

The Comprehensive System in the Netherlands

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From the 1940's through the beginning of the 1960's, a psychological investigation in the Netherlands consisted in principal of three parts: an investigation of intelligence (for instance by means of the WAIS); an assessment of personality (very often the MMPI); and a projective technique (very often the Rorschach). These test results together with the case history were the most important resources for writing a psychological report. At this time the psychological report was incomplete if it did not contain the results of the Rorschach test. The leading theoretical orientations of the Dutch psychologists were phenomenological, humanistic, and to a smaller extent psychoanalytic. In this tradition the Rorschach was used as an instrument to assess the unique human psychological characteristics.

During the 1940s and the 1950s interest in the Rorschach was common and widespread (De Zeeuw, 1986). Publications in the Netherlands on the Rorschach did not appear until 25 years after the publication of Hermann Rorschach's book "Psychodiagnostik" (1921). The first Dutch book that reviewed Rorschach data was published by De Zeeuw in 1952. Teaching the Rorschach at the university was not common, but in the 1950s specialists were appointed to familiarize the students with the scoring and interpretation of the Rorschach. Despite this interest, it is striking that until now there has never been published a manual in the

Netherlands, and, apart from some smaller samples, no norms have been established.

Starting in the beginning of the 1960s the academic climate changed. From the United States the empirical scientific paradigm spread to the Netherlands and in clinical psychology this coincided with the arrival of behaviorism and learning theory. Phenomenological and psychoanalytic theory were sent to the rear of the academic stage. Empirical research became a major issue, and learning and cognitive theories could be operationalized easier than the vague phenomenological and psychodynamic notions.

By the late 1960's the Rorschach test was no longer taken seriously by leading academicians in the Netherlands. The criticism of American empirically oriented psychologists (Cronbach, 1949) and a dissertation by Van Riemsdijk (1964) in the Netherlands had had a chilling effect on Dutch psychologists responsible for the teaching of psychodiagnosis. Apart from the academic climate, the Rorschach presented several problems for the clinical psychologists. The systems of Beck and Klopfer were popular, but these approaches presented several difficulties. Systematic and officially recognized training in administration, scoring and interpretation was lacking, the systems showed contradictions, and reliability and validity were not meeting accepted standards. The practitioner in the Netherlands employed the Rorschach in a way that was determined by his or her own clinical experience. In large parts of the clinical field the Rorschach was used in "a clinical way," which meant that no scoring or interpretation was completed. The psychologist examined the responses the patients gave to the blots and generated hypotheses about the patients' problems and personality, against the background of the data from the case history. Systematic scoring and interpretation was considered overly time consuming. Experienced clinicians emphasized the projective aspects of the technique.

For at least 20 years in the academic world the Rorschach was presented as a curious relic from psychology's past. Students were taught to disregard it, and the plates graced the walls of more than one notable scholar as intriguing decorations or as objects of humor. Though largely written off in academic circles, the Rorschach continued to be used in clinical settings (Evers & Zaal, 1979). In 1988, Bovenhoff, van Kemnade, de Ruiter & Cohen reported the results of a survey investigating the use of the Rorschach in clinical settings in the Netherlands. Of the 195 respondents 60 % reported that the Rorschach had been administered in their department or service institution. More than half of the

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respondents reported that the test was still in use in the year that was the focus of the survey. The Rorschach figured in more than half of the cases of psychological assessment. If an interpretation system was used, it was mainly Klopfer's and Beck's.

During the last 30 years an impressive number of psychological tests and questionnaires has been added to the three aspects of the psychological investigation mentioned above. In addition, numerous psychological techniques have been introduced in neuropsychology. For research purposes a great many semi-structured interviews and questionnaires have been developed, focussing on many features and details of human functioning and experience. The development of questionnaires has also been stimulated by the DSM-III and DSM-III-R. The descriptive and a-theoretical approach facilitated empirical research.

The Dutch Rorschach Society

The year in which the second edition of Exner's Volume 1 (Exner, 1986) appeared marked a turning point. Though Exner's work had been touched upon in some courses on psychodiagnosis prior to 1986, it was not until that year that a number of Dutch psychologists in different settings became actively involved with the Comprehensive System. The number of participants was small but the level of enthusiasm was high. In 1986 the Dutch Rorschach Society, devoted to work with the Comprehensive System in the Netherlands, was founded. In subsequent years members of the society schooled themselves in the System, and Anne Andronikof-Sanglade from France and John Exner from the United States came to the Netherlands to provide training. Exner provided a workshop on interpretation in 1989 and Andronikof-Sanglade has offered four introductory and interpretation courses since 1987. Additional courses have been provided by Dutch psychologists.

