Projective and Psychometric indices of Schizophrenic Tendencies

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ABSTRACT: The SCZI was revised several times and then ultimately gave way to the Perceptual Thinking Index (PTI; Exner, 2003) because the SCZI yielded an unacceptably high number of false-positive identifications of schizophrenia and the other psychoses. The PTI is aimed at fulfilling several criteria, including an enhancement in Rorschach's diagnostic utility for the diagnosis of thought disorders and an increase in clinical emphasis on the dimensional features of impaired perceptions and thoughts (Exner, 2000a; 2000b). This study was designed to assess and compares Rorschach Perceptual–Thinking Index (*PTI;* Exner, 2000a, 2000b) and Personality Assessment Inventory PAI-SCZ (PAI-SCZ; L.C. Morey, 1991) Scale in a homogenous sample of 350 young adult female matched by gender, age and educational level randomly drawn from Kurukshetra University. The age of participants ranged between 21-24 years with the mean age of 22 years. The obtained data were analyzed by Descriptive Statistics, Pearson's Correlations. Results indicated convergence between the PAI-SCZ and Rorschach PTI.

Keyword: PTI, PAI-SCZ, Rorschach inkblot, Young Adult Female.

INTRODUCTION

Previously, the most commonly used RCS criterion for psychotic diagnosis is the Schizophrenia Index (SCZI; Exner, 1993; Hilsenroth et al., 1998). To assist in the evaluation of schizophrenia and related disorders, the SCZI was developed (Viglione, 1999), particularly in the four fundamental areas of inaccurate perception, disordered thinking, inadequate controls, and interpersonal ineptness (Hilsenroth et al., 1998). While some previous studies have shown that the SCZI can help differentiate psychotic patients from other clinical groups (Hilsenroth et al., 1998 ;), with a new index, the Perceptual Thinking Index (PTI), Exner (2000a, 2000b) has rendered more revisions. The SCZI routinely considers 65% to 80% of individuals who have been diagnosed as schizophrenic, according to Exner (2000a). However, about 10 to 20 per cent of individuals with such relatively significant conditions like the one with the severe affective disorder have also been found to have a bogus identity in the SCZI. Exner (2000a) also noticed that there was a large false-positive rate in pre-adolescents and adolescents. These reasons, according to Exner (2000a), have contributed to a variety of recent studies to strengthen the validity, particularly the capacity of the SCZI, in

distinguishing individuals with a cognitive disability. To date, PTI has substituted the SCZI as the preferred cognition assessment index before interpreting other variables related to the altered thinking (Exner, 2000a). While it has been shown that the SCZI is associated with the PTI (Smith, at al., 2001), which indicates that previous observations of the SCZI would generalize to the PTI, more data on reliability and the PTI consists of eight Rorschach variables that are organized based on five empirical criteria in a combination of different values. It measures both perceptual oddities and cognitive slippage (Smith et al., 2001). Furthermore, the PTI contains two variables new to the RCS (Exner, 2003) XA% and WDA%. The new variable XA% is defined as the sum of all Form Quality plus (+), ordinary (o), and unusual (u) responses divided by R. The variable WDA% is calculated by dividing the sum of +, o, and u responses given to the W and D areas by the sum of all responses given to the W and D areas. Possible scores on the PTI range from 0 to 5. Exner (2000) did not report PTI cutoff scores for adult populations because he promoted a dimensional approach to interpreting the PTI.

Current research on the PTI is limited. Preliminary research on patients with schizophrenia has indicated that the distribution of PTI scores does not appear to be markedly different from the distribution of SCZI scores. For instance, Exner (2000a) reported that in a group of 110 individuals having a DSM diagnosis of schizophrenia, 84 individuals had SCZI values of 4 or greater and 62 of those 84 had values of 5 or 6. In comparison, the distribution of PTI scores for the 110 individuals revealed that 61 had values of 4 or 5 and 22 had values of 3. A Review of the literature produced two studies that have examined the validity of the PTI among children and adolescents and non-U.S. adult populations. Smith et al. (2001) investigated

