

Characteristics and Possible Significance of the Answers to Rorschach from Patients Suffering from Psoriasis

E. ANDREOLI, P. G. FOGGIO BONDA, M. MAZZETTI, A. MOZZETTA, P. NICOLAI, P. PUDDU and F. DECAMINADA

Istituto Dermatologico dell'Immacolata, Rome, Italy

The authors have tried to ascertain the statistical significance of the differences between the answers to H. Rorschach Psychodiagnostic tests given to 80 male and female adult patients, suffering from psoriasis and by 'normal' patients. The absolute frequencies and the averages of the results concerning 55 items obtained through the administration of Rorschach to patients with psoriasis were compared with the results of the test made to the general population. The analysis of the data and of the correlations has confirmed the hypothesis that the pathology of psoriasis, is (seriously) damaging, especially as regards the inhibitions, the cerebral potential, the emotional balance and the social relationships of the patient and furthermore, it can be related, ecologically, to problems concerning the identification-individualization process of the patient. This hypothesis has taken into account the high emotional value, in particular as regards the image of oneself, self-acceptance and self evaluation as well as social acknowledgement, and the communicative value given to the skin. *Key words: psoriasis; psychosomatic; Rorschach test.*

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E. Andreoli, c/o IDI, v. Monti di Creta, 104, I-00187 Rome, Italy.

1. INTRODUCTION

1.1. The significance that specific psychosocial factors may have in the etiology, development and treatment of psoriasis is presently universally accepted (cfr. Arnetz et al., 1985; Farber, Lanigan & Rein, 1990; Farber & Nall, 1993; Goldsmith, Fischer & Wacks, 1969; McEnvoy & Roeningk, 1990).

1.2. The accurate identification of these factors would indicate the presence in said patients of specific personality and/or conduct characteristics, which could play a predisposing, precipitating and/or reinforcement role with regard to the psoriatic pathology (cfr. Baldaro et al., 1989; Baughman & Sobel, 1977; Cabras, Pastorino & Calabresi, 1980; Engels, 1982; Farber & Lanigan, 1991).

1.3. Several psychodiagnostic tools can be used to detect such hypothetical factors. Some 'personality questionnaires' (such as the M.M.P.I., the IPAT and the 16PF) and some 'projective tests' (such as the House-Tree-Person Test, the Rorschach Test, etc.) seem to be particularly suitable to this end (cfr. Buck & Hamer, 1969; Fabricci, 1987; Hammer, 1977; Kanno, 1981; Mendez Garcia & Garcia Besteiro, 1986).

1.4. To specifically analyse the presence of possible personality and/or conduct common characteristics, which might hypothetically be significant elements in the etiology of psoriasis, we have administered a series of psychodiagnostic tools (cfr. Decaminada et al., 1992) to a group of 80 psoriatic patients (cfr. Tables I, II, III and IV) hospitalized in the IRCCS IDI in Rome.

1.5. Hereinafter we report only the results obtained until now through the administration and evaluation of the Rorschach test.

1.6. Though it carefully considers all the data gathered (summarized in a total of XVII Tables), here the discussion of the results refers exclusively to Table V (XVII): due to evident space limitations, we are not in a position to present now all the Tables relative to the data processing per each indicator (they will soon be published in *Chronica Dermatologica*).

2. THE SAMPLE

Eighty psoriatic patients (40 males and 40 females, aged 19–59, hospitalized in the IRCCS IDI) were considered in the study.

3. METHODOLOGY

The sample is homogeneous from the point of view of pathology and present environmental situation.

The Rorschach test and the other psychodiagnostic tools were always administered by the same psychologist under adequate conditions (based on the physical environment, and, what is more important, on the subjects' willingness to collaborate). They were checked and assessed by the same specialist, who has mainly used the fundamental criteria for response tabulation and result analysis suggested by Aronow & Reznikoff (1976), De Cato et al. (1990), Exner (1976), Foglio Bonda (1986) and Piotrowsky (1957).

The cases in which the administration conditions did not sufficiently guarantee the test reliability were not considered, as well as the cases when the test had been administered to the subject over the previous 12 months, or when, for any number of reasons, the patient stated and proved that he/she already knew the tables and the possible responses to them.

4. DISCUSSION

4.1. The first evident and remarkably important element is represented by the high "significance" of the data obtained from the experimental sample compared with those typical of the adult "general population"; indeed, only 7 out of the 53 "indicators" considered (7.50%) show a "non-significant difference" reference data.

