Correlation between psychological diagnosis (Rorschach Psycho-diagnostics) and clinical diagnosis

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Abstract

Background:

A wide acceptance of the Rorschach test is shown in clinical practice and clinician choose the test not only as a diagnostic instrument but as a therapeutic practice also, sometime variety of opinion comes from health professionals and the validity of the test result become more challenging.4,9 It creates a cognitive dilemma and the clinician has two option, either choice to accept or reject the diagnosis10,11.

Objectives:

To assess the correlation between clinical diagnosis and Rorschach psycho-diagnosis.

Material & Methods:

A total 80 cases were selected from the psychiatry ward and written informed consent was taken. Socio-demographical data sheet was applied. Without knowing the history and other diagnostic variables, the Rorschach test was administered to make a psychological diagnosis by a qualified clinical psychologist and the clinical diagnosis was made through ICD-10 DCR criteria by the competent psychiatrist.

Results:

Among the participants, 37.5% belonged to 29-39 years age group; 58.75% were male. Most of the study samples were married (71.25%), 32.5% were educated up to 6-10th standard. The majority (38.75%) of the participants were unemployed and 51.25% belonged to rural areas. A majority, ie: 47.5% were in the middle-income group (50-74K) and living in a nuclear family (83.75%). Schizophrenia was the most frequent diagnosis in both categories, 38.75% belonging to the Rorschach diagnosis and 33.75% in the clinical category followed by Depression, mania, anxiety, obsession, psychosis, organic, and conversion disorder. Overall, a high correlation was found between both diagnostic categories (X2 =4.1, P=0.75).

Conclusion:

The findings of the study suggest that a high level of correlation was found between clinical diagnosis and Rorschach psycho-diagnosis.

Key words:

Rorschach psycho-diagnostic, Clinical diagnosis, Diagnostic instrument

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INTRODUCTION

Rorschach test has been established as a major diagnostic tool in projective tests. The test itself assesses the structure of personality where it largely occupies the unconscious mind [1]. The test is language and culture-free; so this specialty enhances their area of acceptance and gains popularity among mental health professionals [11,12,13,14,15] who work with different demographic populations[2]. Clinical psychologists, who enthusiastically work in clinical settings, frequently utilize the test for diagnostic clarity [9,10]. Differences of opinion always happen between clinicians and it is obviously because of the subject matter (behavioral science), that time clinicians refer to the client for the Rorschach test to justify the validity [3]. So the test not only makes the diagnosis, moreover, it also establishes the validity.

Rorschach test has many scoring system like- Beck, Rappaport, Klofer and Exner. Every system has its approach and explanation without the major differences; they largely focus on validity so clinicians are not bound to use any particular scoring system for qualitative assessment. Regarding the administration part, clinicians take the response from the client by showing him/her to unstructured card where the clinicians write every response on a response sheet. In the inquiry phase, they eager to under-

stand the response to what the client has said in their words, according to the basis on the response, clinicians justify the location. In the context of determinant and content categories, they rationally obtained through the help of a manual [16].

ICD-10 diagnosis is made by a competent psychiatrist and the Rorschach test is administered by a qualified clinical psychologist. When orphan, abandoned, and custodial patients come; they are referred for a Rorschach test for diagnosis, after the test, real picture of their personality comes [6,7], and they send for further management. The present study tries to find out the correlation between the clinical diagnosis as well as the psychological diagnosis, which was drawn from the Rorschach test.

METHODOLOGY

Study design

Descriptive, cross-sectional, hospital-based study

Study Settings

Tertiary care hospital, BPKIHS, Dharan, Nepal

Subjects:

18 years and above referred for psychological assessment during the study period. A total 80 patients were selected on the basis of inclusion and exclusion criteria.

Sample Size:

All consecutive cases enrolled who meet the study criteria over a period of one year (expected at least 80 cases).

Study period:

One year (After the approval from the research committee)

Ethical clearance:

Ethical clearance has been taken from the Institutional Review Committee (IRC) under the Dean, Academics of BPKIHS, Dharan.

