

Identification of Schizophrenia using Rorschach's Perceptual Thinking Index: A Narrative Review

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ABSTRACT

Schizophrenia, characterised by profound psychotic symptoms, is among the most challenging mental disorders to assess and diagnose. Its core psychotic features include hallucinations and delusions. There is limited research on the Perceptual Thinking Index (PTI) among schizophrenic patients in the Rorschach test. Therefore, the purpose of this review was to assess studies related to the Perceptual Thinking Index (PTI) among schizophrenic patients in the Rorschach test, and to determine whether this instrument can reliably indicate the risk of schizophrenia. All databases, including PubMed, Science Direct, and Scopus, were searched using the keywords "Schizophrenia" and "Rorschach" for literature published from 1938 to the end of 2025. Screening and quality evaluation of articles were carried out independently by two reviewers. Of the 150 articles identified in the initial search, 15 met the inclusion criteria and were included in the final analysis. Findings indicate that colour-shading responses are considered among the most critical PTI variables using the multiple-sign approach. Hertz's multiple-signs approach and Exner's Perceptual Thinking Index are the most commonly used indices for assessing schizophrenic patients. A total PTI score of 8 or higher in the Rorschach test is a powerful predictor of schizophrenia.

Keywords: *Perceptual Thinking Index, Schizophrenia, Rorschach, Psychosis*

Schizophrenia is one of the most challenging mental illnesses, defined by significant psychotic symptoms, cognitive dysfunction, and considerable psychosocial impairment (Semple & Smyth, 2013; Beck, 2020). Despite the disruptions it causes in thinking, perception, emotions, and behaviour, a universally agreed-upon definition of the disease remains elusive. Among the hallmark symptoms of psychosis are hallucinations and delusions, which reflect a fundamental confusion between the self and the external world, a manifestation of the disruption of ego boundaries. Hallucinations involve experiences that occur without external stimuli but resemble genuine perceptions, whereas delusions are firmly held false beliefs that contradict an individual's educational and cultural understanding (Beck, 2020).

While the Rorschach Schizophrenia Index (SCZI) has demonstrated utility in differentiating psychotic patients from other clinical groups, the Perceptual Thinking Index (PTI) has been highlighted as a more refined alternative for detecting psychosis and thought disorders

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(Exner, 2003; Hilsenroth et al., 2007). Rather than concentrating on overt symptoms linked to a schizophrenia diagnosis, which may or may not be present during testing, the PTI seeks to evaluate the underlying difficulties in reality testing and cognitive distortions in psychosis, irrespective of the presence or absence of current symptoms.

Even across cultures, the PTI has shown promise in identifying psychotic individuals from non-psychotic ones, as evidenced by multiple lines of research (Dao et al., 2008; Ilonen et al., 2010; Benedik et al., 2013). Furthermore, Ilonen and colleagues indicated that the PTI has the potential to be a good indication of psychosis risk (Ilonen et al., 2010). Ilonen and colleagues used the PTI to examine a sample of adolescents who were considered to be at Ultra High Risk for psychosis (UHR) as well as patients who suffered from both non-psychotic and psychotic disorders. They discovered that there were no significant differences between the PTI scores of UHR adolescents and psychotic patients. On the other hand, the non-psychotic patients showed significant differences from these groups (Ilonen et al., 2010).

Rosenbaum and colleagues provided additional evidence for the validity of the PTI by using it alongside the Positive and Negative Syndrome Scale (PANSS) in patients with schizophrenia receiving pharmacological treatment. They found the PTI to be more sensitive in detecting changes in the overall clinical course than the PANSS does not (Rosenbaum et al., 2012). Therefore, the PTI is more accurate than the PANSS. According to Bornstein (2009) and Rosenbaum et al. (2012), the authors came upon the so-called "heteromethod problem" when they compared the findings of several assessment techniques, which are distinct sorts of diagnostic instruments that measure the same individual and provide comparable conclusions. In point of fact, there is a tendency for free response techniques, such as the Rorschach, and interview-based methods, such as the PANSS, to have a moderate correlation with one another. There is a lack of a substantial correlation between the two, which may be explained by the fact that the Rorschach PTI focuses on evaluating the process, while the PANSS focuses on the result; the PTI analyses the psychotic state, and the PANSS measures the intensity of individual psychotic symptoms. Consequently, despite the fact that the heteromethod issue can be present, the two instruments are designed to analyse the same phenomena from distinct points of view.

