
The Significance of the Rorschach Pure Color Response

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No one can deny the fact that there is a very close relationship between color and human feeling, emotion, and affect. Thousands of years ago the representation of color for human qualities, activities, and behavior was evidently used to play a major role. Both civilized and uncivilized people have used color to represent symbolically distinction, differentiation between groups, nations, sexes, and ideals, to the extent that the use of color has permeated nearly every aspect of life.

A systematic psychological approach to studying such a relationship is possible through the Rorschach Ink Blot Test which contains chromatic colors. Since most of the psychological research of the Rorschach up to date has been confined to the color red, this paper will discuss its significance and symbolic representation as currently postulated by Rorschach

workers Ernest G. Schachtel and Solis Kates. Schachtel (8) claims that color reaction may, among other personality characteristics, be indicative of passivity. This point of view is supported and taught by Kates at the University of Oklahoma.

EFFECTS OF RED

Red radiation has been shown to accelerate the development of certain lower animals, increase hormonal and sexual activity, to increase the healing rate of wounds. According to Birren (2) the color red represents an attraction to stimulus, and as such, provides an excellent environment for the creation of ideas. It is broadly used in situations in which the commanding of human attention is desired, as in advertising, decorative purposes for gala events, danger warnings, and in therapy to bolster human moods and counteract melancholia. In everyday communication we speak of "being in the pink," or "getting red hot," or "I saw red," indicating in some respect a state of emotional arousal or activation.

The lore of ancient medicine and the superstitions of modern times indicate this color's importance in healing human illnesses. In Ireland and Russia, red flannel was a remedy for scarlet fever, red thread was thought necessary in the teething of English children, red overcame nightmares in Japan, and in Macedonia red yarn was tied on the bedroom door after the birth of a child to bind evil (2).

In the field of psychology, the striking quality of red was demonstrated by Katz (4). He drove a row of broad-headed nails equally far into a dark gray board and then pasted red and blue squares alternately on the tops of the nails. He reports that the reds appeared visually nearer than the blues by approximately one-half to one centimeter. Ruesch and Fine-singer (7) investigating the frequency of responses to the various colors in the Rorschach cards, found that feeble-minded patients responded to red more frequently than others. Ford (3), in her Rorschach investigation of pre-school children, found generally that the color red received more preference, attention, and free usage at this stage of development than at any other time in life.

The color red apparently has two outstanding attributes. It is the most striking, strong, attention-catching color, perhaps dangerous, but fascinating. Evidence of our own experiences of staring into fires, and the enchantment it has for most living organisms, tend to fall in with this idea. The other attribute is that it seems to have a primitive quality in that earlier civilizations fostered it, and that the feeble-minded and the young children prefer it by choice.

According to the Rorschach rationale, the associative perceptions of the Rorschach ink blots reflect the inner life of an individual. The rationale is based on the assumption that all perceptual processes involve an automatic and unconscious (beneath the level of awareness) process of recalling and organizing engrams of earlier form perceptions before any formulation or interpretation of any stimulus could be conceptualized, and that the performance embodied in a Rorschach protocol is a valid sample of reality behavior of the person being tested. Rorschach and his followers claim that a subject's prevailing mode of affective expression and responsiveness, control of impulse, control of action, and extratensive tendencies are revealed by the way the color is perceived in the ink blots (6). He claimed that subjects who are stable emotionally, give few or no pure color answers. Beck (1) states, "Pure C in Rorschach is representative of an individual who is given to ungovernable impulses and rages amounting sometimes to momentary psychotic episodes in which there is a schism between affect and intellect." According to Rapaport (5), pure color responses appear to come about when there is a "short circuiting" process

of associations. The "short circuiting" implies that affect by-passes the evaluative and judgmental aspects of reality. This may be equated to disruption in the course of perceptual processes, because pure color response represents either the extreme of impulsive and wild affectivity or an abandonment of all control. A predominance of C in protocols is thought to reflect patterns of behavior characterized by uninhibited chaotic emotional response, explosiveness, uncontrolled primitive emotions, egocentric affectivity, rigidity, lack of spontaneity, and inadequate repression. Schachtel (8) has developed a radical modification of the C rationale. His investigations suggest that the C response, although indicative of depth of emotional response, does not necessarily imply impulsivity or immediateness of response to stimuli only, but may gauge a depth of passivity and conformity. He states that the person giving a predominance of color associations to the ink blot test may be passive and the kind of a person whose activities are largely determined and provoked by immediate environmental stimuli rather than by the spontaneity of his self. In Schachtel's words, "Such an individual is affected by his environment and reacts to it, is influenced by it, adapts himself to it, and, in more extreme cases, merges so completely with it as to all but lose his self." In this sense, a person gives up his personality and substance, submerges in the multitude and, therefore, is passive. Certainly, Schachtel has made an extremely valuable contribution in Rorschach interpretation of pure color response in reference to passivity.

