RORSCHACH EVIDENCE CONCERNING THE RELATIONSHIP BETWEEN HOMOSEXUALITY AND PARANOIA

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ABSTRACT

RORSCHACH EVIDENCE CONCERING THE RELATIONSHIP BETWEEN HOMOSEXUALITY AND PARANOIA

by Harry K. Dillard, Jr.

The present study represented an attempt to replicate Aronson's findings that paranoids give a greater frequency of "homosexual" responses on the Rorschach than matched control groups. Sixty subjects, thirty paranoid psychotics and thirty nonparanoid psychotics, were selected on the basis of the extent of paranoid delusions in their clinical picture. The subjects were closely matched for age, education, intelligence, and length of hospitalization. The Rorschach records of the sixty subjects were drawn from their respective files and scored by two judges for the twenty-one signs of homosexuality suggested by Wheeler (1949) and Reitzell (1949).

While the writer's paranoid group responded to a significantly greater number of homosexual signs on the Rorschach than did Aronson's nonparanoid psychotic group, no significant differences in frequency of response to homosexual signs were found between paranoid and psychotic subjects on three similar comparisons. One reason which might, in part, account for the lack of correspondence between the paranoid subjects of the writer and Aronson on frequency of responding to homosexual signs was the finding that Aronson's paranoid sample gave an unusually large number of responses to the Rorschach. As

Aronson's paranoid subjects would have had a greater opportunity to respond to the homosexual signs, especially signs 15 through 21, which may be scored more than once, the difference between the paranoid groups in frequency of responding to homosexual signs may have been due to Aronson having an atypical responsive paranoid sample.

The inability of the present study to find consistent significant results has two major implications. (a) The phenomenon of the association between homosexuality, as measured by homosexual signs, and paranoia may be too gross to yield consistently reliable results. (b) The usefulness of homosexual signs as the rationale for the interpretation of homosexual conflict on the Rorschach test is questionable as none of the signs, taken individually, were able to significantly differentiate between the paranoid and nonparanoid psychotic groups.

As the results of the current study offered very limited support to the Freudian theory of paranoia, it appeared from Rorschach evidence that the association between homosexuality and paranoia is not as universally applicable as implied by Freud.

Approved John R Hawley
Major Professor

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TABLE OF CONTENTS

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

The role of homosexuality in the etiology of paranoia was suggested by Freud and Breuer as early as 1895. Sixteen years later, Freud (1911) conceptualized his theory on the relationship of paranoia to homosexuality in a detailed analysis of the Schreber case. In this formulation Freud maintained that paranoia develops as a defense against unconscious homosexual conflicts in which all the major types of paranoid delusions have precisely the same function, to contradict the basic unconscious feeling that "I (a man) love him (a man)."

Other psychoanalytic writers have supported Freud's observation that a close association exists between paranoia and the homosexual wish fantasy. Shockley (1914, p. 438) went so far as to conclude that Freud's theory of paranoia could be "regarded as proven since it has been observed by so many writers." However, quantitative research in this area have yielded conflicting results.

Gardner (1931) investigated the incidence of repressed homosexuality in forty unselected cases of paranoid schizophrenia and eighty cases of paranoid condition. As his rationale for measuring repressed homosexuality, Gardner

used the relatively gross criteria of (a) homosexual acts, (b) statements by the patients that they had been attacked homosexually, and (c) symbolic expression of homosexuality. He found that 55% of his paranoid schizophrenic patients revealed evidence of repressed homosexuality; while among the paranoid condition patients, he found evidence of repressed homosexuality in only 40% of these cases. Thus, of the 120 paranoid cases Gardner examined approximately 50% revealed evidence of repressed homosexuality.

Miller (1941) studied 400 paranoid patients, of whom 152 had been diagnosed as paranoid schizophrenics. He found that there were only twelve cases which were so adequately explained by the psychoanalytic concept of paranoia that no reasonable person could deny the applicability of Freud's theory to those cases. In addition, he found that there were perhaps three times as many as that number to which the theory could be fitted. However, in the remainder of the cases, he found that the paranoid psychosis defied explanation by the psychoanalytic hypothesis. On the basis of his research, Miller postulated that the paranoid mechanism could be caused by other etiological factors which are: (a) incomplete psychosexual development; (b) physical defects; (c) impotence; (d) failing faculties; (e) organic brain disease; and (f) life situations giving rise to feelings of anxiety, frustration, and inadequacy.

Klein and Horwitz (1949) also used a case history approach to study various psychosexual characteristics and

delusional preoccupation and activity in a group of forty male and forty female paranoid patients. They found that only about 20% of their patients showed preoccupation with homosexuality, even at the height of their illness when the patient's defenses were presumably weakened. The authors reported that the patient's fears of becoming homosexual were related to ego insufficiency, failure to reach life goals, and a generalized distrust of people's acceptance. For the most part, they concluded, that their subject's fears were not related to unconscious homosexuality in the Freudian sense. Thus, while they found support for the Freudian theory of paranoia in some cases, they concluded that the relationship between homosexuality and paranoia was not as universally applicable as implied by Freud.