Psychological tools, including the Rorschach, have long been used to aid diagnostic judgements (Dubey, 1981; Singer & Brabender, 1993). During the development of the Rorschach Comprehensive System (CS), the Schizophrenia Index (SCZI; Exner, 1991) was first introduced and subsequently refined into the Perceptual Thinking Index (PTI; Exner, 1993). This index offers psychometric enhancements and conceptual refinements that make it particularly sensitive to the detection of psychosis. It comprises nine variables related to perception and thinking, grouped into five criteria (Exner & Erdberg, 2005):

- $XA\% < 0.70$ and $WDA\% < 0.75$: $XA\%$ represents suitable responses without disorganised speech; $WDA\%$ indicates the proper use of entire (W) and common detail (D) areas.
- $X-\% > 0.29$: The total of disorganised speech answers divided by the total number of answers.
- $LVL2 > 2$ and $FAB2 > 0$: $LVL2$ indicates marked cognitive disruption; $FAB2$ signifies an implausible relationship between two objects.
- $R < 17$ and $WSUM6 > 12$ or $R > 16$ and $WSUM6 > 17$: $WSUM6$ is the weighted sum of six cognitive special scores, indicating aberrant cognitive functioning.

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- $M- > 1$ or $X-\% > 0.40$: M- represents human movement responses with poor form quality.

According to Exner and Erdberg (2005), the PTI is a dimensional instrument that evaluates challenges in reality testing and ideational clarity. Research indicates that a PTI score of three or more may differentiate individuals experiencing psychosis from those who are not (Dao & Prevatt, 2006; Dao et al., 2008; Biagiarelli et al., 2015).

METHOD

Source of Data

This narrative review examined studies on the Perceptual Thinking Index (PTI) in relation to the Rorschach test, covering literature published from 1938 to the end of 2025. A total of 150 articles were found after collection from reliable sources such as PubMed, Scopus, and Science Direct. A search of the databases was conducted using the keywords "Schizophrenia" and "Rorschach."

Inclusion Criteria:

Articles were included if they met all of the following criteria:

- The study was original and published in a reputable peer-reviewed journal.
- The study was directly relevant to the Perceptual Thinking Index (PTI) in the Rorschach test.
- The study used a descriptive, correlational, or cross-sectional research design.
- The article was published in English.

Exclusion Criteria:

Articles were excluded if they met any of the following criteria:

- The study design and objectives were not relevant to PTI or schizophrenia assessment.
- The article provided insufficient methodological or results information.
- The article was published in a language other than English.

Selecting and Evaluating Article Quality:

Titles and abstracts of all articles retrieved from the databases were independently screened by two reviewers. Articles with duplicate titles were removed at the first stage. Abstracts of remaining articles were examined to determine eligibility. The minimal inclusion criteria described above were applied to strengthen the sensitivity of the article selection process. The full text of each potentially eligible article was then retrieved; where the full text was unavailable, the corresponding author was contacted via email. Articles for which full text remained unavailable and whose abstract did not provide sufficient information were excluded.

Data Collection:

In the preliminary search, a total of 150 articles were found. After the articles were examined according to the inclusion and exclusion criteria, there were only fifteen articles left for the final stage (Figure 1).