4.2. The second equally clear aspect is the "generalized decrease" in the quantitative production (cfr. total N[●] of responses, N[●] of r/G, Dd, Dbi and Ddbi, movement r/ of any type, H r/ and O r/) and, especially, in the qualitative production (in particular, note the decrease in % of F+ and FQE+; the increase in chromatic and achromatic colour r/ and in the shading r/ where F component is secondary or non-existent; the decrease in the

Table I. *Subjects, by sex and age*

Age (years)	Males	Females	Total
19	–	2	2
20–29	12	12	24
30–39	14	10	24
40–49	4	10	14
50–59	10	6	16
Total	40	40	80
Mean age	38.0	34.2	36.1
S.D.	13.01	11.84	12.42

Table II. *Subjects, by schooling*

Schooling	Males	Females	Total
Illiterate	–	–	0
Elem. school	4	8	12
Lower educ.	14	16	30
High school	22	14	36
Univ. degree	–	2	2
Total	40	40	80

Table III. *Subjects, by status*

Status	Males	Females	Total
Single	12	9	21
Married	21	25	46
Divorced	5	1	6
Widow/er	2	5	7
Total	40	40	80

Table IV. *Subjects, by occupation*

Occupation	Males	Females	Total
Unemployed	2	4	6
Pensioners	–	–	–
Students	4	2	6
Housewives	–	8	8
Labourers	10	4	14
Shop-owners	6	6	12
Craftsmen	2	2	4
Employees	12	12	24
Civil servant	2	–	2
Managers and Professionals	2	2	4
Total	40	40	80

number of non-H and non-A contents; the decrease in the % of O+ r/ and the increase in O–; and the remarkable increase in “special phenomena”, which are indicators of conflict, defensiveness, anxiety, insecurity, immaturity, impulsiveness and problems related to the “reality testing”).

4.3. An immediate conclusion that can apparently be drawn from these two observations is that in these subjects we have

detected a “specific and global inhibition” of their potentialities (intellectual, affective, impulsive, socio-relational and relative to their occupation). When we use the term “inhibition”, and not “inability” or “delay”, it is because several data exclude this hypothesis with sufficient certainty (cfr., in particular, the % of G and D; the presence – though reduced – of “elaborated” answers: 137 “elaborated” G – 22.9% of the total G, and 47 “elaborated” D – 0.05% of the total D; the fact that F+% and, especially, FQE+% are within normal values; the average of at least 1 M r/ per each subject – 86 r/M = 1.07%, and of 1.5 MA r/ per subject – 124 r/MA = 1.55%; an adequate number of B and a B% within normal values).

4.4. In the group of psoriatic patients we seem to be able to observe a marked tendency to promote and maintain a superficial type of thinking, which eludes reflection and in-depth examination of things, and to clearly opt for the “operational thinking”, which is directly aimed at the solution of concrete problems (between these problems, top-priority for the patient is that of his/her pathology: characteristics, consequences on one’s personal, relational and social images; work problems; possibilities and ways to recover, etc.). This tendency to “operational thinking” can be inferred, in particular, from the interviews, but also from the symbolism of some test responses; from the significant increase in the number of primary G, of D% and A%; from the decrease in the elaborated answers, in Dd locations and in Dbi% + Ddbi%, in the movement responses, in the “conflict” content and, in “particular answers”; and from the marked elevation of “special phenomena” which indicate defensiveness, insecurity, immaturity and problems related to maintaining and efficiently using the “reality testing”.

4.5. Equally evident are the strong “inhibition” of affective-emotional reactions, especially of those which can be voluntarily and consciously controlled (cfr. the increase in the number of F% and of “special phen.” indicating “defensiveness”; and the significant decrease in FC and FE responses and of “special phen.” related to affection); correlated with the “affection’s inhibition”, we find also in the patients of our group a scant willingness to open up and establish socio-affective contacts (note chiefly the significant decrease in the number and % of H and in the number of human movement – M – responses).

4.6. All subjects show a significant elevation of the “special phenomena” which indicate conflict, defensiveness, anxiety, insecurity, immaturity, impulsiveness and problems related to the “reality testing”. All of these elements (plus the type of apprehension modality, the number and the % of F responses, the indicators of affective hypercontrol, the type and symbolism of the contents, particularly those which are r/O+ or r/O–) suggest the prevailing and characteristic presence in these patients of sickness in the “personality disorders” area.

The specific “personality disorders” often identified in the group are those of “avoidant”, “dependent” and, especially, “mixed” or “atypical” disorders.