In an original study, Aronson (1952) attempted an independent evaluation of the Freudian theory of paranoia by means of the Rorschach test. Three groups of thirty subject each, including paranoid psychotics, nonparanoid psychotics, and normals, were given the Rorschach test. The psychotic subjects were selected on the basis of a rating scale which was designed to estimate the "extent to which the delusions pervaded the patient's symptomatology," (Aronson, 1952, p. 403). In addition, the subjects in each group were white male war veterans who were matched with respect to age, intelligence, education, and length of hospitalization (except for the normal group).

As the rationale for the interpretation of homosexual conflict on the Rorschach test, Aronson used the twenty homosexual signs suggested by Wheeler (1949) plus one additional sign suggested by Reitzell (1949). Wheeler had previously demonstrated that his twenty homosexual signs were internally consistent with each other and were externally consistent with therapist's ratings of homosexuality. Moreover, while Reitzell's data was somewhat inconclusive statistically, she found that a group of homosexual subjects tended to select the twenty Wheeler homosexual signs plus her additional sign more frequently than comparable groups of hysteric and alcoholic subjects. Using these twenty-one homosexual signs suggested by Wheeler and Reitzell, Aronson found that the paranoids selected a significantly ($P < .001$) greater number of homosexual signs on the Rorschach than did either of the control groups.

Grauer (1954), in an attempted replication of Aronson's study, compared the Rorschach responses of thirty-one paranoid schizophrenics with Aronson's nonparanoid psychotics. He attempted to match his paranoid subjects on three of Aronson's control variables (age, education, intelligence). Moreover, as twenty-eight of Aronson's thirty paranoid subjects had been given a diagnosis of paranoid sxhizophrenia by the psychiatric staff, Grauer used psychiatric diagnosis and "unequivocal" evidence of delusions and hallucinations as his criteria for paranoid group selection rather than

Aronson's rating scale. While Grauer found no statistically significant differences in frequency of response to Wheeler's and Reitzell's homosexual signs between his paranoid schizophrenic patients and Aronson's nonparanoid psychotic patients, the differences were in the direction of Aronson's findings.

There are two reasons, however, to think that the Aronson-Grauer discrepancies may be due to inadequate replication.

1. As Grauer used psychiatric diagnosis and "unequivocal" evidence of delusions and hallucinations for paranoid group selection rather than Aronson's rating scale, his criteria for subject selection were inconsistent with that of the original study.

2. As Grauer reported insufficient data on the control variables of age, education, intelligence, and length of hospitalization to allow statistical comparisons between his paranoid schizophrenic sample and Aronson's psychotic sample, the adequacy of his matching could not be determined. If the groups were not adequately matched, Grauer's results and conclusions may reflect nothing more than procedural errors. Moreover, Grauer did not specify if his subjects were Caucasian. If they were not the implication is serious as minority groups in the United States are often subject to varying degrees of discrimination and/or persecution which may influence Rorschach test results.

To the researcher, replication evidence is tenable only to the extent that the original study had been demonstrably

reproduced. Thus, it appears that Grauer's procedural discrepancies severly limit the reliability of his replication.

The inability of the investigator to reproduce the design of an original study represents one of the major limitations to the replication of clinical studies. While absolute replication is a formidable, if not impossible task, designs which more closely approximate the original study are often experimentally feasible. The present study constitutes an attempt to conduct a controlled replication of Aronson's study. However, the present study's attempt at replication is limited by the perplexing unavailability of Aronson's criteria defining each level of his seven point rating scale.[1] It was felt, however, that if the subjects of the present study were more appropriately selected and matched in accordance with the procedures of the original study, the findings might provide evidence to reconcile the discrepancies of the two prior studies.

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[1]Aronson's original dissertation contained no further information on his rating scale. In a personal communication from Aronson, he did not reveal his rationale defining each level of his rating scale.

CHAPTER II

METHOD

Rating Scale

Aronson used as the primary criterion for subject selection the extent to which paranoid delusions were paramount in the patient's symptomatology, offering three reasons for this choice. (a) Psychiatrists differ widely in the criteria which they utilize for diagnosing patients as either paranoid or nonparanoid. (b) Some patients who are not diagnosed paranoid may, nevertheless, exhibit many paranoid delusions. (c) Diagnostic classifications do not ordinarily indicate the extent to which paranoid delusions are present or absent (Aronson, 1952, p. 402).

Since the rationale defining the levels of the original scale was unavailable, the writer developed a new rationale for each level of Aronson's rating scale (see Appendix A). If results comparable with those of the original scale could be obtained, it would suggest that the rationale differences between the original and present scales were negligible from the standpoint of delusional quantification.

