# Rorschach Indices and Self- Perception among Males with Substance Induced Psychosis.

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#### Abstract:

Symptomatic severity of psychopathological abnormalities in substance abuse individuals pertaining to thought, coping, affective, and behaviors differs individual to individual. Among them, Substance-induced psychotic disorder is considered of higher severity with psychotic or affective features viz: delusions, hallucinations, depressive, manic and mixed (ICD-10). Correlations between disturbance in self-concepts and psychotic disorders have being focused by numerous researches. Due to the complicated nature of symptoms mental health professionals mostly face hitches in diagnosing as well as therapeutic management while handling primary psychotic disorders like Schizophrenia and secondary psychotic disorders like induced psychotic disorders (Singer & Brabender, 1993). Here comes the prominence of projective techniques where the subject is unaware of the purposes of the test and also, unable to judge how particular responses are interpreted. This study investigated Rorschach indices and self-perception by administrating Rorschach Ink Blot test among male patients who were diagnosed as substance induced psychosis as per ICD-10 diagnostic criteria and were compared with normal male group. In this cross-sectional study, Purposive Sampling Method was used to collect data from 30 male inpatients with substance induced psychosis and from 30 males as control group. General Health Questionnaire (GHQ-28) by Goldberg & Hiller, 1979) has been used as screening tool for control group. Descriptive statistics, Chi Square test and ANOVA have been used for data analyses. Results revealed significant difference among the groups and the patients with Substance-induced psychosis had low perception about self as compared to the control group. Propositions of findings for the management of Substance-induced psychosis were also discussed.

**Key Words:** Substance Induced Psychosis, Self-Perception, Rorschach Ink Blot test, GHQ-28.

## I. INTRODUCTION

Psychopathological abnormalities in substance abuse individual pertaining to thought, coping, affective and behavior, varies in symptoms (Dackis, 1986). Diagnosis of Substance-induced psychosis is assigned when psychotic symptoms occur during or within 2 weeks of substance use which persists for more than 48 hours and the duration of disorder must not be exceeding 6 months (ICD-10). The symptoms of psychotic disorders with various onsets mostly amalgamates with each other and makes it a difficult task for mental health professionals to diagnose and manage. Here, comes the noteworthy role of the projective techniques. The success of projective techniques relies on the unconscious process of responding to a stimulus by an individual. Among the projective techniques the most popular as well as controversial but still extensively used is the Rorschach Ink Blot Test developed by Herman Rorschach. (Verma, & Misra, 2002). Among psychodiagnostic tests, Rorschach Ink Blot test is widely used for assessing self-perception as the test extensively covers body schema, body image, self-representation, self-esteem, preoccupations as well as self-worth (Sanglade, 1983). Besides the self-perception variables, several researches have proved that the thought process and the perceptual characteristics of psychotic patients are significantly disturbed (Biagiarelli, et al., 2017). In India there exists a significant scarcity in researches pertaining to Projective techniques like Rorschach Ink Blot test. Among the existing Indian studies, the Beck's interpretation system is most widely followed and the Exner Comprehensive System has been used by very few researchers. (Aiken, 1993) Even though we can trace out researches pertaining to projective assessment techniques on psychotic population, there exists a significant research gap on projective assessments pertaining to Rorschach indices and self-perception among patients diagnosed with Substance-induced psychosis.

## II. OBJECTIVES

To study the difference in Rorschach Indices viz: Perceptual Thinking Index (PTI), Depression Index (DEPI), Coping Deficit Index (CDI), Suicide Potential Constellation (S-CON), Hyper Vigilant Index (HVI), Obsessive Style Index (OBS) among males with substance induced psychosis and control group.

To study the difference in Self-perception among males with substance induced psychosis and control group.

## III. HYPOTHESES

Following null hypotheses were framed to study the objectives.

 $H_0$  1: There is no significant difference between males with substance induced psychosis and control group based on Rorschach Indices

 $H_0$  2: There is no significant difference between males with substance induced psychosis and control group based on Self-Perception.