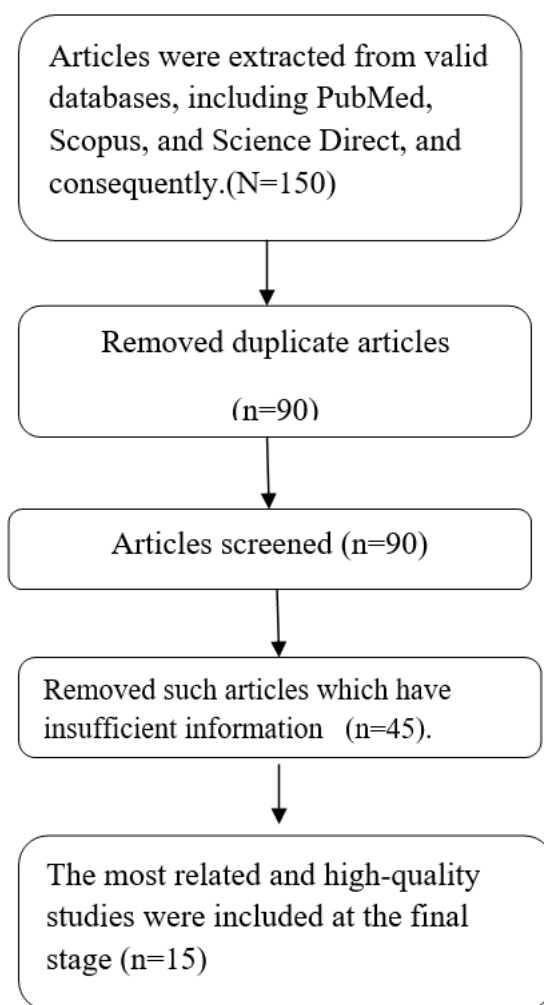


Figure 1: Flow diagram

RESULTS

A total of 15 studies were identified as relevant to the Perceptual Thinking Index (PTI) approach in schizophrenia patients. Table 1 summarises the objectives, methods, and major findings of all included studies.

Table 1: Summary of Included Studies on PTI and Schizophrenia

Author (Year)	Objectives	Method	Major Findings
Mondal & Kumar (2021)	To investigate the relationship between Rorschach response patterns and schizophrenic patients with different symptom profiles.	Correlational design. Sample of 100 schizophrenic patients with positive and negative symptoms, diagnosed as per ICD-10 criteria.	Results showed negative and positive correlations between both groups. Both groups demonstrated moderate levels of cognitive distortion, poorly controlled and disorganised affect, less conventional response patterns, poor reality perception, poor interpersonal

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Author (Year)	Objectives	Method	Major Findings
			relationships, and presence of anxiety and aggression.
Manavi & Turi (2025)	To evaluate differences in personality structure using the Rorschach Inkblot Test between patients diagnosed with Schizophrenia and Bipolar Affective Disorder experiencing a current episode of mania with psychotic symptoms.	Hospital-based cross-sectional study. Sample of 30 patients with Schizophrenia and 30 patients with BPAD, screened using the BPRS (Brief Psychiatric Rating Scale).	Post-assessment analysis revealed significant differences in personality profiles between patients with Schizophrenia and those with Bipolar Affective Disorder on the Rorschach Inkblot Test.
Sinha et al. (2020)	To assess the diagnostic efficiency of the Rorschach Perceptual Thinking Index (PTI) in children and adolescents with psychotic disorder.	Sample of 30 patients with psychiatrist-confirmed diagnosis of bipolar mania with psychosis and 30 normal healthy controls aged 8 to 17 years.	Psychotic patients showed significant thought and perceptual disturbance on the Rorschach. Study findings suggest that PTI is an effective tool for diagnosing psychosis in children and adolescents.
Biagiarelli et al. (2017)	To investigate whether antipsychotic drugs affect Rorschach Perceptual Thinking Index (PTI) scores.	Sample of 114 patients with psychotic and bipolar-I disorder who were using antipsychotic drugs (chlorpromazine-equivalent [CPZ-eq] mg/day).	Antipsychotic doses did not correlate with Rorschach PTI total score or its main subscale scores in any diagnostic group. PTI validity in psychosis assessment is not affected by antipsychotic administration. PTI scores were independently and significantly associated with psychotic symptomatic severity (PANSS score).
Vaziri et al. (2022)	To assess a cross-cultural Indo-Iranian study using the Comprehensive System to discriminate schizophrenia from a normal group.	48 Iranian (M=24, F=24) and 50 Indian (M=25, F=25) patients with schizophrenia, plus 104 normal controls. Major location, determinants, contents, and special scores were compared.	Only the Iranian sample showed significant differences in M responses. Indian schizophrenics showed significantly more YF responses. Both groups gave significantly more Hd, An, Bl, and Sx content responses. MOR responses were significantly elevated only in the Iranian