The relationship of Rorschach variables (PTI, SCZI, M–, and X – %) to thought disorder indexes of a behaviour rating scale and a self-report measure among children and adolescents. Using a cutoff score of ≥ 3 (representing approximately 1 SD above the mean for the sample), Smith et al. found that the PTI differentiated between those patients with and without elevated thought disorder scores on the rating scale and self-report. Besides, the PTI, unlike the SCZI, significantly differentiated between patients with clinically significant symptoms on the parent rating scale. According to Smith et al., the differences in performance between the PTI and SCZI suggest that the PTI might be a more valid measure of thought disorder in children and adolescents than the SCZI. More recently, Ritsher (2004) investigated the relationships between the Rorschach and Minnesota Multiphase Personality Inventory (MMPI; Hathaway & McKinley, 1943) and schizophrenia spectrum diagnoses in a Russian sample of 180 adult psychiatric patients. Ritter found modest support for both the SCZI and PTI, but not the MMPI indicators (Sc, Sc3, Sc6, and BIZ), in detecting psychosis. Despite consistent findings regarding the ability of the SCZI to identify psychotic patients, researchers have cautioned against the use of some Rorschach variables due to issues of reliability and validity. Wood, at al., (1996) offered several methodological recommendations for research employing Rorschach variables and indexes (Hilsenroth et al., 1998): (a) consideration of inter-rater reliability of the various Comprehensive System scores in both ideal and field conditions, (b) using well-

defined and rigorous diagnostic criteria (e.g., from semi-structured interviews based on the DSM (4th ed. [DSM–IV]; American Psychiatric Association, 1994) when examining the validity of RCS variables and indexes, (c) employing procedures that ensure that diagnosticians are blind to Rorschach results, (d) investigating ecological validity of the Rorschach scores, and (e) reporting measures of diagnostic performance.

Two tests commonly used in psychiatric hospitals to aid in differential diagnoses are the Personality Assessment Inventory (PAI; Morey, 1991) and the Rorschach Comprehensive System (RCS; Exner, 2000). The PAI is a self-report measure of personality and psychopathology. It includes a schizophrenia scale (SCZ) designed to measure symptoms associated with schizophrenic-spectrum disorders. The PAI-SCZ has repeatedly been demonstrated to correlate with other, well-validated measures of schizophrenic symptomatology (Fantoni-Salvador & Rogers, 1997; Morey, 1999). Besides, the PAI-SCZ has been shown to differentiate patients with schizophrenia from non-patient controls (Boyle & Lennon, 1994). However, it is unclear if the PAI-SCZ can discriminate between diagnostically distinct groups of psychiatric patients. For example, in a study of patients with alcoholism and schizophrenia, the two groups generated similar scores on the PAI-SCZ (Boyle & Lennon, 1994). The RCS is a projective measure of personality and psychopathology. The RCS includes a schizophrenia index (SZCI1; Exner, 1993) designed to measure the perceptual and cognitive distortions characteristic of patients with schizophrenia and related psychotic disorders. This index correlates minimally with self-report measures of schizophrenic symptomatology such as the Minnesota Multiphase Personality Inventory (MMPI; Hathaway & McKinley, 1940; Archer & Gordon, 1988; Meyer, et al., 2000).

The purpose of this article was to examine the relation of Rorschach variables (PTI) with PAI- SCZ in a young adult female. The present study seeks to extend our knowledge of the PAI- SCZ and Rorschach PTI

Method:

Sample:

The sample consisted of 350 postgraduate female students related to various P.G departments of Kurukshetra University, Kurukshetra (Haryana). Only female students who volunteered to participate were included in the sample, after the introduction of the research plan. Gender was controlled in new of earlier findings which reported the impact of gender of the administrator of test on Rorschach protocols and investigator being female. The age of participants ranged between 21-24 years with the mean age of 22 years.

Measures: following test/ measures were used to collect the data.

