articles, one of which is an older adult sample, and in total they represent 16 countries from Asia, Australia, Europe, the Middle East, and North and South America, totaling over 5,800 Rorschachs. This geographic diversity across this developmental spectrum permits psychologists around the world to examine a reference group from their own country, one that is culturally nearer to their country, and the International Composite International Reference Sample norms discussed in the concluding article (Meyer, Erdberg, & Shaffer, 2007/this issue). For example, a Chilean psychologist now may consider the Argentine, Brazilian, or Peruvian norms contained in this Supplement or the Composite norms rather than norms from the US. Psychologists in the United States can consider the Rorschach Workshop’s data published in this Supplement (Exner, 2007/this issue), which are also found in Exner and Erdberg (2005), the Shaffer, Erdberg, and Haroian (2007/this issue) data from Fresno, and the Composite norms.

Given the importance of culture and considerations about the relevance of local norms, then, the question is not how does any one set of norms compare to another set, but how do they compare to each other across sets. One way to explore how these data sets compare would be to eliminate the impact of development and examine the data within a developmentally comparable group such as adults or children. This exploration was first done with the 20 adult databases that comprise this Supplement.

Table 3 provides information on the CS perceptual variables (X+%, Xu%, X-%, XA%, and WDA %). While all of these variables address perception, the translation of stimulus field data, individually they provide information on specific features of that phenomenon and raise two concerns for discussion: What are they assessing?, and What is the consistency with which they are being generated?

With respect to the first question, what these variables assess at the broadest level is the conventionality of any given response or translation, which can be discerned by using XA% and X-%. The XA% (FQ+ & FQo & FQu) provides information about the source of the person’s data, the extent to which an answer has an external frame of reference. In contrast, the X-% (FQ-

TABLE 3.—Adult perception variables.

Country	N	X+%	Xu%	X-%	XA%	WDA%
Argentina	506	.59	.22	.18	.81	.83
Argentina	90	.55	.27	.17	.82	.86
Australia	128	.53	.22	.25	.74	.77
Belgium	100	.51	.29	.19	.80	.83
Brazil	409	.48	.29	.22	.76	.80
Denmark	141	.53	.29	.17	.82	.84
Finland	343	.58	.24	.15	.82	.85
Greece	98	.41	.35	.23	.75	.78
Holland	108	.52	.29	.16	.81	.84
Israel	41	.53	.31	.15	.84	.86
Israel	150	.44	.31	.23	.75	.78
Italy	249	.52	.27	.20	.79	.81
Japan	240	.52	.22	.26	.74	.80
Peru	233	.52	.30	.17	.82	.84
Portugal	309	.50	.37	.12	.87	.88
Romania	111	.56	.25	.18	.81	.83
Spain	517	.54	.24	.21	.78	.82
USA	283	.49	.28	.23	.76	.80
USA	450	.68	.20	.11	.88	.91
U.S. Older	52	.49	.34	.16	.83	.85

suggests an internal frame of reference that may be associated with a frank distortion of external reality. X+% (FQ+ & FQo) and Xu% fine tune conventionality by being sensitive to wording. For example, a response to the D2 area of Card II of “bird” results in an FQo, while “chicken” warrants an FQu even though in both instances the perception is of a fowl. Similarly, the response “butterfly” to the D3 area of Card II is an FQo while “insect” to the same location is an FQu. In both examples the difference in answers is not necessarily a perceptual difference but rather a linguistic one. In contrast, a response of “angel” to D2 of Card II, a winged being, warrants an FQu but so do “lava” and “thumb,” thus addressing the element of perceptual or translation differences. Thus, XA% vs. X-% informs us of differences in the balance of external versus internal frames of reference, while X+% vs. Xu% addresses the wording or linguistic properties as well as perceptual differences. As can be seen in Table 3, the narrow ranges of all of these variables suggest that conventionality of perception does not appear to have a cultural basis.

The second issue relates to the consistency with which the coding rules are being applied to these CS variables. The interrater reliability statistics for the projects contained in this Supplement are quite solid, though Special Scores and form quality tend to be the most difficult to score. Despite the latter, the relatively narrow range for XA%, WDA%, X+%, Xu% and X-% strongly suggests that the examiners in these studies are employing the *CS Workbook* guidelines for Form Quality very consistently. Specifically, X+% goes from a low of .41 to a high of .68, a range of .27, while XA% has a low of .74 and a high of .88, generating an even narrower range of .14. Interestingly, the range for X+% is as about as narrow as for XA% if Exner’s sample of 450 is set aside (.44 to .59).