In accordance with Aronson's procedures, all clinical material which was available at the Ionia State Hospital was

used to rate the paranoid and nonparanoid psychotic subjects of the present study. Most of the available clinical data on the patients in this hospital could be found in their case records. Typically, all case records contain the following information: (a) social history, (b) routine admission note, (c) psychiatric interview notes, (d) staff evaluation notes, (e) correspondence with other institutions, (f) attendant's ward notes, (g) medical history, (h) commitment papers and other legal documents, (i) censored correspondence, (j) psychological test protocols and interpretations (Rorschach, D-A-P, WAIS).

The writer read through approximately fifty case records which contained the above information, omitting test protocols and interpretations to avoid contamination, and selected twenty case records which sampled the range of paranoid delusions represented on the rating scale. The remainder of the cases were discarded. The twenty cases were rated by the writer and then presented to two psychologists at the Ionia State Hospital for independent ratings.

The judges were instructed to read through each record, omitting test protocols and interpretations, and to give high ratings to those patients whose entire symptomatology was dominated by one or more of the four principal kinds of paranoid delusions, i.e., persecution, erotomania, jealousy, and megalomania (Freud, 1911), and to give low ratings to those patients whose clinical picture was characterized by an absence of paranoid delusions. Inter-rater reliability

was then computed for the highest rating on any of the four kinds of paranoid delusions, for each type of paranoid delusion, and for total ratings by means of the Pearson product-moment correlation.

Table 1 shows that a high agreement between the three judges was obtained for each comparison. For the highest rating on any of the four kinds of paranoid delusions, the inter-rater reliabilities of .94, .91, and .90 on the present scale compared favorably with Aronson's inter-rater reliabilities of .95, .92, and .88. No other inter-rater reliabilities were reported by Aronson. As in Aronson's study, the agreement

TABLE 1

PEARSON PRODUCT-MOMENT CORRELATION OF INTER-RATER RELIABILITY ON RATINGS OF DELUSIONS (N=20)

Judge	P[a]	E	M	J	H	T
	r	r	r	r	r	r
A vs. B	.93	.91	.98	.98	.91	.97
A vs. C	.83	.76	.92	.96	.94	.85
B vs. C	.81	.66	.91	.90	.90	.81

[a]P = persecution; E = erotomania; M = megalomania; J = jealousy; H = highest rating on any of four types of delusions; T = all ratings combined.

between the current raters on the twenty cases was considered high enough to warrant the writer's selection of the entire sixty cases for the paranoid and nonparanoid psychotic groups by

himself. Moreover, it appeared that the use of the present scale to select subjects would not seriously limit the replication of the study from the standpoint of delusional quantification.

Selection of Subjects

The writer obtained a list of approximately 200 psychotic male war veterans who were patients at the Ionia State Hospital. In accordance with Aronson's procedure, the writer read through the case records of each of the forementioned patients and selected thirty subjects for each of the psychotic groups, paranoid (P_D) and nonparanoid psychotic ($N\text{-}P_D$), according to the following criteria:

1. Paranoid group--The patient must have received a rating of four or more on delusions of persecution by the writer.

2. Nonparanoid psychotic group--The patient must not have received a rating of more than two on delusions of persecution by the writer.

3. All subjects must be white, male war veterans, of average intelligence, who have not completed more than twelve grades of education, who are not over forty years of age, and who have not spent more than 167 days in the hospital prior to Rorschach testing.

Table 2 presents an overall comparison of the paranoid and psychotic groups of both studies on each of the major control variables. As can be seen from this table, both of

the investigator's groups had spent significantly fewer days in the hospital prior to Rorschach testing than had Aronson's paranoid (P_A) and nonparanoid psychotic ($N\text{-}P_A$) groups. As responsiveness to homosexual signs may be a function of the length of hospitalization, the per cent of homosexual signs to the total number of Rorschach responses (R) was correlated with days of hospitalization prior to psychological testing by means of the Pearson product-moment correlation. A correlation of .082 was found which suggest that responsiveness to homosexual signs is not significantly related to length of hospitalization prior to psychological testing in the current study.

