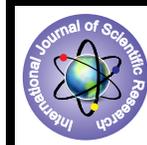


Gender Differences in Form Quality of Rorschach Protocol in Schizophrenic Patients



PSYCHOLOGY

KEYWORDS : Form Quality

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ABSTRACT

This study explored Gender Differences in Form Quality of Rorschach Protocol in Schizophrenic Patients. A sample of 60 schizophrenic patients (male and female), diagnosed on the basis of ICD- 10 diagnostic criteria were selected from out- patient and in- patient departments of the Post Graduate Institute of Behavioural and Medical Sciences, Raipur (C.G.). The sample was selected using purposive sampling method. Rorschach test was administered on both the groups individually. Administration, scoring and interpretation of Rorschach was done according to Exner's comprehensive system. Findings revealed that Schizophrenic male patients have more poor form quality in comparison to Schizophrenic Female patient group. Form quality ordinary responses seen on more in Schizophrenic Female patient group.

Introduction:

The most important aim of psychology is to understand human being and his behaviour, for this purpose we have to study the personality of individual. For the measurement of personality, psychologists have forwarded many techniques, which are mainly objective and projective techniques. Both type of technique are used widely. One of the projective techniques used for this purpose is Rorschach Inkblot Test, which was introduced by a Swiss psychiatrist, Herman Rorschach in 1921.

Schizophrenia is a severe mental disorder, typically chronic, whose symptoms may be divided into three sub-syndromes: positive symptoms (delusion and hallucination), which are the absent symptoms in healthy individuals but present in schizophrenic ones; negative symptoms or absent in healthy individuals (affective and volitional impoverishment); and the symptoms of disorganization that may be present in normal persons, however, they are more chaotic and severe in schizophrenic people (puerile behavior, disorganized speech, cognitive and attention deficits and labile affect). Most of the evidences suggest that this disorder may involve a genetic predisposition that requires intrapsychic and interpersonal activation. This way, metabolic factors and environmental influences may protect or unleash the symptoms inherent to this illness in susceptible persons (APA, 2002; Lara, Gama and Abreu, 2004; Sadock and Sadock, 2007).

Johann, Vaz and Derivi (2004) described the Rorschach data (Klopfer System) of some patients in the city of Porto Alegre, and observed some differences between the sexes. Women gave the impression of being more capable of attending to their experience in a reasonably open and flexible manner than men. They likely avoided either oversimplifying situations that were truly complex or overcomplicating those that were quite simple. Despite this personality asset they demonstrated a severe impairment of their reality testing abilities. This significant adaptive liability was likely to result in their frequent failure to construe the boundaries of appropriate behavior ($F=42,0\%$ and $F=46,5\%$). ($F=42,0\%$ and $F=46,5\%$). Female individuals presented a larger capacity to express their affection and feelings ($\Sigma C=16,8\%$) but their affective discharges were more intense and less controlled ($FC<CF+C$), and they also showed fearful and tense relationships ($M=68,8\%$ and $M+=18,8\%$) than male individuals. In turn, male individuals showed less general control of their impulses and instincts, showing themselves more disorganized. However, they showed more ability on logical reasoning ($F=26,4\%$ and $F=20,6\%$), more control of their affective discharges ($FC=CF+C$), although they rarely showed their feelings

($\Sigma C=4,6\%$). As far as relationships, men were less tense and a little more empathic than women ($M+=58,3\%$ and $M=38,9\%$).

In scientific literature there are two studies where the Rorschach Comprehensive System (CS) was used to examine the differences between genders in schizophrenia. Both demonstrate that the CS is sensitive to subtle differences in the cognitive disturbances between men and women. In the first study, Perry and Braff (1995), in the United States, based on differences in the Ego Impairment Index (EII) found that schizophrenic male patients presented greater thought disturbances than female patients, who were more socially competent. The EII, generated from responses to Rorschach CS, is essentially a cognitive measure of disturbed thinking, the higher score in the male group entails more psychopathology, thought disturbance (test of reality deficits, illogical reasoning), and object relations problems, as well as dysfunctional behavior and adaptation failures.

In contrast, Danielsson, Flyckt and Edman (2001), focusing on sex-related differences with the cognitive aspects of schizophrenia in Sweden, found a greater EII for women. This result implies on larger thought disturbance in the female group than in the male group, but this difference was not statistically significant. The authors justified this divergence with the results of Perry and Braff (1995) because the two studies had used very different samples. The participants of the Perry study were older chronic patients, and received higher doses of neuroleptic drugs, while in the study of Danielsson et al. (2001), the participants were younger, and 50% of them only had the first episode of the illness. Thus, comparing results of the studies might be confounded. Consistent with other reports, these two studies might suggest that there is an interaction with age, or that age may moderate gender differences.

Several studies prove that the differences between sexes are an important predictable factor in the course and evolution of schizophrenia, as they may also contribute to the elaboration of strategies of treatment and planning of health services more appropriate to these patients (Aleman et al., 2003; Cardoso et al., 2006; Chaves, 2000; Kelly, 2006; Räsänen et al., 2000).

Besides these aspects, the Rorschach has demonstrated its validity in identifying the differences between genders in schizophrenia. Accordingly, this study investigates whether similar differences also occur in a Brazilian population, in the form of personality traits assessed by the Rorschach technique.

METHODOLOGY

AIM: To study Gender Differences in Form Quality of Rorschach Protocol in Schizophrenic Patients

OBJECTIVES:

To see Gender Differences in Form Quality of Rorschach Protocol in Schizophrenic Patients.