Table 4 lists 7 additional CS variables from each of the remaining Structural Summary clusters. In contrast to the narrow ranges found in the perceptual variables, these variables, save for Egocentricity, tend to have larger ranges. Given the interrater reliability findings discussed below, these differences may well reflect site-based differing interpretations of the CS coding guidelines. For example, there is no clinical formulation to

TABLE 4.—Adult ego-function related variables.

Country	Zf %	WSum6 Mean	WSum6 mdn/mode	WSumC	D < 0	AdjD < 0	Egocentricity	% T = 0
Argentina 509	50.40	5.91	4.00/0.00	2.96	46%	36%	.41	47%
Argentina 90	61.37	5.39	3.50/0.00	2.98	42%	23%	.43	74%
Australia	67.11	7.20	5.00/0.00	3.83	41%	25%	.38	59%
Belgium	51.84	11.46	8.00/0.00	3.55	32%	18%	.33	65%
Brazil	50.41	7.31	5.00/0.00	2.19	51%	40%	.37	70%
Denmark	58.29	6.23	4.00/0.00	3.72	33%	23%	.36	50%
Finland	53.99	8.24	6.00/4.00	3.59	52%	35%	.39	38%
Greece	63.71	6.87	5.00/0.00	2.27	54%	44%	.42	86%
Holland	49.10	11.57	9.00/8.00	3.01	59%	38%	.39	53%
Israel 41	57.10	9.49	8.00/0.00	3.21	66%	49%	.42	34%
Israel 150	57.46	6.49	5.00/0.00	2.45	13%	9%	.41	70%
Italy	58.04	7.52	6.00/0.00	2.93	55%	40%	.35	50%
Japan	61.56	8.19	6.00/0.00	3.35	25%	16%	.33	56%
Peru	53.57	5.90	4.00/0.00	2.47	47%	36%	.40	49%
Portugal	47.85	2.88	2.00/0.00	2.81	48%	37%	.40	50%
Romania	60.67	5.26	4.00/2.00	3.28	35%	23%	.43	78%
Spain	50.80	11.43	9.00/4.00	2.79	40%	27%	.40	63%
USA 283	60.07	7.48	5.00/0.00	2.52	28%	16%	.38	74%
USA 450	57.58	7.12	6.00/0.00	4.54	17%	10%	.40	19%
U. S. Older	58.53	13.10	11.00/14.00	3.19	60%	23%	.44	44%

adequately account for the huge range for WSum6 but in 16 out of the 20 adult studies with complete interrater reliability findings (two adult studies did not have interrater reliability data for all CS Special Scores), the iota for the Special Scores was the lowest of all 10 categories assessed. The large range for WSum6 in combination with the consistent iota findings suggest that it is difficult to follow the coding guidelines for these CS variables and thus these guidelines could be improved with clearer instructions and better examples.

Tables 5 and 6 list data from the six projects that focused on children. One group from the children's data sets was omitted from these Tables the fourteen-year-olds from the Japanese study (Matsumoto, Suzuki, Shirai, & Nakabayashi, 2007/ this issue), and this omission was based on the likely developmental differences between individuals who are adolescents and those who are children of latency age. The authors of the Japanese study chose to award an FQ- to any response not found in the *CS Workbook*. This decision, of course, impacted their results in the perception variables and this impact can be seen in Table 5. If these findings are omitted from comparison and the child and

adult form quality examined, useful observations can be made. These findings are provided in Table 7.

In the children's data, Japan excepted, there is an overall tendency for conventionality of perception (X+%) to increase as age increases, and there is a modest but not statistically significant correlation between the average age of a sample and its average X+% ($r = .567, p = .069$). When the child data in this table is compared to the adult data, there is a clear tendency for the adult perception to be more conventional; X+% $F(1, 29) = 62.450, p < .001, \eta^2 = .83$; X-% $F(1, 29) = 73.600, p < .001, \eta^2 = .85$; XA%, $F(1, 29) = 72.032; p < .001, \eta^2 = .84$; WDA%, $F(1, 29) = 57.151, p < .001, \eta^2 = .82$; with the exception being Xu% $F(1, 29) = .329, p = .755, \eta^2 = .11$.

In Table 6, which provides Ego-related Variables, several trends may be noted. First, as was the case in the Adult projects, the range for the WSum6 median and mode are quite large, again likely a function of unclear guidelines as opposed to true variations in cognitive slippage. The egocentricity index is notably lower in the Japanese children than in any of the other samples, quite possibly due to cultural influences as opposed to any

TABLE 5.—Child perception variables.