TABLE 2

COMPARISONS BETWEEN ARONSON'S AND DILLARD'S GROUPS ON THE CONTROL VARIABLE'S MEANS AND SAMPLE VARIANCES (N=30)

Group	Age		Vocabulary Scaled Score		Education Level		Days in Hospital	
	$\bar{X}$	S^2	$\bar{X}$	S^2	$\bar{X}$	S^2	$\bar{X}$	S^2
P_A	30.8	20.9	11.3	5.5	10.9	9.6	167.1	771.0
P_D	30.8	28.9	10.1	5.4	9.5	4.9	74.6	727.2
$N\text{-}P_A$	28.9	20.2	10.9	3.8	11.1	5.1	149.1	393.0
$N\text{-}P_D$	29.5	15.2	9.8	4.5	9.0	4.2	68.4	1124.7

Table 2 also reveals that no significant age differences between any of the four groups were found. As in Aronson's study, the intellectual level was estimated from the mean

weighted score obtained on the Vocabulary Subtest of the Wechsler-Bellevue Scale (Wechsler, 1944) or the Wechsler Adult Intelligence Scale (Wechsler, 1958). Aronson's nonparanoid psychotic group was found to have a significantly higher mean vocabulary score than the writer's nonparanoid psychotic group ($t = 2.25$; $P < .05$). However, there is little reason to believe that the difference was of much significance as both group's weighted vocabulary means were within the average range. The N-P_A group was also significantly more educated than the N-P_D group ($t = 3.82$; $P < .001$). The N-P_D group did, however, satisfy the selection criterion in that no subject had completed more than twelve grades of school. However, as the N-P_D group's responsiveness to homosexual signs may be a function of intelligence and education, the per cent of homosexual signs to Rorschach R was correlated with scaled vocabulary scores and with amount of education by means of the Pearson product-moment correlation. The respective correlations were .04 and .14 which suggest that the N-P_D group's responsiveness to homosexual signs is not significantly related to intelligence and education in the present study.

While the subjects in the P_D and N-P_D groups were not originally selected with respect to religious affiliation, occupation, and diagnosis, inspection of Table 3 suggest that there are no statistically significant differences between the P_A and P_D groups and the N-P_A and N-P_D groups on these variables.

TABLE 3

COMPARISONS OF PARANOID AND PSYCHOTIC GROUPS OF DIAGNOSTIC, OCCUPATIONAL, AND RELIGIOUS DISTRIBUTION

Comparison A
Distribution of Diagnoses of the Patient Groups

	Code for Diagnosis[a]							
Group	P	PS	M	U	SR	H	C	S
P_A	28	0	1	1	0	0	0	0
P_D	26	1	1	2	0	0	0	0
N-P_A	0	0	5	18	1	1	2	3
N-P_D	0	1	5	17	2	1	2	2

Comparison B
Occupational Distribution of the Patient Groups

Group	Unskilled	Skilled	Clerical	Semi-Prof.	Prof.
P_A	17	6	4	2	1
P_D	19	6	4	1	0
N-P_A	21	6	2	1	0
N-P_D	20	4	3	2	1

Comparison C
Religious Distribution of the Patient Groups

Group	Protestant	Catholic	Jew	No-Pref.
P_A	17	11	2	0
P_D	18	10	1	1
N-P_A	22	8	0	0
N-P_D	24	5	1	0

[2]P = paranoid schizophrenia; PS = paranoid state; M = mixed; U = undifferentiated schizophrenia; SR = schizophrenic reaction; H = hebephrenic; C = catatonic; S = simple.

In summary, the P_D and N-P_D groups spent fewer days in the hospital prior to Rorschach testing than did Aronson's comparable groups; the N-P_D group also had lower vocabulary scores and less education than did the N-P_A group. However, there is little reason to suspect that the discrepancies seriously limited the present study's attempted replication of Aronson's study as the writer's paranoid and/or psychotic group's responsiveness to Wheeler's and Reitzell's homosexual signs were not significantly related to the forementioned variables. Thus, as the investigator's subjects appeared to be more closely selected and matched in accordance with the procedures outlined by Aronson than were those of Grauer, the present study should provide a more adequate replication of Aronson's study than that of Grauer's.

Rorschach Test

The Rorschach records of the subjects, each of whom had previously been tested by a psychologist other than the investigator, in the P_D and N-P_D groups were drawn from their respective files, coded, and all identifying information was removed. The protocols were then mixed according to a table of random numbers.

Two judges, one of whom was the writer, independently scored the protocols for Wheeler's twenty signs of homosexuality plus one additional sign suggested by Reitzell. In scoring the twenty-one signs of homosexuality for the sixty protocols, 96% agreement was found between the two judges by

dividing the sum of per cent agreement between the two judges by the sum of per cent agreement plus the sum of per cent disagreement between the two judges. For the total sample each judge made approximately 1,260 judgments as to the presence or absence of the twenty-one signs of homosexuality.

Statistical Analysis

As Cronbach (1949) has pointed out that the "sign approach" on the Rorschach may result in "signs" being confounded with number of responses, the mean productivity of the subjects in the P_D, P_A, N-P_D, and N-P_A groups was determined and the groups were compared on mean number of Rorschach responses. If the groups do not differ significantly in mean productivity on the Rorschach, they could legitimately be compared on the mean absolute number of homosexual signs. However, as Grauer did not report mean productivity for his paranoid group (P_G) no meaningful comparison could be made between his P_G group and the forementioned groups on mean absolute number of homosexual signs. Both Aronson and Grauer, however, reported the mean per cent of homosexual signs to Rorschach R for their respective groups. Therefore, to provide a more meaningful statistical analysis of the five groups (P_D, P_A, P_G, N-P_D, N-P_A), the per cent of homosexual signs to Rorschach R was computed for each individual in the P_D and N-P_D groups and the five groups were compared on mean per cent of homosexual signs to Rorschach R.