1. **Rorschach inkblot test:** all the ten plates of RIT were administered and scored according to the procedure prescribed by Exner (1996) his Rorschach comprehensive system obtained protocols were scored for Suicidal **-Constellation**

2. **Personality assessment inventory:** Morey, (1993). Developed PAI to get information relevant to clinical diagnosis, treatment planning and screening of psychopathology. Its full scale consists of 344 items and each item is rated on 4- point scale. It consists of 22 non-overlapping scales. It consists of 22 non-overlapping scales including 4 validity scales, 11 validity scales, and 2 interpersonal scales. The score on schizophrenia scale (SCZ) was used in the analysis for the present study.

PROCEDURE:

After established of appropriate rapport both the test was administered individually in separate sessions. Study By following the procedure prescribed by the authors. Obtained protocols were scored for relevant variables according to the prescribed scoring procedure. Obtained data were analyzed by applying, descriptive statistics and Spearman rank differences method of correlation.

Results & Discussion:

The scores obtained were processed by calculating their respective percentage Statistics of S-CON, (RCS) & (SCZ) schizophrenia scale (PAI):

Table1: PTI-Constellation (Perceptual-Thinking Index) RCS and SCZ (PAI).

PTI		Female Students (N=350)
PTI_ 1 XA% < 0.70	Absent	350(100%)
	Present	00 (0.00%)
WDA% < 0.75	Absent	345(98.57%)
	Present	5(1.43%)
PTI _2 X-% > 0.29	Absent	350 (100%)
	Present	0 (0%)
	Present	135(38.57%)
FAB2 {0.14} > 0	Absent	391(86%)
	Present	49(14%)
PTI _4 R {28.72} < 17	Absent	349 (99.71%)
	Present	1(0.29%)
WSUM6 {6.96} > 12	Absent	290(82.86%)
	Present	60(17.14%)
OR R {28.72} > 16	Absent	350(100%)
	Present	0(0%)
WSUM6 {6.96} > 17	Absent	328(93.70%)
	Present	22(6.30%)

PTI _ 5 M- > 1	**Absent**	**304 (86.86%)**
	Present	**46(13.14%)**
***or* X-% > 0.40**	**Absent**	**227(64.86%)**
	Present	**123(35.14%)**
Overall	**Absent**	**88.54%**
	Present	**11.46%**

Personality Assessment Scales (Schizophrenia Scale, SCZ)	**Present (N-350**	**Absent N-350**
	34 (10%)	**316(90%)**

XA%: results are likely to provide a more dependable indication of a person's level of Reality testing. They reflect accurate perception; they are not included in the numerator of the formula (the distorted forms). They have generally good ability to perceive people and events realistically. This includes being able to form accurate impressions of themselves and to interpret the actions and intentions of others without distortion. It further includes the capacity to anticipate adequately the consequences of their actions and to recognize the boundaries of appropriate behaviour in various kinds of situations.

WDA%: It depicts the adequacy of reality testing of our respondent. When people are dealing with situations that provide them clear and obvious clues to what constitutes appropriate behaviour. To put this relationship another way, it is logical to expect people who manage the usual details of the Rorschach cards effectively to manage the usual details of their lives effectively as well. They could keep their attention focused on common and ordinary features of events that most other people pay attention to, they would not be showing adequate reality testing.

X-%: It depicts processing is adequate with emotional elements, ideational set, and preoccupation prompt identification of the stimulus features. Respondents perceive their experience realistically.

Sum Level 2 Special Scores: it depicts usually signal the presence of a preoccupation that is intruding into the conceptual operation of the individual. The result reflects some low very level problem in ideational impulse control they signify some impairment to the ability to stay on "target". They reflect a low level of disregard from reality. The judgment of the subjects is good because ideation is control.

FAB2: depicted medium bizarre and disruption in conceptualization.

R: It depicts that suggests introversive character, average intelligence with a relatively high level of academic achievement, and a high degree of creativity. It also suggests good ego functioning, including the ability to plan, adequate impulse control and the ability to tolerate stress.