Country	N	X+%	Xu%	X-%	XA%	WDA%
Denmark 9 yrs old	75	.44	.29	.27	.73	.76
Italy 5-7 yrs old	75	.30	.30	.38	.61	.65
Italy 8-11 yrs old	148	.34	.34	.31	.68	.70
Japan 5 yrs old	24	.26	.09	.66	.35	.38
Japan 8 yrs old	43	.27	.09	.63	.36	.41
Japan 9 yrs old	42	.27	.11	.62	.37	.42
Japan 12 yrs old	42	.35	.10	.55	.45	.49
Portugal 6 yrs old	86	.37	.27	.33	.64	.66
Portugal 7 yrs old	69	.38	.29	.31	.67	.69
Portugal 8 yrs old	75	.33	.33	.33	.66	.69
Portugal 9 yrs old	66	.38	.33	.29	.70	.73
Portugal 10 yrs old	61	.42	.26	.32	.68	.70
USA 6-9 yrs old	50	.35	.21	.44	.56	.64
USA 10-12 yrs old	50	.40	.22	.38	.62	.69
USA Mex Am 8-10 yrs old	42	.39	.32	.28	.71	.74

TABLE 6.—Child ego-function related variables.

Country	N	WSum6 mdn/mode	D < 0	AdjD < 0	Ego	% T = 0
Denmark 9 yrs old	75	6.00/0.00	23%	19%	.28	85%
Italy 5-7 yrs old	57	7.00/3.00	39%	33%	.23	85%
Italy 8-11 yrs old	148	8.00/8.00	50%	36%	.26	74%
Japan 5 yrs old	24	0.00/0.00	8%	8%	.09	100%
Japan 8 yrs old	43	0.00/0.00	16%	14%	.06	91%
Japan 9 yrs old	42	0.00/0.00	24%	21%	.09	93%
Japan 12 yrs old	42	0.00/0.00	17%	17%	.13	93%
Portugal 6 yrs old	86	5.00/0.00	19%	15%	.24	86%
Portugal 7 yrs old	69	7.00/4.00	16%	14%	.25	86%
Portugal 8 yrs old	75	5.00/5.00	29%	25%	.29	83%
Portugal 9 yrs old	66	5.00/0.00	20%	15%	.30	80%
Portugal 10 yrs old	61	7.00/2.00	28%	25%	.31	77%
USA 6-9 yrs old	50	10.00/0.00	52%	36%	.31	86%
USA 10-12 yrs old	50	11.00/6.00	48%	26%	.36	80%
USA Mex Am 8-10 yrs old	42	7.5/8.00	62%	51%	.29	76%

TABLE 7.—Child and adult perception variables.

Variable	X+%	Xu%	X-%	XA%	WDA%
	Child/Adult	Child/Adult	Child/Adult	Child/Adult	Child/Adult
Minimum	.30/.41	.21/.20	.27/.11	.56/.74	.64/.77
Maximum	.44/.68	.33/.37	.44/.26	.73/.88	.85/.91
Range	.13/.27	.12/.17	.17/.15	.17/.14	.21/.14

coding aspect, given how reliably pairs and reflections are scored. Finally, the percentage of children with T = 0 ranges from a low of 74% to a high of 100%, remarkably higher than that of the adults, which ranges from a low of 19% to a high of 86%. Although not included in the table, these findings are likely in part a function of the much higher Lambda values obtained in the child samples, which range from a low of 1.3 (US Mexican American) to a high of 8.47 (Japanese 5-year olds).

Valid and reliable assessment findings are heavily dependent upon the quality of administration, scoring, and interpretation. Considerable effort was expended in each project to address the quality of the findings presented. Several points relative to quality were addressed in almost every project:

1. Training and Level of Experience with CS Administration
2. Analysis of Examiner Differences
3. Monitoring of Test Administration Quality
4. Protocol Selection and Examiners for Scoring Reliability
5. Monitoring of Test Scoring Quality

Every study implemented some form of quality control and all contain interrater reliability statistics, most often percentage of agreement and kappa findings.

In an effort to highlight the fundamental importance of the quality of administration, inquiring, and coding, one article, "The Impact of Administration and Inquiry on Rorschach Comprehensive System Protocols in a National Reference Sample" (Lis, Parolin, Calvo, Zenarro, & Meyer, 2007/ this issue), is devoted to these issues. In this article, the authors highlight how even when researchers believe they are carefully following CS guidelines for administration, inquiry, and scoring, reference data can look dramatically different depending on how the guidelines are implemented.

This, then, is the International Reference Samples for the Rorschach Comprehensive System Reference Supplement to the *Journal of Personality Assessment*, a compendium of nonpatient studies all conducted in the native tongue of the examiners and participants. Participants have been selected on the basis of some inclusion/exclusion criteria; administration, inquiry, and coding have been carefully done to ensure quality results; interrater reliability findings are presented; generalizability is addressed; and limitations offered. It is hoped that this Supplement will serve as a reference for clinical and research use.

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