HYPOTHESIS

- There will be significant difference between schizophrenic male patients and schizophrenic female patients in form quality of Rorschach Protocol.

SAMPLE

A sample of 60 schizophrenic patients (male and female), diagnosed on the basis of ICD- 10 diagnostic criteria were selected from out- patient and in- patient departments of the Post Graduate Institute of Behavioural and Medical Sciences, Raipur (C.G.). The sample was selected using purposive sampling method.

INCLUSION CRITERIA

- Patients with schizophrenia of any subtype diagnosed according to ICD – 10 criteria.
- Patients who will give consent for the study.
- Patients who will be co operative for the study.
- Patients above 18yrs of age.
- Rorschach protocol having responses more than 14.

EXCLUSION CRITERIA

- Patients not consenting & cooperating for the study
- Patients with other co-morbid psychiatric illness.
- History of any organic problem.
- Rorschach protocols having responses less than 14.

TOOLS USED

- Rorschach ink blot test (Rorschach, 1921)

DESCRIPTION OF THE TOOLS**RORSCHACH INKBLLOT TEST (Rorschach, 1921)**

The Rorschach inkblot test (Rorschach, 1921) is one psychological assessment instrument, which measures functioning across a wide range of indices perceptual, cognitive, affective, and interpersonal and others. It also gives information about ones personality. The Rorschach inkblot test is very popular instrument among clinicians (Lubin et al., 1984) as well as among researchers, with over 6000 research studies published by early 1980 (Aiken, 1993).The utility of this instrument in quantitative research has improved by the work of Exner, whose comprehensive system (Exner, 1991, 1993, 2003) has distilled the several older, competing methods of scoring and interpretation into one uniform systematic and empirically validated system. Its reliability as investigated with different methods is between 0.85 to 0.94 (Mattlar, 2004) and validity is also reported to be high (Weiner, 1997. 2000 and 2001).

PROCEDURE

This study was conducted at the out-patient and in-patient Department of Post Graduate Institute of Behavioural and Medical Sciences, Raipur (CG) on the sample group of 60 schizophrenic patients diagnosed as per the ICD-10 criteria and meeting the inclusion and exclusion criteria. After taking the consent of the patients, the primary information regarding demographic variables of all the patients was collected on semi- structured proforma designed for the study. Rorschach test was administered on both the groups individually. Administration, scoring and interpretation of Rorschach was done according to Exner's comprehensive system.

STATISTICAL ANALYSIS

To find out the significant difference between the schizophrenic male patients and schizophrenic female patients for the different variables t -test was applied using the statistical package of social sciences (SPSS).

RESULT

Table 1 shows the comparison of FQ (form qualities) of Rorschach protocol of Schizophrenic male patients and Schizophrenic female patients

Variables	Groups		t-ratio
	Schizophrenic Male patient group N=30	Schizophrenic Female patient group N=30	
	Mean ± SD	Mean ± SD	
FQ+	0±0	2.00±.000	0
FQO	8.03±2.39	9.68±3.61	2.080*
FQU	8.83±4.20	10.34±5.17	1.234
FQ-	4.39±2.48	3.21±1.62	1.951*

* $p \leq 0.05$

This table shows the comparison of FQ responses between the two groups. The results show that there is significant difference between the two groups on FQo and FQ- at 0.05 level. Schizophrenia male patients have more poor form quality in comparison to Schizophrenic Female patient group. Form quality ordinary responses seen on more in Schizophrenic Female patient group.

DISCUSSION

Form quality (FQ) is an important feature in the coding of Rorschach responses. It provides information about the "fit" of response. The responses can be differentiated into two basic categories, those in which form is used appropriately (good form) and those in which it is not (poor form). With regard to **form quality responses (table 1)** of Schizophrenic male patients and Schizophrenic female patients group it was found that there was significant difference between the two groups on FQo and FQ- at 0.05 level respectively. The mean of FQo for schizophrenic male patient group was 8.03 and for Schizophrenic female patients group it was 9.68. In our study, FQo of schizophrenic male patients were lower than the Schizophrenic female group, whereas, FQ- of schizophrenic male patients group was higher than the Schizophrenic female patients group. High FQ- responses for schizophrenic male patients group, compared to Schizophrenic female patients group indicates their difficulties in thought processes and poor reality contact due to the presence of psychosis. As Herman Rorschach (1921) noted, the inkblot responses of patients with schizophrenia often exhibit poor form quality (Sherman, 1952, Rieman, 1953, Goldfried, Stricker, and Weiner, 1971, Frank, 1990). Rorschach (1921), presented data demonstrating that patients from more seriously disturbed groups (schizophrenics, manic-depressive, organic, etc.) tended to have lower ranges for the good form percentage than did his normal subjects.

SUMMARY AND CONCLUSION

The main aim of the study was to see the 'Gender Differences in Form Quality of Rorschach Protocol in Schizophrenic Patients'. A sample of 60 schizophrenic male and female patients were selected from outpatient and in-patient Department. The sample was selected using purposive sampling method.

The result of the present study revealed that Schizophrenia male patients have more poor form quality in comparison to Schizophrenic Female patient group. Form quality ordinary responses seen on more in Schizophrenic Female patient group.

LIMITATIONS AND FUTURE DIRECTION

LIMITATIONS

- Sample was limited to one institute only.
- Duration of the treatment has not been considered specifically.

DIRECTIONS FOR FUTURE RESEARCH

- Sample size can be increased for generalization of results.
- Drug naïve, less duration of treatment and longer duration of treatment groups may be compared for specific results.
- Other psychiatric groups like, severe depressives, alcoholics groups etc. could be considered in future.

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