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Author (Year)	Objectives	Method	Major Findings
			schizophrenia group. COP responses were significantly fewer in the Iranian group. No gender differences in response patterns were found in either culture.
Olivier et al. (2017)	To explore how thought disorder and reality discrimination are related to clinical symptoms and cognitive impairment in first-episode schizophrenia.	42 patients with schizophrenia, schizophreniform disorder, or schizoaffective disorder from community clinics in the Cape Town area. The PTI, PANSS, and MATRICS Cognitive Consensus Battery (MCCB) were administered at baseline.	PTI measures of thought disorder did not correlate significantly with PANSS symptom scores or cognitive performance. During acute psychosis, reality discrimination was associated with positive symptoms and impairment in executive functioning. Findings suggest including sensory-perceptual processing tasks in cognitive remediation programmes for schizophrenia patients may have clinical value.
Dey et al. (2016)	To compare coping resources, personality styles, thought patterns, and affective patterns in patients with Bipolar Affective Disorder and Schizophrenia.	Hospital-based, cross-sectional, between-group design. Purposive sample of 15 patients per group (N=30) drawn from HMH, Ahmedabad, based on clear inclusion and exclusion criteria.	Schizophrenic patients showed a more constricted Rorschach profile. Patients with schizophrenia revealed psychopathology in terms of a higher number of unusual responses.
Vishwakarma et al. (2016)	To explore associations between emotional intelligence and Rorschach special indices in patients with schizophrenia.	30 male patients with schizophrenia (per ICD-10), aged 18-45. The MSREIS-R and Rorschach Inkblot Test (Exner system) were administered. Purposive sampling used.	Two components of emotional intelligence, namely the ability to use emotions and the ability to manage emotions in oneself, were significantly reflected in Exner's special indices: the Suicide Constellation, Depression Index, and Coping Deficit Index.
Biagiarelli et al. (2015)	To evaluate the relationship between PTI criteria and PANSS and to assess reality testing in psychotic patients using	Sample of 98 psychotic disorder patients (34 during acute episode; 64 chronically treated and stable).	Acutely psychotic patients scored higher on PANSS positive symptom items than stable patients. PTI was positively correlated

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Author (Year)	Objectives	Method	Major Findings
	the Rorschach PTI.		with PANSS total scores. The study supports PTI as a valid tool for assessing reality testing in psychotic patients.
Benedik et al. (2013)	To investigate the validity of the Rorschach Perceptual Thinking Index.	275 adult psychiatric patients of both sexes. Responses of psychotic and non-psychotic patients were compared on the basis of PTI scores.	Psychotic patients demonstrated more disturbed thinking patterns and more impaired perception than non-psychotic patients. Results indicate that the PTI successfully identifies perceptual and thinking disturbances in psychotic patients.
Honen et al. (2010)	To assess cognitive functioning in adolescents at clinical high risk for psychosis.	22 patients at clinical high risk of psychosis, 67 psychotic patients, and 187 non-psychotic, non-high-risk healthy adolescents.	The PTI successfully distinguished patients at clinical high risk for psychosis from non-psychotic patients. Perceptual and thinking disturbance was identified as a significant indicator of psychosis risk.
Dao & Prevatt (2006)	To examine the reliability and validity of the Rorschach Perceptual Thinking Index (PTI; Exner, 2000a, 2000b).	107 adult inpatients meeting DSM-IV-TR criteria for a schizophrenia-spectrum disorder (SSD) or mood disorder without psychotic features (MD).	PTI effectively differentiated patients with schizophrenia-spectrum disorder from those with mood disorder without psychotic features. Findings support PTI as an adequate tool for classifying patients with SSD and MD.
Ganellen et al. (1996)	To examine whether psychosis can be faked on the Rorschach.	Rorschach and MMPI both administered. On the basis of MMPI scores, subjects were divided into an honest group (n=35) and a malingering group (n=13).	No significant differences were found between Rorschach responses of both groups. Malingering subjects were unable to produce convincingly fake psychotic responses on the Rorschach. Results suggest a combination of MMPI and Rorschach can detect deliberate malingering of psychosis.
Hilsenroth et	To investigate the	Sample of 78 patients	PTI is a sufficient tool for