The principal activity to date of the Dutch Society has been furthering knowledge and understanding of the Comprehensive System through courses and local workshops. In addition members of the Society have played leading roles in the founding of the European Rorschach Association, an international scientific organization for psychologists in Europe who work with the Comprehensive System. Thirdly, the Society has been a formal and informal forum for the promotion of research with the Comprehensive System.

Research Projects

While studying Exner's Comprehensive System and realizing the complexity of the scoring system, a question arose concerning the interrater reliability. Derksen (1990) conducted an experiment while studying the Comprehensive System. The question was: is it possible to arrive at reasonable standards of reliability in scoring based solely upon the study of Exner's Volume I (1986)? Ten men and 10 women were administered the Rorschach test. Each protocol was independently scored by four psychologists who studied Exner's textbook. In weekly meetings Exner's book was studied and discussed and critical questions were raised. Scoring had been practiced on a small set of protocols scored by all four and had been discussed in the group. Each of the psychologists administered five of the protocols used in the experiment. The judgments were compared in pairs, which resulted in six pairs. The percentage agreement was established per pair. The codes that were selected for the comparison were those that produced the most unclarity during the training phase. These were developmental quality, pairs, reflections, all determinants, special scores, Z-score, form quality, and populars. The overall conclusion of this study was that the agreement between the psychologists scoring the Rorschach based on Exner's Volume I alone, was poor. The reliability appeared reasonable for the following categories: M, FM, chromatic color, pairs, Fr, DQ+, DQo, Z, and P. One of the causes for the poor reliability was attributed to the vague and unclear descriptions of the scoring categories. Our conclusion was that a reliable scoring of the Comprehensive System required training in administration and scoring and use of the workbook.

Panic Disorder with Agoraphobia

De Ruiter collected Rorschach Comprehensive System data from a small group (roughly 15%) of the 176 subjects participating in her doctoral dissertation research assessing the effectiveness of various behavioral treatments for patients suffering from panic disorder with agoraphobia (PDA) (de Ruiter, 1989). De Ruiter and Cohen (in press) used the Rorschach data to test a number of hypotheses derived by de Ruiter from Diamond's (1985) self psychology. Diamond asserted that PDA patients suffer from a developmental deficit in negative affect regulating capac-

ity, surrounded by an elaborate constellation of defenses consisting of avoidance, repression, denial of negative affect and reaction formation against dependency needs. These defenses are seen as leading to an extensive constriction and rigidity of these patients' affective lives. WSumC and Afr were used to assess patients' resourceful affective activity. Lambda was used to assess avoidance of complexity and the general absence of food responses was treated as an indirect measure of denial of or reaction formation against dependency needs. The findings pointed to the presence of a highly avoidant information processing style (a remarkable 86% of protocols had Lambda > .99) and to a constricted affective life. The results were also consistent with the hypothesis of reaction formation against dependency needs. A valuable aspect of the research, in the authors' estimation, is that the CS was used to test hypotheses derived from psychodynamic theory.

Sleep Disorders

In his clinical practice with sleep-disturbed patients seen at a sleep center Cohen (1990) noted a high incidence of positive SCZI (Exner, 1986). In an exploratory study involving 95 sleep-disturbed patients and in which use was made of the revised, more stringent SCZI index (Exner, 1990) this finding was confirmed (Cohen, de Ruiter and Van Groningen, in preparation). No patients with an apnea syndrome, as assessed by nocturnal polysomnography, exhibited positive SCZI's. Of 35 patients with valid Rorschach protocols and for whom polysomnographic data are available, 7 patients were identified who scored positive on the SCZI. In all cases the positive SCZI was associated with the presence of patients' complaints pertaining to sleep. No patients presenting with snoring difficulties only – almost always a complaint of the partner and not of the patient – showed positive SCZI's.

The other major clinical indices of the Comprehensive System (the Depression Index and the Coping Deficit Index) did not differentiate between those patients presenting with only snoring complaints and those presenting with other sleep complaints nor did they discriminate between those manifesting clinical apnea and those not. The findings are consistent with the hypothesis that a subgroup of patients suffering from sleep disturbances for which there is no evident organic basis exhibit severe cognitive disturbances. Cohen (1990) has suggested that this subgroup may be characterized by ample resources in the social-emo-

tional realm, which inhibits the development of major psychopathology. The study provided some findings supportive of this idea.