The .05 level of statistical confidence was chosen for the above analyses as it was felt that this significance level would provide sufficient statistical confidence to reflect meaningful differences between the paranoid and psychotic groups if they existed. As differences in either direction would be meaningful, a two-tailed test of significance was used.

CHAPTER III

RESULTS

Table 4 shows that there were no significant differences between the P_D, N-P_D, and N-P_A groups when compared on mean productivity on the Rorschach test. However, when the mean productivity of the P_A group was compared with the highest mean productivity of the forementioned groups, it was found that Aronson's paranoid subjects gave significantly more responses on the Rorschach than did the subjects in the P_D, N-P_D, and N-P_A groups.

TABLE 4

COMPARISONS OF PARANOID AND PSYCHOTIC GROUPS ON RORSCHACH R (N=30)

Group	Rorschach R $\bar{X}$	Rorschach R S^2	Comparison	t	df	P
P_A	33.9	396.8	P_A vs. P_D	2.31	58	.05
P_D	22.4	356.8	P_D vs. N-P_D	.96	36	N.S.
N-P_A	22.2	84.6	P_D vs. N-P_D	.05	36	N.S.
N-P_D	18.8	83.9				

Note: For t test with heterogeneity of variance, Welch's correction for degrees of freedom (df) is applied.

Therefore, while the P_D, N-P_D, and N-P_A groups could legitimately be compared on the mean absolute number of homosexual signs, any differences between these groups and Aronson's paranoid group on mean absolute number of homosexual signs could be attributed to the fact that the P_A group gave significantly more responses to the Rorschach than did the subjects in the other three groups. Moreover, as Grauer did not report mean productivity, no comparison on mean absolute number of homosexual signs was feasible.

Table 5 shows that there were no significant differences between the P_D, N-P_D, and N-P_A groups on mean absolute number of homosexual responses.

TABLE 5

COMPARISONS OF PARANOID AND PSYCHOTIC GROUPS ON ABSOLUTE NUMBER OF RORSCHACH HOMOSEXUAL SIGNS (N=30)

Group	Homosexual Signs		Comparison	t	df	P
	$\bar{X}$	S^2				
P_D	3.03	8.99	P_D vs. N-P_D	1.64	58	N.S.
N-P_D	1.93	5.17	P_D vs. N-P_A	1.68	50	N.S.
N-P_A	1.93	3.84				

Note: For t test with heterogeneity of variance, Welch's correction for degrees of freedom (df) is applied.

As neither Aronson's nor Grauer's paranoid group could legitimately be compared in the analysis of Table 5,

the five groups were compared on mean per cent of homosexual signs to Rorschach R. Table 6 discloses that when the writer's paranoid subjects and Aronson's nonparanoid subjects were compared on mean per cent of homosexual responses to the Rorschach, the difference barely attained the required .05 level of significance. However, the P_D group was not found to have a significantly higher mean per cent of homosexual responses to the Rorschach than the N-P_D group. Moreover, no significant differences were found between Grauer's paranoid subjects and the writer's and Aronson's nonparanoid psychotic subjects on mean per cent of homosexual responses.

TABLE 6

COMPARISONS OF PARANOID AND PSYCHOTIC GROUPS ON PER CENT OF HOMOSEXUAL SIGNS TO RORSCHACH R

Group	N	Homosexual Signs		Comparison	t	df	P
		$\bar{X}\%$	S^2				
P_A	30	22.9	151.29	P_D vs. N-P_D	1.98	40[a]	N.S.
P_D	30	14.4	198.1	P_D vs. N-P_A	2.027	38	.05
P_G	31	12.7	123.2	P_G vs. N-P_D	1.55	51	N.S.
N-P_D	30	8.9	58.65	P_G vs. N-P_A	1.74	51	N.S.
N-P_A	30	8.5	55.3				

Note: For t test with heterogeneity of variance, Welch's correction for degrees of freedom (df) is applied.

[a]Correction for matching $S_{dm}\sqrt{(S^2_{m_1} + S^2_{m_2})(1-r^2_{m_x})}$

Table 7 shows clearly that when the paranoid groups of Aronson, Grauer, and the writer were compared on mean per cent of homosexual signs to Rorschach R, there were no significant differences between the P_D and P_G groups. However, the differences were highly significant when Aronson's paranoid subjects were compared to the writer's and Grauer's paranoid subjects.