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Author (Year)	Objectives	Method	Major Findings
al. (2007)	reliability, validity, and diagnostic efficiency of the Rorschach Perceptual Thinking Index (PTI).	(psychotic disorder=33, borderline personality disorder=23, cluster A personality disorder=9, cluster C personality disorder=13) and 40 healthy individuals compared on PTI.	diagnosing perceptual and thought disorder. It can also be used to differentiate non-psychotic from psychotic patients.
Uhlhaas & Mishara (2007)	To examine perceptual anomalies in schizophrenia by integrating phenomenological and cognitive neuroscience perspectives.	Qualitative review design.	Patients with schizophrenia show deficits in the ability to integrate stimulus elements into coherent object representations. These deficits may represent a core disturbance in the generation of coherent cognitive and neural activity.

DISCUSSION

By demonstrating that phenomenological data can be usefully linked with cognitive and neurophysiological techniques, this review underscores the significance of perceptual impairment in understanding schizophrenia. Throughout the history of psychiatry, descriptive psychopathology has frequently been in conflict with explanations derived from psychology and biology, often resulting in either a purely biological or a purely philosophical approach. We are of the opinion, however, that phenomenology is an essential component of research aimed at comprehending schizophrenia. Within the subjectivity of the patient, it offers a method capable of uncovering complex aspects of the condition, and may additionally serve as a guide for investigating the psycho physiological and cognitive dysfunctions associated with the illness.

New studies on perceptual organisation in schizophrenia further support the idea that deficiencies in organising sensory elements into coherent object representations may be associated with a broad range of cognitive dysfunctions. The central role of perceptual grouping in information processing lends credence to the hypothesis that faulty perceptual organisation may be a contributing factor in the attention difficulties associated with schizophrenia spectrum illnesses.

Although direct comparisons between specific diagnostic categories are limited in the current body of research, the evidence consistently shows that the PTI is effective in identifying psychotic individuals from those suffering from mood disorders, personality disorders, or conditions unrelated to psychosis. The discriminative potential of the PTI across a variety of clinical settings has been demonstrated by Dao and Prevatt (2006), Hilsenroth et al. (2007), and Dey et al. (2016). While PTI is often treated as a categorical variable in many studies, the statistically significant differences found in this review demonstrate its effectiveness in distinguishing between these diverse groups, suggesting that mental and perceptual processes are more severely impaired in those with schizophrenia.

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Research conducted by Silverstein et al. (1996) found that individuals with schizophrenia show dysfunctions in perceptual organisation, specifically in auditory perception. This is consistent with phenomenological research suggesting dysfunctions across multiple perceptual domains, including visual, auditory, and kinaesthetic perception (McGhie & Chapman, 2017). The fact that perceptual organisation reflects a common principle of cortical processing not limited to visual input alone — lends credence to the multimodal deficit observed in schizophrenia. For instance, the principles governing the organisation of visual input closely parallel those governing auditory input (Bregman, 1994). There is a correlation between certain task characteristics and the impaired perceptual organisation seen in schizophrenia: when tasks involve highly configural stimuli, people with schizophrenia perform relatively normally, but when top-down input is required to form new stimulus groupings, they show severe abnormalities in perceptual organisation. More robust top-down input to perceptual organising processes may therefore improve task performance in this population (Silverstein et al., 1996). These findings support Hemsley's (1993) hypothesis that perceptual organisation dysfunctions in schizophrenia stem from an inability to effectively integrate past expectations with current sensory information.