The following case history of a psychosomatic patient from the University Mental Hygiene Clinic, tends to substantiate the more recent thinking of Rorschach workers concerning the rationale of pure color response.

The patient presented herself to the out-patient department in September 1951, at which time a cervical tumor was removed. Two days after returning home she noticed an erythematous nodular swelling about 1½ centimeters in diameter. She bathed this lesion with salt water without result. During the time from then until readmission on October 16, 1951, more lesions of the same type appeared on the thighs and legs, some of them becoming confluent.

The patient had no history of any allergies or skin rashes. A review of her health history indicated that she frequently had "sick" headaches in the frontal and temporal regions, and that these occurred when she engaged in any unusual activity or when she had some traumatic experience, such as having her son join the Navy, hearing that his ship had been sunk, or when hearing that fighting had started in Korea. She also had headaches and was sick in general when her children got married, although no organic basis could be related to her illness. During the neuro-psychiatric examination the patient denied any psychiatric symptoms.

At the Mental Hygiene Clinic, the psychiatric social worker obtained the following information from the patient:

"Family Background: Patient was born in a small community near Clinton, Arkansas, and lived in Arkansas until she was about 20 years old. She was one of the older children of a large family. The father was a farmer and all the children had to work on the farm in order to make a bare living. The parents lived to their fifties and both died of Bright's disease.

"Personal History: Patient quit school when she was 15 because of lack of interest and being needed at home. She married at 17, a boy about her own age, and they began farming. She had two children by this husband who died when the younger child was three months old. They had moved to Texas at his insistence, although they had been doing well in Arkansas. They did not have a chance to make a crop in Texas and lost all of their investment after his death. Patient came to a small town in Oklahoma

where a sister lived, and for the next two years did any kind of work she could get to support her children. After being a widow for two years, she was remarried to a man 20 years older than she. There is one child by this marriage, a girl now 25.

"Patient's only son has been in military service since World War II. He has been overseas much of the time and patient worries about him. Last summer he was home on leave and accidentally shot his foot and has been hospitalized since for orthopedic repair and plastic surgery. He is at present in a Navy hospital. There appears to be some ill feeling between patient and son's wife who lives in same town as patient. However, patient attempts to cover this up."

Following the social history taking, the patient was referred to the psychologist for psychological evaluation. Several tests were administered. However, for the purpose of this study, only the Rorschach test results will be taken up. The Rorschach protocol obtained on the patient is as follows:

I. 37/135	1. WF+ A	W	4	F+ 73
	2. DF- Sex	D	12	A 39
	3. DF+ Ad	Dd	1	P 4
		DDd	1	S 0
			—	
II. 7/65	4. DC Blood		18	
	5. DFC- An			T/R 16.3
III. 4/49	6. DC Blood	M	1	T/1R 39
	7. DM+ HP	C	3	
		FC-	1	Ap: W!D(Dd)
IV. 15/83	8. WF+ AP	CPo	1	Seq. Rigid
		FY-	1	M/C 1/5
V. 14/45	9. WF+ AP	F+	8	W/M 4/1
		F-	3	
			—	
			18	
VI. 24/54	10. WFY- An			
	11. DdDF+ House	H	1	
VII. 26/78	12. (DF+ Hd)	Hd	1	
		A	4	
		Ad	3	
VIII. 14/80	13. DC Blood	Blood	3	
	14. DF+ AP	An	4	
IX. 4/71	15. DPoC An	Sex	1	
		House	1	
			—	
			18	
X. 18/65	16. DF- An			
	17. (DF- Ad)			
	18. (DF+ Ad)			

R=18

In connection with the thesis of this paper it is to be noted that the patient is basically endowed with an extratensive type of personality, as indicated by the ratio of movement to color, which is 1/5. Her responses to Cards II, III, and VIII contained "blood" responses, hence being scored as pure C. The only FC association given was on Card II, and that proved to be of inferior quality so far as accuracy of form perception is concerned, and was given a minus scoring. The patient displayed none of the behavioral characteristics that are usually attributed to people who give pure color (C) responses to the ink blots. However, the following is evidence of a passive adjustment:

1. The social history reveals that after the death of her first husband, she returned to a small town and conscientiously attempted to support her children, married a man nearly twice her age, and expressed a determination to provide her children with a happy, comfortable home, no matter what the sacrifice.