Data Collection Techniques/Methods:

1. Total 80 potentially eligible patients who fulfilled the inclusion and exclusion criteria, 18 years and above admitted to the ward, and referred for psychological assessment were enrolled in the study.(Appendix-1)
2. Written informed consent was taken before enroll ment of the subject, (Appendix-2)
3. Socio-demographical profiles (Age, sex, ethnicity, occupation, education, geographical areas, etc.) were noted down using a semi-structured proforma developed for the study.(Appendix-3)
4. For psychological diagnosis 'The Rorschach Psycho-di agnostics Test' was applied by a clinical psychologist (Principal Investigator) and Beck's system was followed in interpretation.
5. ICD-10 DCR criteria were applied by a consultant psychiatrist to make a clinical diagnosis.

Total 80 cases were selected from the psychiatry ward (B.P. Koirala Institute of Health Sciences, Dharan) and written informed consent was taken then a socio-demographical data sheet was applied. Without knowing the history and other diagnostic variables, the Rorschach test was applied to make a psychological diagnosis by a qualified clinical psychologist. Later, the clinical diagnosis was made through ICD-10 & DCR criteria by the competent psychiatrist.

Data Management and Statistical Analysis:

Collected data will be entered in Microsoft Excel and converted into Statistical Package (SPSS) along with descriptive and inferential statistics used in statistical analysis.

RESULTS

Table 1:- Showing the socio-demographic variables of selected probands

Variable		Group- 1 (N=80)	
		N	%
Age Range	18-28	12	15%
	29-39	30	37.5%
	40-50	26	32.5%
	51-61	12	15%
Sex	Male	47	58.75%
	Female	33	41.35%
Marital Status	Married	57	71.25%
	Unmarried	23	28.75%
Education	Illiterate	0	--
	1-5	11	13.75%
	6-10	26	32.5%
	12th	18	22.5%
	Graduation	17	21.25%
	M.A	8	10%
Occupation	Employed	28	35%
	Unemployed	31	38.75%
	Others	21	26.25%
Residence	Rural	41	51.25%
	Urban	23	28.75%
	Semi-urban	16	20%
Monthly Family Income (In Thousands)	1-24	9	11.25%
	25-49	30	37.5%
	50-74	38	47.5%
	75-100	3	3.75%
Family Type	Nuclear	67	83.75%
	Joint	13	16.25%

Table no.1 shows that 37.5% of cases belonged to the 29-39 years age group; in addition, 15% of patients similarly referred to both age groups 18-28 and 51-61 years. Males outnumbered females and their percentage was 58.75%. The highest number of the study sample was married (71.25%) and the high percentage in education (32.5%) were belongs to the 6-10th standard; in contrast to the higher education category (10%) was M.A. In the occupational group, a high number were unemployed (38.75%), and the maximum number of residents nearly half (51.25%) belonged to rural areas. The majority of the cases (47.5%) fall in the middle-income group (50-74 thousand/months) and they were living (83.75%) in the nuclear family.

Table 2. Association between Rorschach diagnosis and Clinical diagnosis

Diagnosis	Rorschach Diagnosis	Clinical Diagnosis	X^2 (Chi-square)	Df (Degrees of freedom)	Level of significance (p)
Schizophrenia	31(38.75%)	27(33.75%)	.138	7	0.75
Depression	23(28.75%)	21(26.25%)	.045		
Mania	4(5%)	2(2.5%)	.333		
Anxiety	11(13.75%)	15(18.75%)	.308		
Obsession	3(3.75%)	2(2.5)	.1		
Psychosis	5(6.25%)	10(12.5%)	.833		
Organic	1(1.25%)	2(2.5%)	.167		
Conversion	2(2.5%)	1(1.25%)	.167		
Total	80	80	4.182		

Table 2, describes the correlation between diagnosis categories. The first category was a Rorschach diagnosis and the second category was a clinical diagnosis based on ICD-10 criteria. Overall in both categories, schizophrenia was frequently diagnosed and highest in number 38.75% belonging to the Rorschach diagnosis category & 33.75% in the clinical category followed by Depression 28.75% (Rorschach diagnosis) and the clinical diagnosis 26.25%. Anxiety disorder was the third most commonly diagnosed by clinicians 18.75% whereas 13.75% fall under the Rorschach diagnosis group. The diagnosis of Mania was less diagnosed by clinicians 2.5%, in addition almost double 5% of cases were diagnosed in the Rorschach category.