## IV. RESEARCH METHODOLOGY

## 4.1 Variables studied

Independent Variables studied were normal male population and males with Substance-induced Psychosis as per ICD-10 criteria. Dependent Variables were Rorschach Indices (Exner, 2003) viz; Perceptual Thinking Index (PTI): Quantify Cognitive triad disturbances including information process, cognitive mediation and ideation of concepts (cut off 4 & above), Depression Index (DEPI): Measure of sadness or depression clinical features (cut off 5 & above), Coping Deficit Index (CDI): Compute the capacity for control and tolerance for stress (cut off 4 & above), Suicide Potential Constellation (S-CON): Reckon vulnerability of an individual towards Deliberately Self-Harm (DSH) (cut off 8 & above), Hyper Vigilant Index (HVI): Estimate the mistrusting attitude towards environment / safe guarding the individuals personal integrity (cut off 4 & above) and the Obsessive Style Index (OBS): Signifies a preoccupation with perfectionism, which if carried to excess can become a pathological abnormality. Self-perception: How an individual perceives themselves in various aspects like - self-image, self-esteem, self-worth, etc. All these aspects of self-perception can be summarized as the impressions that one has regarding / concerning his or her own characteristics and the extent of these in relation to the external world. RIT self-perception cluster contains variables viz: Reflection responses (Fr+rF), Form Dimension (FD), Morbid special scores (MOR), Anatomy and X-ray contents (An+Xy), Vista Responses (SumV), Egocentricity Index and Pure Human and Human details [H, (H), Hd, (Hd)].

# 4.2 Sample

In this cross-sectional study, as males with Substance-induced psychosis group were targeted, non-probability Purposive Sampling method was used to collect data from a total sample size (N=60) consisting of 30 males with Substance-induced psychosis and 30 males as Control group, selected age between 20 and 50 years with secondary education at least up to 10th standard. Inclusion criteria for Control group was a below score of 4 in (GHQ-28). All females as well as the male individuals who possessed knowledge about the Rorschach Inkblot Test (RIT) or other types of Inkblot Tests were excluded.

#### 4.3 Tools

General Health Questionnaire (GHQ-28) Goldberg and Hiller (1979): Used to detect the potential mental illness morbidity of individuals. GHQ-28 consists of four sub-scales for the assessment of i) Somatic complaints, ii) Anxiety and insomnia, iii) Social dysfunction and iv) Depression. Each sub-scale consists of seven items yielding a total 28 items with four responses, which can be scored using binary scoring (0,0,1,1). A total score of all the sub-scales will give total GHQ score. The cut off score for GHQ-28 is a score higher than 4, which is highly sensitive for the person to have potential psychiatric / mental illness morbidity. Validity in Indian context is .94 (Goldberg, et al.; 1997).

Rorschach Inkblot Test: (Rorschach, 1942): The test was developed by Hermann Rorschach in 1921 as a Psychodiagnostic. Rorschach test consists of 10 cards, on each of which is one bisymmetrical inkblot. Five are achromatic cards, three cards are chromatic and two cards are semi-chromatic with various shades. The cards were presented to the subject one at a time and in prescribed sequence, responses and enquiry part were noted in verbatim for further analysis. The Rorschach - A Comprehensive System: (Exner, 2003): was utilized for interpretation and scoring. Reliability of Exner Scoring System is reported between 0.85 to 0.94 (Mattlar, 2004) along with a high validity (Weiner, 1966 & 2001).

# 4.4 Statistical Analysis

Descriptive statistics viz: mean, standard deviation, frequency and inferential statics viz: Chi-Square test, ANOVA have been used for analyzing data and hypothesis testing. Hypothesis testing conducted in two-tailed at a significant level ( $\alpha = .05$ ). The statistical package for social sciences (SPSS), version 17.0 was used for the analysis of the data.

# V. RESULTS AND DISCUSSION

# 5.1 Rorschach Indices among males with substance induced psychosis and control group.

Table 1, reveals the chi-square values of frequencies of various Rorschach Indices among groups. The six indices' viz: PTI, DEPI, CDI, S-CON, HVI and OBS cut off score determines whether the individual is having the deficit in that particular domain. There are no frequencies in Perceptual Thinking Index (PTI), Suicidal Constellation (S-CON) and Obsessive Style (OBS) in both groups, indicating no significant differences in PTI, S-CON and OBS indices among both groups. Even though no statistically significant difference is elicited among groups based on DEPI and CDI, an elevated frequency existed in males with Substance-induced psychosis than in the control group. HVI frequency has been found equal for both the groups. Hence, the null hypothesis  $H_0$  1 is accepted. There is no significant difference between males with Substance-induced psychosis and Control group based on Rorschach Indices.