CONCLUSION

The most important findings regarding Rorschach's PTI in individuals diagnosed with schizophrenia are highlighted in this paper. The diagnostic potential of the PTI is evident from the substantial and relevant findings across the reviewed studies. Despite several methodological limitations, this review fills a meaningful gap in the existing body of research, particularly in the Indian context, thereby contributing to the broader field of clinical psychology. The comprehensive directions for future study provided here offer a clear path for further investigation into the complex relationships that exist between these structures.

REFERENCES

- Beck, N. (2020). Ethical issues in schizophrenia. *Focus*, 18(4), 428–431.
- Benedik, E., Čoderl, S., Bon, J., & Smith, B. L. (2013). Differentiation of psychotic from nonpsychotic psychiatric inpatients: The Rorschach Perceptual Thinking Index. *Journal of Personality Assessment*, 95(2), 141–148. <https://doi.org/10.1080/00223891.2012.753898>
- Biagiarelli, M., Curto, M., Di Pomponio, I., Comparelli, A., Baldessarini, R. J., & Ferracuti, S. (2017). Antipsychotic treatment and the Rorschach Perceptual Thinking Index (PTI) in psychotic disorder patients: Effects of treatment. *Psychiatry Research*, 251, 294–297.
- Biagiarelli, M., Roma, P., Comparelli, A., Andraos, M. P., Di Pomponio, I., Corigliano, V., Curto, M., Masters, G. A., & Ferracuti, S. (2015). Relationship between the Rorschach Perceptual Thinking Index (PTI) and the Positive and Negative Syndrome Scale (PANSS) in psychotic patients: A validity study. *Psychiatry Research*, 225(3), 315–321. <https://doi.org/10.1016/j.psychres.2014.12.018>
- Bornstein, R. F. (2009). Heisenberg, Kandinsky, and the heteromethod convergence problem: Lessons from within and beyond psychology. *Journal of Personality Assessment*, 91(1), 1–8.
- Bregman, A. S. (1994). *Auditory scene analysis: The perceptual organization of sound*. MIT Press.
- Dao, T. K., & Prevatt, F. (2006). A psychometric evaluation of the Rorschach Comprehensive System's Perceptual Thinking Index. *Journal of Personality Assessment*, 86(2). https://doi.org/10.1207/s15327752jpa8602_07

Identification of Schizophrenia using Rorschach's Perceptual Thinking Index: A Narrative Review