Transsexuality in Adolescence

Theories on transsexuality differ in the extent to which they attribute a role to psychopathology in the development of transsexuality and cross-gender identity. Transsexuals have been described on the one hand as exhibiting no more psychopathology than nonpatients (Fleming, Jones & Simons 1982; Mate-Kole, 1990) and on the other hand as suffering from borderline or other serious forms of psychopathology (Lothstein, 1984; Murray, 1985). To date studies have been carried out with gender identity disorder boys aged five to twelve (Tuber & Coates, 1989) and with adult transsexuals (e. g., Johnson & Hunt, 1990; Kuiper, 1991; Mate-Kole, Freschi & Robin, 1988; Murray, 1985). As far as we know, no reports have been published for studies with adolescent transsexuals. This group is particularly interesting because it has a shorter history of stigmatization and fewer ties to their original gender role than adult transsexuals.

At the University of Utrecht, where Cohen-Kettenis is engaged in long-term research on the development of gender identity, research is being carried out with adolescents presenting transsexuality. In 1986 Cohen, de Ruiter, and Cohen-Kettenis embarked on a study of Rorschach protocols gathered from a number of these adolescents. To date nearly 40 protocols have been collected. The principal research question concerns the presence of (serious) psychopathology in these patients. Preliminary analyses of the Rorschach protocols gathered to date indicate that as a group the Dutch adolescent transsexuals are characterized by indications of internal rage, by the absence of positive internal representations of relations with others, and by extreme absence of the need for closeness (90% of the protocols were "T-less"), severely disturbed reality testing, and mild thought disorders. These findings are in line with the findings by Murray (1985) who also found transsexuals to show high aggression, disturbed object relations and impaired reality testing. The researchers will conclude their data collection within a few months of the writing of this manuscript and expect to present their results shortly thereafter.

Multiple Sclerosis Patients

The premorbid personality of multiple sclerosis patients has been the subject of several investigations, but the empirical findings show many contradictions. Apart from the contradictions in the literature we can find a shared opinion that, although no specific personality type emerged, multiple sclerosis appears to be a disease which occurs predominantly in chronically anxious persons who had shown evidence of emotional and psychosexual immaturity (Lishman, 1987). Emotional stress is very disturbing for these people and so their tolerance for stress is low. A further finding was that multiple sclerosis patients tend to interpret the social environment atypically and not conforming to the socially shared opinions. Another finding concerns latent or manifest depression in these patients. These psychological characteristics make these patients probably vulnerable to emotionally traumatic experiences. This vulnerability can influence the course of multiple sclerosis.

Translated into the indices of the Comprehensive System we can expect five deviations in the structural summaries. The first will be a negative value for the D and adjusted D score. Especially the adjusted D we expect to be negative, because we can interpret the adjustment in these cases as a situation related adaptation of the patient to the disease multiple sclerosis itself. Furthermore we can expect a low X+% for the atypical interpretations of these patients. Also we can look at the X-% for the amount of distortions. The immature affects can be operationalized as CF+C being higher than FC. The depression index is expected to be higher than normal. Finally, we expect to find neurological deviations expressed in a high PSV.

Eighteen multiple sclerosis patients (7 men, 11 women) with a mean age of 50 years were administered the Rorschach test (Derksen & Bögels, 1990). To test the five hypotheses the means of the variables were compared to the American sample of 600 nonpatients adults (Exner, 1985). The statistical significance was tested by means of a t-test. The results indicated that although the D score is significantly lower (mean = $-.88$, $p < .05$, one tailed), the adjusted D score was not (mean = $.06$, ns). The vulnerability seems to be more state than trait dependent. The X+% was significantly lower (mean = $.54$, $p < .001$, one-tailed) and the X-% significantly higher (mean = $.13$, $p < .001$, one-tailed). Another finding in this respect was the low frequency of populars (mean = 1.28 , $p < .001$, one-tailed).

Also interesting was a significantly low number of Detail responses (mean = 8.67, $p < .001$, one-tailed) and a high Dd (mean = 5.11, $p < .001$, one-tailed). The multiple sclerosis group showed a mean FC:CF+C = 1.06:1.1, compared to Exner's sample with FC:CF+C = 3.87:2.19. This supported our hypothesis. The FC as well the CF responses were significantly lower than in protocols of nonpatients. The AFR was significantly lower (mean = .48, $p < .001$, one-tailed). Eleven of the 18 patients were ambitents. The DEPI index (mean = .56) was not high, so this hypothesis was not confirmed. The PSV (mean = .39, $p < .001$, one-tailed) was significantly higher. A more detailed report of this study, including the MMPI data of the subjects, is being prepared for publication.