OBS

Groups Males with substance Control Group induced psychosis N = 30N = 30Indices Frequency Percentage % Frequency Percentage % Chi-square Sig Present 0 0 0 0 PTI Absent 30 100 30 100 05 Present 08 26.7 16.7 **DEPI** 22 73.7 25 83.3 Absent .884 .34 15 50 10 33.3 Present 15 50 20 66.7 .19 CDI Absent 1.714 Present 0 0 0 0 100 S-CON Absent 30 100 30 --2 2 6.7 6.7 Present Absent 1.00 HVI28 93.3 28 93.3 000. 0 Present 0 0 0

Table 1: Rorschach Indices among males with substance induced psychosis and control group

# 5.2 Rorschach Self-Perception variables among males with substance induced psychosis and control group

100

30

Absent

Table 2, shows the F value between Substance-induced psychotic males and Control group based on Self-perception variables. Homogeneity of variance between the groups based on Pure Human responses (Pure H) was found significant (F (1,58) = 7.219, p < .01). Significant elevated Pure H responses and less Hd, (Hd) (H) other human responses by normal males than Substance-induced psychotic males reveal that self-image of males with Substance-induced psychosis is based less on identifications with real persons and more imagination or internal representations that coincide less with reality (Exner, 2003). Homogeneity of variance between the groups based on Form Dimension (FD), Vista responses (Sum V) were not statistically significant at 0.05 level.

30

100

Table 3, reveals the chi-square values of frequencies of categorical Self-perception variables. Two categories were divided for three variables viz: reflection responses (Fr + rF = 0 as normal and Fr + rF > -1 as exaggerated self-involvement), An + Xy <2 (as normal), An + Xy > -2 (with unusual body concerns) and MOR <2 (as normal), MOR > -2 (self-image with negative attributes). No significant difference in frequency and percentage was elicited among the groups based on these variables. Three categories were formed based on Egocentricity Index scores (low <0.33, Normal 0.33 -0.44 & high >0.44) and significant difference in frequency and percentage was noted among the groups ( $x^2$  (2) =10.80, p<.01). Hence, the null hypothesis  $H_0$  2 is rejected. There is significant difference between males with Substance-induced psychosis and Control group based on Self-perception.

Table 2: Self-Perception variables among males with substance induced psychosis and control group

Variables	Groups	N	Mean	Std. Deviation	F Value	Sig
	Control	30	.03	.18		
FD	Sub Ind	30	.00	.00	1.0	0.32
	Control	30	.30	.65		
Sum V	Sub Ind	30	.37	.61	.166	0.68
	Control	30	3.50	2.50		
Pure H	Sub Ind	30	2.10	1.37	7.219	0.00*
Other Human	Control	30	3.00	2.03		
contents	Sub Ind	30	2.30	1.89	1.9	.173

<sup>\*</sup> sig at p < .01 (two-tailed)

Groups Males with substance Control Group induced psychosis N = 30N = 30Frequency Frequency Percentage % Chi-square Indices Percentage % Sig Reflection 0 25 83.3 26 86.7 Responses Fr + rF>/=105 16.7 04 13.3 .131 .718 40 14 46.7 <2 12 18 60 16 53.3 .602 An + Xy>/=2.271 28 93.3 <2 28 93.3 6.7 02 6.7 **MOR** >/=202 0 1.00 Low 24 40 06 20 20 12 40 Normal 33.3 Egocentricity 26.7 12 40 .005\* Index High 16 10.800

Table 3: Categorical Self-Perception variables among males with substance induced psychosis and control group