TABLE 7

COMPARISONS OF ARONSON'S, GRAUER'S, AND DILLARD'S PARANOID GROUPS ON PER CENT OF HOMOSEXUAL SIGNS TO RORSCHACH R

Group	N	Homosexual Signs $\bar{X}\%$	Homosexual Signs S^2	Comparison	t	df	P
P_A	30	22.9	151.3	P_A vs. P_D	2.49	58	.02
P_D	30	14.4	198.1	P_A vs. P_G	3.37	58	.01
P_G	31	12.7	123.1	P_D vs. P_G	.52	58	N.S.

Table 8 shows the frequency with which the twenty-one signs of homosexuality were selected by the subjects in the total sample. It was found that Signs 2, 8, and 18 occurred with equal frequency in both groups. Table 8 also reveals that the psychotic patients responded more frequently to Signs 16, 20, and 21 than did the paranoid patients; however, the differences were not statistically significant as shown in Table 9. As in the original study, none of the signs

TABLE 8

FREQUENCY OF OCCURRENCE OF HOMOSEXUAL SIGNS (F) ON THE RORSCHACH AND NUMBER OF INDIVIDUAL (n) RESPONDING ONE OR MORE TIMES TO EACH SIGN

Homosexual Sign	Paranoid Sample		Psychotic Sample	
	F	n	F	n
1	7	7	5	5
2	2	2	2	2
3	5	5	1	1
4	1	1	0	0
5	4	4	2	2
6	3	3	1	1
7	5	5	3	3
8	3	3	3	3
9	2	2	1	1
10	4	4	1	1
11	4	4	2	2
12	2	2	1	1
13	2	2	0	0
14	4	4	1	1
15	9	8	4	4
16	4	4	5	4
17	1	1	0	0
18	2	2	2	2
19	20	8	10	5
20	2	2	5	4
21	5	4	8	8

Note: Signs 15 through 21 may be responded to more than once.

occurred with great frequency except for Sign 19. Although the paranoid subjects responded more frequently to Sign 19 than to any other sign, Table 9 shows that there were no significant differences between the paranoid and psychotic groups on responsiveness to Sign 19. Moreover, as the greatest difference in frequency of response to homosexual signs occurred between the paranoid and psychotic subjects on Sign 19 and was nonsignificant, the remaining seventeen signs were not subjected to statistical analysis.

TABLE 9

COMPARISONS OF PARANOID AND PSYCHOTIC GROUPS ON PER CENT MEAN RESPONSIVENESS TO FOUR HOMOSEXUAL SIGNS ON THE RORSCHACH (N=30)

	Sign 16			Sign 19			Sign 20			Sign 21		
Group	X%	S^2	t	X%	S^2	t	X%	S^2	t	X%	S^2	t
P_D	.13	.12	.4	.66	2.8	.9	.07	.07	1.05	.17	.21	.8
N-P_D	.17	.21		.33	.78		.17	.21		.27	.20	

CHAPTER IV

DISCUSSION

The results reveal that while the matching between the writer's paranoid and psychotic groups and Aronson's comparable groups was imperfect on three control variables (intelligence, education, and length of hospitalization), the subjects in each group of the present study were more closely selected and matched in accordance with the procedure of Aronson than were the paranoid subjects of Grauer. Consequently, it appeared that the present study provided a more satisfactory replication of Aronson's study than did that of Grauer's.

When the mean number of Rorschach responses given by the paranoid groups of the writer and Aronson were compared it was found that Aronson's paranoid group gave significantly more responses to the Rorschach than did the writer's comparable group. From the writer's experience in Rorschach testing of paranoid subjects, it appeared that Aronson's paranoid subjects were unusually productive on the Rorschach. Rapaport (1946) and Hertz and Paolino (1960) have reported that the mean number of Rorschach responses given by paranoid subjects in their studies were respectively 20.85 and 26.7.

Thus, it appears that Aronson's paranoid group gave an unusually large number of Rorschach responses. As Aronson's paranoid subjects would have had a greater opportunity to respond to the homosexual signs, especially Signs 15 through 21, which may be scored more than once, this finding suggests that the difference in responsiveness to homosexual signs between the writer's and Aronson's paranoid group may have been due to Aronson having an atypical responsive paranoid sample. Interestingly, Grauer also suggested that Aronson's paranoid sample constituted an atypical sample as Aronson's twenty-eight cases of paranoid schizophrenia in his sample of thirty paranoid subjects represented only a small minority of all the cases of paranoid schizophrenia he examined for his paranoid group.