Several research projects are still in progress. Over the past three years Rorschach protocols have been collected from patients in a psychotherapeutic community who have received a diagnosis of borderline personality organization (Kernberg 1984). Patients were tested at the intake, after one year of treatment and at the end of clinical treatment (mostly after two years). To date the results indicate that several subgroups of borderline patients can be formed based on the Rorschach data. Further, Rorschach protocols have recently been collected from 25 female university students in a test-retest study, and presentation of the findings is expected soon.

Epilogue

Although the activities of the Dutch Rorschach Society are promising and the research is taking shape, several problems accompany the introduction of the Comprehensive System in the Netherlands. One problem is the neo-positivistic climate in the social sciences. Among researchers in clinical psychology we can observe a dominant desire to measure components of behavior and experience by means of brief questionnaires. If, for instance, impulsivity is to be measured, this is preferably done by a series of self-rating questions directly based on research in this area. The idea is that the Rorschach as a technique is too elaborate and too much of a "broad band" method; the information about the individual that is produced is considered too general and lacking in specificity. These researchers also remark that the creation of the ten inkblots was too much an irrational process. "Why try make something of this old

fashioned test; if you want to do something with perception, you better create new blots and determine precisely what components you need."

Of course this criticism is not totally without foundation. The evaluation of the Rorschach in clinical practice in the Netherlands, however, is usually completely different. Here the test is considered a rich instrument by means of which empirically based cognitive information can be gathered, as well as an observation instrument. For many clinicians administering the Rorschach is a practical experiment: the patient is confronted with a relatively unstructured assignment, and this gives the clinician a unique chance to observe the patient's behavior. For the psychodynamically oriented clinician the process of giving answers to the blots, in combination with the contents, provides numerous hypotheses regarding the psychodynamic constellation of the patient. For instance, ego functions such as defense mechanism's and reality testing can be assessed with the test.

In clinical practice the Rorschach also potentially gives information about the personality as a whole, instead of the information about details gathered with the questionnaires mentioned above, and about relations between different aspects of personality, such as cognitive functions and emotions. A self-report questionnaire merely organizes information directly given by the subject, and cannot, in principle, add very much to an elaborate clinical interview. In clinical practice the decisions one makes deal with complete, and thus complex, individuals, and there is need for information derived from instruments that cover this complexity. The Rorschach does.

An interesting point remains the fact that the Rorschach is essentially a perceptual test. The traits and characteristics of the individual that are inferred through use of the Comprehensive System are the result of the person's specific modes of perception. As far as we can see, a more profound theory about the relation between perception and personality is still to come.

Another matter of interest in the field of diagnostics is the increasing importance of the DSM-III-R classification. This point is particularly important with respect to daily collaboration with psychiatrists. What applies to the MMPI is especially true for the Rorschach: the data do not provide a DSM-III classification. The Rorschach results in an independent psychological picture of the individual. Much research has been done and will continue to be done in the future with the Rorschachs of patients with the same or different DSM-III diagnoses. For the SCZI index, for instance, this can lead to valid information, but on the whole

this research compares apples and pears. If a DSM-III-R diagnosis tells you something about the exterior of a building, the Rorschach elaborates on the interior. In the domain of personality disorder research, Axis II of the DSM, we can expect more convergence of future findings because here the interpersonal behavior is the focus.

A major issue in the research in the Netherlands is the gathering of nonpatient and patient norms. Normal samples are especially difficult to obtain. For a representative sample in the Netherlands we need about 1,000 normals, and this entails a great deal of work and a lot of money. To get this far we need acceptance of the research project and financing of it by research funding organizations. Here we are confronted with the attitudes described above.

Apart from these difficulties, it is promising that the Dutch Rorschach society is starting with a databank this year. The databank provides representative samples of normals and clinical populations that clinicians can use to compare with their results. Every year the Dutch Rorschach Society organizes lectures about aspects of the Comprehensive System and training in scoring and interpretation. In the future we expect that no Dutch clinical psychologist will be able to disregard the Rorschach plates any longer.

Résumé

Cet article passe en revue le rôle qu'a joué et que joue encore le Rorschach au sein des activités que mènent les psychologues cliniciens hollandais. Dans les années 40 jusqu'au début des années 60, un rapport psychologique était considéré incomplet sans le Rorschach. Par contre, vers la fin des années 60, le Rorschach n'était plus pris au sérieux, au vu du climat scientifique empirique qui s'étendait rapidement. Cependant, l'utilisation du Rorschach subsistait dans des contextes cliniques. En 1988, un sondage révèle que parmi 195 participants, 60 % répondirent que le Rorschach avait été administré dans leur département ou leur institution. En 1986, la Société hollandaise de Rorschach, qui se voua à travailler avec le Système Synthétique dans les Pays-Bas, fut créée. Jusqu'à présent, l'activité principale de cette Société a été de parfaire la connaissance et la compréhension du Système Synthétique par des cours et des ateliers.

