Original Article

Norms of the Rorschach Test for Indian Subjects

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Abstract

Background : The clinical utility of the Rorschach test in Indians is hampered by the absence of reliable normative data.
Method : The Rorschach by Dlopfer's method was administrated to 1256 subjects consisting of 300 normal army personnel, 300 normal civilians, 250 schizophrenics, 300 neurotics and 106 patients with organic disorders.
Results : The Rorschach protocols of normal Indian army personnel and normal civilians showed significant differences from one another and also from the western norms. These differences are culturally determined and are not indicative of low intelligence or psychopathology. Patients with schizophrenia, neurosis, head injury and epilepsy show significant differences from the records of normal subjects. The protocols of army schizophrenics show significant deviations from those of normal army personnel and these changes revert to normal with clinical recovery.
Conclusion : The Rorschach test is not a culture fee test as claimed earlier. In view of the differences from Western norms, Rorschach protocols of Indians should be interpreted using the norms for Indians. In the case of army personnel the norms for army personnel should be used. While the use of the Rorschach to study the personality patterns of normal individuals and as an aid to clinical diagnosis was strongly supported, the findings of the study indicate that the test can also be employed to assess therapeutic response of patients with schizophrenia.

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Key Words : Rorschach test; norms; schizophrenia; neurosis

Introduction

In the absence of laboratory diagnostic tests, psychological tests assist the psychiatrist in objective assessment of their patient. Most of these tests, however, have limited value because they depend on the subject's education, background and culture. Projective tests like the Rorschach attempt to overcome many of these difficulties. The clinical use of the Rorschach requires the existence of norms [1,2]. Recent research has revealed that norms cannot be used from one country to another and differences within the same cultural group are also to be found [3,4]. The Rorschach norms established by researchers in India differ considerably [5]. Military population has a subculture different from that of the civilian population, since additional stresses operate on them. Moreover, strenuous training, rigid discipline and regimentation of army population change their application. Norms created by D'Netto and Dubey reported marked differences in the responses of the military personnel as compared to the normal civilians and also between themselves [5]. Most of these studies had a number of shortcomings the most important being the relatively small sample size from one center, which was not representative of the service. In the absence of reliable norms, mental health professionals in India are left with no alternative but to interpret Rorschach on the basis of own experience, which results in subjective bias.

Material and Methods

The sample included 300 normal army personnel from all arms and services, with at least 5 years of service drawn on a random basis from local units and 300 normal civilians in the age groups of 17 – 64 years, drawn on a random basis from Bareilly, Gauhati, Thane and Cannanore districts. None of them suffered physical or mental illness and had no past history of mental illness. Regional classification was based on origin. Psychiatric diagnoses were based on ICD 10 criteria. Patients with schizophrenia (F 20) and neurosis (F 40, F 41, F 44, F 45, F 48) were drawn from in-patients and outpatients of MH Bareilly, Mental Hospital Bareilly and 151 BH. Patients with head injury, epilepsy and miscellaneous organic conditions (viz dementia, stroke, encephalitis etc) were drawn from inpatients of MH Bareilly and 151 BH. Rorschach test was conducted when patient was fully conscious and acute symptoms had subsided. The test was not done on the day of a seizure or day following a seizure. All subjects gave informed consent. Each subject was initially interviewed to collect personal data and exclude psychiatric disorder. Then the Rorschach test was administered following the technique

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of Klopfer [5]. The data collected was tabulated and analysed. For comparison the chi square test was used.

Results

The demographic data (Table 1) shows no statistically significant difference in the age of normal army and civilian samples. The army sample consisted only males. Due to practical difficulties females even among civilians were under represented. Since the major part of the work was carried out at Bareilly, subjects from North India over-represented. The number of responses, reaction time, percentage of response and frequency of rejection is shown in Table 2. The location and the determinants are shown in Table 3 and Table 4 respectively. Among the army population, normal subjects gave statistically higher FM (X^2 =6.46. df=1, p<.05) and FC (X^2=4, df=1, p<.05) and significantly lower C (X^2=4.92, df1, p<.05) responses as compared to schizophrenics. In the civilian population also a similar trend was observed. Patients with head injury gave significantly higher C responses as compared to both normal army personnel (X^2=4.33, df=1, p<.05) and normal civilians (X^2=4.06, df +1, P<.05). Normal army personnel had significantly lower F% as compared to army schizophrenics (X^2=4.93, df=1, p<.05) and a similar trend was also observed in the civilian group. Normal army personnel had significantly higher F+% as compared to army schizophrenics (X^2=8.06, df=1, p<.01). Similarly normal civilians had significantly higher F+% as compared to civilian schizophrenics (X^2=6. df=1, p<.05). Patients with head injury had significantly lower F+% compared to both normal army personnel (X^2=5.4, df=1, P<.05) and normal civilians (X^2=3.99, df=1, P<.05). Normal army personnel gave significantly higher

Table 1

Demographic characteristics of the subjects

Characteristic	Army Personnel				Civilians			Army personnel organic conditions		
	Normal	Neurosis	Schizophernia	Schizophernia recovered	Normal	Neurosis	Schizophernia	Head injury	Epilepsy	Miscellaneous
	n=300	n=100	n=50	n=30	n=300	n=200	n=200	n=45	n=31	n=30
Age (in years)										
Mean	27.2	30.4	28.9	30.9	29.9	33.8	33.9	27.7	28.5	39.9
Range	22-48	19-42	19-56	21-41	17-64	18-75	12-82	18-50	17-55	22-80
Distribution										
< 20	-	1	6	0	74	8	14	3	4	0
20 - 24	33	12	12	5	56	37	28	13	7	5
25 - 29	1216	39	12	12	43	40	37	13	6	5
30 - 34	61	24	8	5	37	34	32	9	8	3
35 - 39	48	14	8	4	23	27	31	3	1	3
40 - 44	22	10	3	3	19	29	18	2	2	5
45 - 49	8	-	1	1	19	13	13	1	-	4
50 - 54	2	-	-	-	12	10	15	1	1	1
55 - 59	-	-	-	-	8	1	7	-	2	-
60 - 64	-	-	-	-	9	1	1	-	-	-
65 +	-	-	-	-	-	-	4	-	-	4
Sex										
Male	300	100	50	30	211	133	160	44	28	28
Female	-	-	-	-	89	67	40	1	3	2
Education										
Illiterate	3	2	-	-	38	18	31	1	2	1
1 - 5	35	9	8	2	30	17	23	7	15	4
6 - 10	210	54	32	20	87	95	77	28	16	18
10 +	52	35	10	8	145	70	69	9	8	7
Regional distribution										
North	156	74	31	24	132	174	187	36	21	21
South	57	9	9	4	66	10	-	4	3	6
West	60	9	4	1	69	12	6	2	1	2
East	27	8	6	1	11	4	7	3	6	1
Domicile (in percentage)										
Rural	82	88	90	90	76	57	75	38	24	22
Urban	18	12	10	10	24	43	25	7	7	8
Marital status (in percentage)										
Married	88.3	87	70	80	57.3	74	56	24.4	67.7	86.7
Unmarried	11.7	13	30	20	42.3	25	40.5	75.6	32.3	13.3
Divorced, Widow, Widower	-	-	-	-	3	1	3.5	-	-	-