Table V. Comparison between the samples most significant data and the general population normal means; significant level of difference between the two samples expressed by Student's *t*-test

Variable	Sample mean	Gen. pop. mean	S.D.	<i>t</i>	Sign. level
Responses	19.65	27.50	3.56	-16.67756	<i>p</i> <0.0001
<i>Location</i>					
G	7.47	7.00	1.39	3.034663	<i>p</i> <0.005
G %	38.15	25.00	4.25	27.67463	<i>p</i> <0.0001
D	11.67	16.50	2.41	-17.92566	<i>p</i> <0.0001
D %	69.17	60.00	4.69	17.48805	<i>p</i> <0.0001
Dd	0.42	2.00	0.49	-31.40434	<i>p</i> <0.0001
Dd %	2.02	7.50	2.42	-20.25397	<i>p</i> <0.0001
Dbi + Ddbi	0.52	1.00	0.49	-8.586501	<i>p</i> <0.0001
Dbi % + Ddbi %	2.40	4.00	2.36	-6.063914	<i>p</i> <0.0001
<i>Determinants</i>					
N* F	13.20	15.00	2.87	-5.609649	<i>p</i> <0.0001
F %	66.85	55.00	7.55	13.97913	<i>p</i> <0.0001
F+ %	80.67	85.00	15.99	-2.422059	N.S.
FQE+ %	75.52	80.00	13.26	-3.021898	<i>p</i> <0.005
M	1.07	4.00	1.38	-18.85375	<i>p</i> <0.0001
MA	1.55	2.50	1.35	-6.247837	<i>p</i> <0.0001
m ogg.	0.32	1.00	0.64	-9.357085	<i>p</i> <0.0001
FC (chromatic)	1.37	4.00	1.25	-18.66939	<i>p</i> <0.0001
CF	2.27	1.50	1.44	4.749717	<i>p</i> <0.0001
C	0.55	0.00	0.83	5.926928	<i>p</i> <0.0001
Color chr. score	3.78	3.35	2.25	1.749102	N.S.
FC' (achromatic)	0.45	0.50	0.77	-0.580797	N.S.
C'F	0.32	0.00	0.68	4.209069	<i>p</i> <0.0001
C'	0.10	0.00	0.30	2.981424	<i>p</i> <0.005
Colorachr. score	0.70	0.25	0.91	4.422992	<i>p</i> <0.0001
FE (shading)	1.07	1.50	1.05	-3.628337	<i>p</i> <0.005
EF	1.05	0.00	1.20	7.826238	<i>p</i> <0.0001
E	0.05	0.00	0.21	2.032789	N.S.
Shading score	1.66	1.75	1.28	6.358819	<i>p</i> <0.0001
FT (texture)	0.40	0.50	0.53	-1.656347	N.S.
TF	0.05	0.00	0.22	2.032789	N.S.
T	0.00	0.00			
Texture score	0.25	0.25	0.35	0.00	N.S.
<i>Content categories</i>					
N* H	1.50	4.00	1.07	-20.89783	<i>p</i> <0.0001
H %	7.15	15.00	4.63	-15.16469	<i>p</i> <0.0001
N* A	14.87	9.50	3.42	14.04408	<i>p</i> <0.0001
A %	75.90	35.00	11.30	32.37352	<i>p</i> <0.0001
Conflicting cont.	3.67	6.50	4.35	-5.818.918	<i>p</i> <0.0001
Filling-up cont.	5.32	7.50	3.32	-3.873046	<i>p</i> <0.0001
Special cont.	0.57	1.50	0.83	-10.0219	<i>p</i> <0.0001
<i>Frequency</i>					
N* B	5.40	6.50	1.26	-7.808491	<i>p</i> <0.0001
B %	27.70	22.50	5.19	8.960	<i>p</i> <0.0001
Neiger index	4.45	6.50	1.80	-10.18653	<i>p</i> <0.0001
N* O+	2.17	9.50	1.59	-42.02661	<i>p</i> <0.0001
O+ %	10.50	30.00	6.70	-26.03184	<i>p</i> <0.0001
N* O-	1.77	0.00	1.06	14.79567	<i>p</i> <0.0001
<i>Special scorings</i>					
Conflict	4.08	1.50	2.26	10.21072	<i>p</i> <0.0001
Devensiveness	7.32	3.00	2.59	14.91863	<i>p</i> <0.0001
Affect	2.87	5.50	2.53	-9.297801	<i>p</i> <0.0001
Anxiety	4.52	2.50	2.63	6.869745	<i>p</i> <0.0001
Insecurity	5.60	2.00	2.56	12.57788	<i>p</i> <0.0001
Immaturity	2.60	0.50	2.75	6.830171	<i>p</i> <0.0001
Impulsiveness	3.05	1.50	2.85	4.864429	<i>p</i> <0.0001
Problems with "Reality testing"	3.33	0.50	2.81	9.007932	<i>p</i> <0.0001

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