The results of present study were consistent with previous research suggestions related to self-perception and individuals with substance induced psychosis. Variables related with self-perception and ego strength often positively correlates with coping skills and resilience, majority of studies concluded low self-esteem and low self-worth in substance abusers. (Mary, 2010). If we compare with primary psychotic patients, a serious deficit in perceptual thought process is not warned in substance induced psychotic patients. But a low self-perception and its various aspects among these groups, often increases vulnerability to get disorganize in complex situations, inappropriate modulation of affect towards situational stimulus and poor coping strategies (Exner, 2003 & Mary, 2010). Low self-images often hinder healthy interpersonal relationships as the individual's internal representations are mainly correlated with imaginations than reality. Findings of present study also insists the loosening of reality contact by substance induced psychosis male patients which will be a precursor for disorganized behavior at complex situations, uncontrolled discharge of emotions and even psychotic symptoms like hallucinations and delusions (Verma & Misra 2002 & Exner, 2003). The significant low egocentricity revealed among substance induced psychosis group highlights that the individual's estimate of personal worth tends to be negative and will consider themselves less favorable when compared to others causing low self-concept, often this will be a precursor to coping problems as well as depression (Donald & Muriel, 1974). Several researches concluded that substance abusers have poor coping skills and is significantly correlated with low self- concept. Psychopathology of individual is significantly associated and can disturb the self and self-psychological concepts related with self-worth, self-esteem and self-regulation which in turn influence the core belief of self (Casey & Kelly, 2007). Egocentricity is a rough measure of Self-focusing or Self- attending (Exner, 2003) a low score on egocentricity among males with substance induced psychosis warns low self-focusing or self-attending among them. This will be the main cause why an abuser continues persistent usage of substance despite of clear evidence of harmful physiological consequences.

# VI. CONCLUSION & RECOMMENDATIONS

The study was focused on the Rorschach indices and self-perception among males with substance induced psychosis and results revealed significantly low self-perception with poor reality contact among males with substance induced psychosis than normal male group. From the therapeutic perspective, Motivational Enhancement Therapy (MET), Cognitive Behaviour Therapy (CBT), Supportive Expressive Therapy and Counselling are the most beneficial psychotherapies for substance addiction which must be handled by experienced professionals otherwise will lead to adverse effect. The findings of present study on the role of self-perception can be used retrospectively for strengthening self-efficacy in MET, reconstructing distorted core beliefs regarding self in CBT and vesting self-concept in counselling.

# REFERENCES

- [1] Aiken, L. R. (1993). Personality: theories, research, and application. Englewood Cliffs, New Jersey: Prentice Hall. In: Anastasi& S. Urbina (1997) Psychological Testing. (7thEd.) New Jersey: Prentice-Hall.
- [2] Biagiarelli, M., Curto, M., Ileana, D.P., Anna, C., 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
- [3] Casey, P.R., & Kelly, B.D. (2007). Fish's clinical psychopathology: signs and symptoms in psychiatry. London: RC. Psych Publications.
- [4] Dackis, C.A (1986). Substance Abuse and Psychopathology. Journal of Studies on Alcohol, 47 (3), 263–264.
- [5] Donald, J.S., & Muriel, S. 1974). Low self-concept as a cause of drug abuse. Journal of drug education, 4 (4), 421-438.

<sup>\*</sup> sig at p < .01 (two-tailed)

- [6] Exner, J. E. Jr. (2003). The Rorschach: A comprehensive system. (4th ed.). New Jersy: Wiley.
- [7] Goldberg, D.P., & Hiller, V.E. (1979). A scaled version of the General Health Questionnaire. Psychological Medicine, 9,139-146.
- [8] ICD-10, World Health Organization. (2004). ICD-10: International statistical classification of diseases and related health problems. Tenth revision, (2<sup>nd</sup> ed). World Health Organization: Geneva
- [9] Mary, H.G. (2010). Self Esteem across the life span: Issues & Interventions. New York: Taylor & Francis.
- [10] Mattlar, C.E. (2004). The Rorschach Comprehensive System is reliable, valid, and cost-effective. Rorschachiana, 26(1), 158-186.
- [11] Rorschach, H. (1921). Rorschach Psychodiagnostik. Ernst Bircher: Bern.
- [12] Rorschach, H. (1942). Psychodiagnostic. New York: Grune & Stratton.
- [13] Sanglade, A. (1983). Image du corps et image de soi au Rorschach. Psychologie Française, 28 (2), 104-111.
- [14] Singer, H.K., & Brabender, V. (1993). The use of the Rorschach to differentiate unipolar and bipolar disorders. Journal of Personality Assessment, 60, 333 345.
- [15] Verma, M.K., & Misra, S. (2002). Rorschach's responses patterns of drug addicts. Journal of Projective Psychology & Mental Health, 9, 62-64.
- [16] Weiner, I.B. (1966). Psychodiagnosis in schizophrenia. New York: Wiley.
- [17] Weiner, I. B., & Exner, J. E. Jr. (1991). Rorschach changes in long-term and short-term psychotherapy. Journal of Personality Assessment, 56, 453-465.