Wsum6: it reflects ideation clarity, cognitive management. Respondent is thinking logically. They come to reasonable conclusions based on sufficient evidence and show adequate appreciation. Being able to think coherently allows the respondent to sustain a continuously relevant train of thought that facilitates solving problems, making decisions, and communicating clearly to other people. Besides, as elaborated by Exner and Weiner (1995), the implications of an elevated WSum6 for thought disorder are moderated in two circumstances: (a) when the Critical Special Scores that indicate mild cognitive slippage (DV and INCOM) outnumber those that indicate more serious ideational impairment (DR, FABCOM, ALOG, and CONTAM); and (b) when the Special Scores are of the relatively mild variety coded as Level 1 and do not include any of the more bizarre verbalizations coded as Level 2 Critical Special Scores. Conversely, the more WSum6 exceeds the minimum criterion for a point on PTI, is dominated by the more serious Special Scores and includes Level 2 Special Scores, the more likely a respondent is to have the type of thought disorder typically observed in schizophrenia, schizoaffective disorder, delusional disorder, and paranoid and schizotypal personality disorder (Weiner, 1998d).

MQ-: it depicts peace, creativeness, and intelligence, conceptual thinking, with clarity of ideation; adequate empathic capacity makes an important contribution to good social and interpersonal adjustment. Respondent showed being able to see events from other persons' perspectives and appreciate how they feel, they understand the needs, motives, and conduct of individuals with whom they interact. They interpreting social situations accurately and responding appropriately to them.

PTI-Constellation (Perceptual-Thinking Index): A below average score on PTI reflects no disturbances in thoughts. There is some evidence to suggest that the PAI Schizophrenia scale (SCZ) may provide valuable information about the patients 'adequate coping skills, including capacities for good judgment, flexible problem solving, careful decision making, and effective stress management. In current study 120 students(10%) got the higher mean on Schizophrenia scale, indicate that these students are not have thought disturbance. around 39% on criteria 3, around 35% on criteria5. these findings indicates that these criteria are reliable indicators of thought disturbance. They are interested in people and comfortable being around them, they are nurturing and caring in their relationships with others, and sufficiently empathic to understand what other people are like and recognize their needs and concerns. There are indications in Rorschach responses that they are capable of forming close and intimate relationships with other people. They do not give evidence of being a self-absorbed person who places a higher priority on his own needs than on the needs of others.

SCZ Schizophrenia scale (PAI): A below-average score on SCZ reflect that our sample reports being effective in social relationship, accurate perception, well-ordered thinking, adequate controls, and interpersonal competence among normal health control and they have no problem with attention or concentration.

Conclusion:

Our respondent around 10% found to be prone or susceptible for thought disturbance indicated by PTI-Constellation and SCZ (PAI). So it is evident that both the test is sensitive to predict inaccurate perception, disordered thinking, inadequate controls, and interpersonal ineptness among normal health control. Our subjects showed broad perceptions, adjusted, mature thinking, emotional control, coping ability, reality contact, strong interpersonal relationships, opened approach of thinking, ability to conform to social norms, cognitive capabilities. There are indications from respondent Rorschach responses that they are at least as careful as most people in making decisions. Before coming to conclusions or committing to a course of action, they typically take enough time and collects sufficient information to weigh choices and arrive at well thought out decisions. They appear to be flexible people who can view people and events from multiple perspectives and are willing to consider modifying their opinions and beliefs. They are relatively opened minded and likely to contribute to their functioning effectively as a student. They appear to have more than adequate psychological resources for coping comfortably with the demands in their life and are more capable than most people of managing stresses without becoming unduly upset. As also noted previously, their above-average capacities to manage stress effectively help them remain calmer and less flustered than most people in crises and constitute a valuable student skill. These test responses also suggest that they are more likely than most people to worry about aspects of their self or their behaviour that they view as undesirable. It reflects adequate coping skills, including capacities for good judgment, careful decision making, flexible problem solving, and effective stress management. Results indicate reliable convergence between the SCZ (PAI) and Rorschach Perceptual thinking indices.

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