- Dao, T. K., Prevatt, F., & Horne, H. L. (2008). Differentiating psychotic patients from nonpsychotic patients with the MMPI-2 and Rorschach. *Journal of Personality Assessment*, 90(1). <https://doi.org/10.1080/00223890701693819>
- Dey, B., Singh, T., & Chauhan, A. (2016). The comparison of coping resources, personality styles, thought and affective patterns among patients with bipolar affective disorder and schizophrenia. *Indian Journal of Psychological Science*, 7, 13–26.
- Dubey, B. L. (1981). Rorschach indicators in normal and clinical groups in military population. *ISPT Journal of Research*, 5, 54–56.
- Exner, J. E. (1991). *The Rorschach: A comprehensive system: Vol. 2. Interpretation*. Wiley.
- Exner, J. E. (1993). *The Rorschach: A comprehensive system: Vol. 1. Basic foundations* (3rd ed.). Wiley.
- Exner, J. E. (2003). *The Rorschach: A comprehensive system* (4th ed.). Wiley.
- Exner, J. E., & Erdberg, P. (2005). *The Rorschach: Advanced interpretation* (3rd ed.). Wiley.
- Ganellen, R. J. (1996). Exploring MMPI-Rorschach relationships. *Journal of Personality Assessment*, 67(3), 529–542.
- Hemsley, D. R. (1993). A simple (or simplistic?) cognitive model for schizophrenia. *Behaviour Research and Therapy*, 31(7), 633–645.
- Hilsenroth, M. J., Eudell-Simmons, E. M., DeFife, J. A., & Charnas, J. W. (2007). The Rorschach Perceptual-Thinking Index (PTI): An examination of reliability, validity, and diagnostic efficiency. *International Journal of Testing*, 7(3), 269–291.
- Hilsenroth, M. J., Fowler, J. C., & Padawer, J. R. (1998). The Rorschach Schizophrenia Index (SCZI): An examination of reliability, validity, and diagnostic efficiency. *Journal of Personality Assessment*, 70(3), 514–534.
- Ilonen, T., Heinimaa, M., Korkeila, J., Svirskis, T., & Salokangas, R. K. R. (2010). Differentiating adolescents at clinical high risk for psychosis from psychotic and non-psychotic patients with the Rorschach. *Psychiatry Research*, 179(2). <https://doi.org/10.1016/j.psychres.2009.04.011>
- Jorgensen, K., Andersen, T. J., & Dam, H. (2000). The diagnostic efficiency of the Rorschach Depression Index and the Schizophrenia Index: A review. *Assessment*, 7(3), 259–280.
- Manavi, A., & Turi, R. K. (2025). Study of personality profile of patients diagnosed with schizophrenia and bipolar affective disorder on Rorschach Inkblot Test. *International Journal of Indian Psychology*, 13(3).
- McGhie, A., & Chapman, J. (2017). Disorders of attention and perception in early schizophrenia. In *Schizophrenia* (pp. 47–75). Routledge.
- Mondal, A., & Kumar, M. (2021). Rorschach inkblot test and psychopathology among patients suffering from schizophrenia: A correlational study. *Industrial Psychiatry Journal*, 30(1), 74–83. https://doi.org/10.4103/ipj.ipj_74_20
- Olivier, R. M., Kilian, S., Chiliza, B., Asmal, L., Oosthuizen, P. P., Emsley, R., & Kidd, M. (2017). Cognitive-perceptual deficits and symptom correlates in first-episode schizophrenia. *South African Journal of Psychiatry*, 23(1), 1–6.
- Rosenbaum, B., Andersen, P. B., Knudsen, P. B., & Lorentzen, P. (2012). Rorschach inkblot method data at baseline and after 2 years treatment of consecutively admitted patients with first-episode schizophrenia. *Nordic Journal of Psychiatry*, 66(2), 79–85.
- Semple, D., & Smyth, R. (2013). *Oxford handbook of psychiatry* (3rd ed.). Oxford University Press.
- Silverstein, S. M., Knight, R. A., Schwarzkopf, S. B., West, L. L., Osborn, L. M., & Kamin, D. (1996). Stimulus configuration and context effects in perceptual organization in schizophrenia. *Journal of Abnormal Psychology*, 105(3), 410–420.

Identification of Schizophrenia using Rorschach's Perceptual Thinking Index: A Narrative Review

- Silverstein, S. M., Matteson, S., & Knight, R. A. (1996). Reduced top-down influence in auditory perceptual organization in schizophrenia. *Journal of Abnormal Psychology*, 105(4), 663–672.
- Singer, H. K., & Brabender, V. (1993). The use of the Rorschach to differentiate unipolar and bipolar disorders. *Journal of Personality Assessment*, 60(2), 333–345.
- Sinha, P., Singh, A. K., Pratap, A., & Bakhla, A. K. (2020). Diagnostic efficiency of Rorschach Perceptual Thinking Index (PTI) in children and adolescents with psychosis. *International Journal of Scientific Research*, 9(2).
- Stokes, J. M., Pogge, D. L., Grosso, C., & Zaccario, M. (2001). The relationship of the Rorschach Schizophrenia Index to psychotic features in a child psychiatric sample. *Journal of Personality Assessment*, 76(2), 209–228.
- Uhlhaas, P. J., & Mishara, A. L. (2007). Perceptual anomalies in schizophrenia: Integrating phenomenology and cognitive neuroscience. *Schizophrenia Bulletin*, 33(1), 142–156.
- Vishwakarma, P., Dwivedi, S., & Kumar, R. (2016). Emotional intelligence and Exner's special indices on Rorschach in schizophrenia. *SIS Journal of Projective Psychology & Mental Health*, 23(2).

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Conflict of Interest

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