2. In the testing situation the patient displayed characteristics of a complaint, submissive individual who went out of her way to display cooperation and willingness to do anything requested of her. At that time she revealed that the content of her worries concerned her only son who was shot in the leg, her husband's health, and her daughter-in-law's trying marital circumstances. She avoided making complaints about her own condition, never questioned the objectives of the test, nor expressed any annoyance, even when periods of frustration were quite evident.

3. Attending psychiatrist's notation on patient—"This patient was contacted very briefly during the course of a psychosomatic conference, and it was discovered that her chief complaints were painful, swollen, red nodules scattered over both legs, which had arisen approximately one week before her hospitalization. The impression was that this patient has essentially adjusted to life by absorbing the shocks and blows which have occurred and, in fact, the total lack of externalized aggression seems strikingly apparent, and it was felt that her adjustment was primarily one of masochistic qualities. The diagnosis which she carried regarding the nodules on her legs was erythema nodosum."

4. A perusal of the nurses' notes covering this patient's stay at the hospital reveals the unusual absence of any complaints, depression, irritability, or uncooperativeness. For example, on approximately the 18th day of her confinement the following note was registered on her chart: "Up at 8:00 a.m. Toljet care and bath performed. Up and about, very cheerful. Said she had no bowel movement for six days, and that she bled from the rectum while straining on the stool. Was given enema with good results. Feels very well and is cheerful." Another recording indicated, "Resting, no complaints. Appears to be having chills."

SUMMARY OF PSYCHOLOGICAL TESTING

This is the kind of person who apparently maximizes aspects of life beyond their proportion, without being analytical or critical of their validity. Affectively she appears to have a temperament of an individual conditioned to be oversensitive and oversympathetic to her environment. That is, she is prone to respond to affect instantly and with intensity, to the extent that she may feel overly upset or disturbed from sympathy for persons or events not closely related to her. There appears to be a tendency to internalize and introject anxiety in order to avoid censure from the environment, in much the same manner as a masochistic individual. This may constitute what appears to be a characteristic of passivity. This inference to passivity is substantiated by information contained in the social history, her reaction to the testing situation, her contacts with the psychiatrist, and, finally, by close observation of her during her 30-day confinement at the University Hospital.

In brief, this paper attempts to bring together various concepts and notions of the color red, its significance and role in human interaction, and its meaning as it is related to the psychological framework of the Rorschach Ink Blot Test. The point of view originated by Schachtel and taught by Kates, that pure color Rorschach responses may symbolically represent passive characteristics, was discussed. A case history, medical opinion, and a Rorschach protocol with a predominance of C responses of a patient suffering from a psychosomatic illness were presented to further substantiate this new rationale.

BIBLIOGRAPHY

1. BECK, SAMUEL. 1949. Rorschach's Test II. New York: Grune and Stratton.
 2. BIRREN, FABER. 1950. Color psychology and color therapy. New York: McGraw Hill Book Co., Inc.
 3. FORD, MARY. 1946. The Rorschach test with young children. Minneapolis, Minn.: The University of Minnesota Press.
 4. KATZ, DAVID. 1935. The world of color. London: Keagan, Paul, Trench and Trubner.
 5. RAPAPORT, D. 1946. Diagnostic pshchological testing, *Volume II*. Year Book Publishers.
 6. RORSCHACH, HERMAN. 1942. Psychodiagnostics. A diagnostic test based on perception. English edition by Paul Lemkau and Bernard Kroneuberg. Berne, Switzerland: Hans Huber.
 7. RUESCH, JURGEN and J. F. FINESINGER. 1941. The relation of the Rorschach color responses to the use of color in drawings. *Psychosom. Med.* 3: 370-388.
 8. SCHACHTEL, F. G. 1943. On color and affect. *Psychiatry* 6: 393-409.
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