In the context of psychosis, the clinician diagnosed 12.5% sample where 6.25% of cases correspond to the Rorschach test, it was almost half. The 2.5% clinically diagnosed sample falls under Obsession whereas 3.75% of the subject belongs to the Rorschach category. In another category 2.5% Organic sample refers to clinical diagnosis and 1.25% of the subjects are related to Rorschach diagnosis. Finally, conversion disorder is the last category where 2.5% of cases belong to the Rorschach group along with 1.25% mentioned in clinical diagnosis. Overall data suggests that there was a high correlation found between both diagnostic categories (X2 =4.1, P=0.75)[5].

DISCUSSION

The present study highlighted the correlation between both diagnostic categories; some diagnostic entities have a better correlation where some have marginal differences like- psychosis, mania, organic, and conversion. The psychosis category has many clinically diagnosed cases where wider differences have been seen [18]. This can appear due to the symptoms profile of the patient who was admitted to the ward and referred for diagnostic clarity. The Rorschach test segregated those potentially eligible for other diagnostic categories and the rest of the genuine cases were kept in the same place because the Rorschach test diagnosed the case through structure abnormality [17].

The study also highlighted that married (71.25%) and the person who living in nuclear families (83.75%) are more prone to develop mental illness, although the limitations are quite justifiable because the selected cases were only sent for the Rorschach test and mostly were married and living in nuclear family.

High correlations were found in the other diagnostic categories like schizophrenia [20], depression, anxiety, and obsession where the diagnostic variables were identified by the clinician as well as the Rorschach test, so diagnostic sensitivity has increased and reliability become more strengthened [19].

This study has proven that the Rorschach test is the better option in clinical settings when diagnostic dilemmas occur and clinicians may choose this test for better outcomes. The major strength of this test is that we can find a reliable diagnosis who matches with the clinical diagnosis, which will be more impactful [17,18]. It is also useful in those patients who do not explain their symptoms well 'sometimes it may be a cause of negative symptoms' and the family member or an informant also does not know about him.

A study done in Nepal at Bharatpur (College of Medical Science, teaching hospital) has also found an almost similar correlation where the major category of diagnosis was schizophrenia and psychotic depression, on the other hand, psychosis has a low correlation [19].

Some possible biases always come when we work on human behaviour and their weird software, It keeps changing the dynamics which may affect any steps during research or it can be influenced through both side which impede repercussion [10].

The present study highlighted the diagnostic accuracy between both diagnostic categories; it is quite obvious in clinical settings to discuss these issues very frequently between professionals. A variety of challenges always occur to make a valid and accurate diagnosis skilled professionals who have that kind of aptitude as well as potential clinicians are mandatory for this test[9,10].

LIMITATION

The result drawn from a small sample size cannot be generalized. The second limitation is that this particular research is based on the Beck system and all cues and determinant keys are used from that manual only. Sometimes, professionals do not convince to support the old method because numerous new methods were available and they were more inclined to choose them.

Thirdly, the test itself has some limitation; there were limited diagnostic category where we cannot choose diverse diagnostic entity therefore only some major diagnosis has been mentioned in this study.

The fourth limitation is that when the patient visits psychiatric OPD, the consultant psychiatrist write the prescription and send it to the psychiatry ward, where some needy patient refers for a Rorschach test meanwhile they take the medication, therefore some of the symptoms might disappear and eventually diagnostic sensitivity of the test might be reduced. So it's ultimately affecting the diagnosis accuracy.

RECOMMENDATION

A good sample size can predict valuable as well as valid outcomes and timely assessment may be projecting better correlation for diagnosis and newer methods of the test can accentuate better and more acceptable findings.

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