The results of the current study offered very limited support for Aronson's results "that paranoid subjects report an overwhelmingly greater number of homosexual signs on the Rorschach test than do [psychotic controls]" (Aronson, 1952, p. 409). In only one of four comparisons did a paranoid group respond with a significantly greater frequency of homosexual responses to the Rorschach than a matched group of psychotics. It is important to note that the difference between these groups only barely surpassed the critical minimum value of t required for the .05 level of significance. However, when the paranoid and nonparanoid psychotic groups of the writer were compared, the P_D group was not found to have a significantly higher mean per cent of homosexual responses to the

Rorschach than the N-P_D group. Moreover, the differences in responsiveness to homosexual signs on the Rorschach between the paranoid and psychotic groups in two other cross study comparisons did not achieve the .05 level of significance. The paranoid subjects in the three forementioned comparisons, however, tended to respond more frequently to the homosexual signs than did the psychotics. While these findings are somewhat more consistent with those of Grauer than with those of Aronson, the inability of this study to find consistent results has two major implications.

1. While the difference in responsiveness to homosexual signs between the writer's paranoid subjects and Aronson's nonparanoid psychotic subjects attained the .05 level of significance, the finding that no significant differences were obtained between paranoid and psychotic subjects in three similar comparisons suggest that the differences in responsiveness to homosexual signs are too unreliable to serve as a satisfactory indication of the association between homosexuality and paranoia. Therefore, it appears that the phenomenon of the association between homosexuality, as measured by homosexual signs, and paranoia may be too gross to yield consistently reliable results.

2. The usefulness of homosexual signs in the diagnosis of paranoia is questionable as six signs (2, 8, 16, 18, 20, 21) occurred in the psychotic group with equal or greater frequency than in the paranoid group; however, the differences

in frequency of response to those signs did not reach statistical significance. Moreover, it was found that none of the signs, taken individually, were able to significantly differentiate between the paranoid and psychotic groups. While these results are contrary to the findings of Wheeler and Reitzell, they support the findings of Hooker (1958) who found little justification for the continued use of Signs 1, 2, 3, 4, 5, 9, and 18.

While the use of Wheeler's and Reitzell's homosexual signs as the rationale for the interpretation of homosexual conflict on the Rorschach appears to have some supporting evidence of validity from the studies of Wheeler (1949), Reitzell (1949), and Ferracuti and Rizzo (1956), these writers report that several of the signs are not entirely acceptable as indicator of homosexual conflict. This finding received support from the present study as the result revealed that the use of the Wheeler and Reitzell signs of homosexuality as indicators of homosexual conflict on the Rorschach appeared to be too weak to be used effectively.

One interesting finding of the present study was the fact that the paranoid groups of Aronson, Grauer, and the writer consistently revealed marked individual differences with respect to frequency of responding to homosexual signs on the Rorschach. Approximately one-half (43%) of the writer's paranoid subjects were below the nonparanoid psychotic ($N\text{-}P_D$) group's

mean per cent of homosexual signs on the Rorschach. Moreover, in the writer's paranoid group, there were four subjects who did not respond to any of the twenty-one signs of homosexuality. While the results are inconclusive, this finding suggest that paranoid subjects may be quite heterogeneous with respect to the etiological basis of their psychosis. These results are consistent with those of Miller (1941) and Ovesey (1955) who postulated that the paranoid mechanism may develop from factors such as frustrations in life situations, dependency needs and/or power needs rather than from sexual needs or conflicts.

As the results of the current study offered very limited support to the Freudian theory of paranoia, it appeared from Rorschach evidence that the association between homosexuality and paranoia is not as universally applicable as implied by Freud. Finally, the inconclusiveness of the results obtained on the Rorschach suggest the desirability of using other methodological and theoretical approaches, i.e. (Daston, 1956; Ovesey, 1955), to examine the Freudian theory of paranoia.

CHAPTER V

SUMMARY

The present study represented an attempt to replicate Aronson's findings that paranoids give a greater frequency of "homosexual" responses on the Rorschach than matched control groups. Sixty subjects, thirty paranoid psychotics and thirty nonparanoid psychotics, were selected on the basis of the extent of paranoid delusions in their clinical picture. The subjects were closely matched for age, education, intelligence, and length of hospitalization. The Rorschach records of the sixty subjects were drawn from their respective files and scored by two judges for the twenty-one signs of homosexuality.

While the writer's paranoid group responded to a significantly greater number of homosexual signs on the Rorschach than did Aronson's nonparanoid psychotic group, no significant differences in frequency of response to homosexual signs were found between paranoid and psychotic subjects on three similar comparisons. One reason which might, in part, account for the lack of correspondence between the paranoid subjects of the writer and Aronson on frequency of responding to homosexual signs was the finding that Aronson's paranoid sample gave an unusually large number of responses

to the Rorschach. As Aronson's paranoid subjects would have had a greater opportunity to respond to the homosexual signs, especially signs 15 through 21, which may be scored more than once, the difference between the paranoid groups in frequency of responding to homosexual signs may have been due to Aronson having atypical responsive paranoid sample.