Plusieurs projets de recherche concernant le Système Synthétique sont résumés dans cet article. L'accord interjuges, obtenu chez des psychologues cotation le Rorschach sur la base du seul Volume I d'Exner, s'avérait faible. Une cotation fidèle du Système Synthétique requiert un entraînement à la fois au niveau de la passation, de la cotation et de l'utilisation du manuel.

Dans un échantillon de patients présentant des attaques de panique, le Rorschach démontre la présence d'un style de traitement de l'information fortement caractérisé par l'évitement; 86 % des protocoles ont un Lambda .99. Parmi 35 patients souffrant de troubles du sommeil, 7 présentent un score positif sur la SCZI. Quarante protocoles de Rorschach ont été réunis chez des adolescents transsexuels. Les analyses préliminaires indiquent que ces patients se caractérisent par des signes de rage interne, par une absence de représentations positives internalisées concernant leurs relations avec les autres, par une carence extrême des besoins de rapprochement, par une épreuve de réalité fortement atteinte et par des troubles de la pensée modérés. Une population de 18 patients souffrant de sclérose en plaques fut comparée à l'échantillon américain de 600 adultes non-patients; plusieurs points significatifs apparurent: un score D faible, X+ % plus élevé, X- % plus élevé, une faible fréquence de banalités, peu de réponses de Détail, un Dd élevé, CF+C plus élevé que FC, AFR plus bas, PSV plus élevé etc. ...

Les activités de la Société hollandaise de Rorschach et les problèmes qu'elle rencontre sont également discutés. Cette année, la Société commence une banque de données sur des échantillons non-représentatifs de populations normales et cliniques, que les cliniciens pourront utiliser à des fins de comparaison.

Resumen

En este artículo se presenta un resumen del rol que el Rorschach ha jugado y juega en las actividades de los psicólogos clínicos holandeses. Desde la década de los cuarenta hasta el comienzo de los sesenta, un informe psicológico sin la prueba de Rorschach era considerado incompleto. Al final de los sesenta, el Rorschach ya no era tomado en serio en el ambiente científico empírico que se desarrolló muy rápidamente. El Rorschach continuó siendo usado en los entornos clínicos. Una encuesta en 1988 encontró que, de 195 personas que respondieron a ella,

el 60 % informó que el Rorschach se administraba en su departamento o institución de servicio. En 1986, se fundó la Sociedad Holandesa del Rorschach, dedicada a trabajar con el Sistema Comprensivo en los Países Bajos. La actividad principal de la Sociedad hasta el presente consistió en incrementar el conocimiento y la comprensión del Sistema Comprensivo, a través de cursos y talleres locales. Varios proyectos de investigación, en base al Sistema Comprensivo, se resumen en este artículo. La confiabilidad interjueces, entre los psicólogos que codificaron el Rorschach en base al Volumen 1 de Exner, resultó baja. La codificación confiable del Sistema Comprensivo requiere entrenamiento en la administración y codificación, así como el uso del manual. En una muestra de pacientes con pánico, el Rorschach señaló la presencia de un estilo muy evitativo en el procesamiento de información: 86 % de los protocolos tenían Lambda .99. De 35 pacientes con trastornos del sueño, se identificaron 7 con SCZI positivo. Se reunieron 40 protocolos de Rorschach de adolescentes transexuales. Los análisis preliminares indican que estos pacientes se caracterizaron por manifestaciones de rabia interna, ausencia de representaciones internas positivas respecto a la relación con los otros y ausencia extrema de necesidad de cercanía, prueba de realidad severamente perturbada, y trastornos moderados del pensamiento. En un grupo de 18 pacientes con esclerosis múltiple, comparado con la muestra americana de 600 adultos no-pacientes, se dieron muchos hallazgos significativos: baja D y alta Dd, X+% más elevado, X-% más elevado, baja frecuencia de populares, CF+C mayor que FC, Afr inferior, PSV más elevada, etc. Se discuten las actividades y los problemas que encuentra la Sociedad Holandesa de Rorschach. Este año, la Sociedad ha iniciado una base de datos que provee muestras no representativas de poblaciones normales y clínicas, las cuales pueden ser usadas por el clínico para comparar sus resultados.

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