The inability of the present study to find consistent significant results has two major implications. (a) The phenomenon of the association between homosexuality, as measured by homosexual signs, and paranoia may be too gross to yield consistently reliable results. (b) The usefulness of homosexual signs as the rationale for the interpretation of homosexual conflict on the Rorschach test is questionable as none of the signs, taken individually, were able to significantly differentiate between the paranoid and nonparanoid psychotic groups.

As the results offered very limited support to the Freudian theory of paranoia, it appeared from Rorschach evidence that the relationship between homosexuality and paranoia is not as universally applicable as implied by Freud.

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APPENDIX A

RATING SCALE

0--minimally delusional. Case record data reflects no evidence of a delusional system in the patient's symptomatology.

1--very slightly delusional. Case record data reflects negligible delusional content in the patient's symptomatology.

2--slightly delusional. Case record data reflects preliminary manifestations of delusional content in the patient's symptomatology. Delusional content is expressed in the record; however, it is sparse with respect to other content.

3--fairly delusional. Case record data reflects simple delusional content in the patient's symptomatology. Delusional content is defined, but limited; it does not pervade throughout the record.

4--markedly delusional. Case record data reflects distinct delusional content in the patient's symptomatology. Delusions are defined and the record reflects the delusion's influence on the patient's behavior.

5--extremely delusional. Case record data reflects extensive delusions in the patient's symptomatology. Delusional content is unmistakable and pervades throughout the record. Behavior is highly influenced by the patient's delusional system.

6--maximally delusional. Case record data reflects complicated and highly systematized delusions in the patient's symptomatology. Delusional content predominates the record.

APPENDIX B

NUMBER OF HOMOSEXUAL SIGNS (S), RORSCHACH RESPONSES (R), AND PER CENT OF SIGNS TO RORSCHACH RESPONSES FOR EACH INDIVIDUAL (%)

	Paranoid Sample			Psychotic Sample		
Subject	S	R	%	S	R	%
1	1	21	4.7	1	10	10.0
2	2	12	16.6	2	18	11.1
3	3	16	18.7	0	10	0.0
4	11	28	39.2	1	10	10.0
5	5	30	16.6	1	16	6.2
6	3	18	16.6	0	10	0.0
7	1	13	7.6	0	12	0.0
8	5	18	27.7	0	10	0.0
9	12	17	70.5	1	19	5.2
10	1	12	8.3	5	41	12.2
11	2	15	13.3	1	22	4.5
12	6	32	18.7	2	18	11.1
13	7	31	22.5	11	35	31.4
14	2	10	20.0	0	15	0.0
15	0	27	0.0	0	10	0.0
16	2	15	13.3	2	21	9.5
17	1	22	4.5	4	25	16.0
18	2	30	6.6	1	5	6.7
19	1	12	8.3	1	20	5.0
20	5	18	27.7	1	15	6.7
21	0	10	0.0	1	10	10.0
22	5	112	4.4	3	11	27.3
23	0	10	0.0	5	23	21.7
24	5	45	11.1	1	7	14.2
25	1	10	10.1	3	33	9.1
26	3	17	17.6	2	21	9.5
27	2	26	7.6	1	19	5.2
28	2	13	15.3	2	32	6.2
29	1	20	5.0	1	17	5.8
30	0	14	0.0	5	38	13.1
Mean	3.03	22.4	14.4	1.93	18.8	8.9
Variance	8.99	356.8	198.1	5.17	83.9	58.65

APPENDIX C

LIST OF HOMOSEXUAL SIGNS SUGGESTED
BY WHEELER AND REITZELL

Sign	Card	Location	Content
1	I	W or w	Mask or human or animal face
2	I	Lower Center D	Male or muscular female torso
3	II	Lower Center D	Crab or crab-like animal
4	III	W or w	Humans; with sex confused
5	III	W or w	Humans; with sex uncertain
6	III	W or w	Animal or animal-like
7	IV	W or w	Human or animal; contorted monstrous or threatening
8	V	W or w or Center D	Human or humanized animal
9	VI	Center or Top D	Objective; with implication of cleavage.
10	VII	W or w or Top D	Human; female with derogatory specification
11	VIII	Lateral D	Animal; several incogruous ones or with incongruous parts
12	IX	Upper Lateral D	Human; dehumanized
13	X	Top Center D	Animal; attacking or fighting over central object
14	X	All or Upper Half	Human; with blue as oral specification
15[a]			Human or animal oral detail
16			Human or animal anal detail or specification

LIST OF HOMOSEXUAL SIGNS SUGGESTED BY WHEELER AND REITZELL--Continued

Sign	Card	Location	Content
17			Human or animal described as "back to back"
18			Human object or architecture; with religious specification
19			Male or female genitalia
20			Feminine clothing
21[b]			Household furnishings

Note: This list is based on a table by Wheeler (1949, pp. 104-106).

[a]Signs 15 through 21 may occur on Card I to X; no specific location is noted.

[b]Reitzell's homosexual sign.