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The Rorschach in gynecological suffering: Representations and complexes of card VI

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Abstract The literature shows that women with gynecological problems suffer from psychosomatic alterations in their body image perception and from sexual distress. To our knowledge, these issues have thus far been analyzed separately and rarely through a projective method.
The aim of this study is to analyze the role of body image and its relative weakness in gynecological pathology, through the Rorschach projective method.
The clinical group consists of 66 women with an average age of 49 ± 17 years, patients of the Vulvology and Pap Testing clinic of the "Gaetano Martino" University Hospital of Messina. The Rorschach Inkblot Method was used to evaluate the subjects, in accordance with the clinical projective method, in order to explore the representations of the subjects' inner world.
The responses to the Rorschach cards show a prevalence of anatomical and sexual content, devitalized animals and objects, particularly present in

response to card VI. In these subjects we observed a complex regarding reproduction that reveals a fragmentation of body image representation and of the sexual imaginative function of the inner world.
Gynecological sexual suffering is a dimension that influences the symptomatology in so far as the psychological aspects profoundly affect bodily perceptions, weakening the self-image and altering the course of the disease.

Keywords: body image, sexuality, Rorschach, psychosomatic gynecology.

Introduction

Body image is a multidimensional construct that includes perceptual, cognitive, emotional and behavioral aspects tied to the body, and is an important dimension of sexual well-being because it helps to determine people's perception of their own body as a medium to express their sexuality (Strong & De Vault, 1988).
From Falck's studies (1996) we learn that women who suffer from chronic pelvic and vulvar pain often have a disturbed body image and experience sexual dysfunction. The changes in body image are present in 63% of women with vulvar problems such as vulvodynia (Jantos & White, 1997). Vulvodynia is defined as a chronic vulvar disease characterized by the complaint of burning and irritation, in the absence of objective visible changes of any significance or specific neurological disorders clinically identifiable in a period of three years. It is determined by a pain in the vulva at any attempt of entrance in the vagina that may be permanent and occur even outside sexual intercourse. The discomfort can range from mild to severe or debilitating (Young, 1984).
In 1889 (Friedrich, 1987; McKay, 1989) vulvodynia was originally described as "excessive sensitivity" of the vulva and was rarely documented in the medical literature, until 1980. Recognition of this disorder and its effects on womens' lives around the world has led to the adoption of the term "vulvodynia" by the International Society for the Study of vulvovaginal Disease (ISSVD) in 1983. Vulvodynia can have multiple causes with different subsets, including cyclic vulvovaginitis, vulvar vestibulitis syndrome, essential vulvodynia and vulvar dermatoses (Friedrich, 1987; Paavonen, 1995).
Vulvodynia is an uneasiness that determines various consequences in womens' lives by limiting social relationships, which has a psychological impact since these women are emotionally frustrated, angry and sad (Maya

Ponte et al., 2009). The phenomenon of somatization is one of the main psychological factors associated with pain syndromes, chronic itching and burning (Stuart & Noyes, 1999; Hardt et al., 2000; Sigmon et al., 2000). Vulvodynia is considered a form of somatization by some authors (Puliatti, 2004; Puliatti, 2007; Puliatti, 2009; Consoli, 2003; Mascherpa, Lynch et al., 2007) and is characterized by multiple physical ailments caused by psychological problems (American Psychiatric Association, 1994) often associated with anxiety.

In these women, body image is altered because sexual relations are painful and dysfunctional and linked to a negative subjective perception of their body. For this reason, the relationship between body image, sexual attitudes and experiences suggests that an inadequate perception of the body can be associated with pain during intercourse because it plays a significant role in sexuality. In fact, a good body image leads to a positive perception of the self as sexually attractive (Crooks & Baur, 1990); on the contrary, a negative view may induce feelings of inadequacy both in relationships and sexual behaviors (Faith & Schare, 1993; Trapnell et al., 1997). The positive and negative feelings that women have towards their own body are related to wider areas of life, such as general psychological adjustment, social functioning, and professional achievement (Derogatis & Melisaratos, 1979).

Some reviews evaluate two general and independent aspects: the perception of physical self and the attitudes toward body parts and body image (Ruff & Barrios, 1986; Gleghorn et al., 1987; Cash, 1989). Women who have had a gynecological disease are potentially more vulnerable to significant changes in body image. In particular, women with vulvodynia or vulvar disorders may feel inferior and experience negative feelings towards sexuality (Gates & Galask, 2001; Meana et al., 1997) due to the agonizing condition of pain.

On the basis of these premises, the general purpose of the present study is to investigate, through the Rorschach method, which inkblots highlight women suffering from sexual problems. In particular, we want to explore the indices associated with psychosomatic-related aspects and the quality of life of women with: vulvodynia, vulvocervicovaginal problems, vulvar dermatoses, cervicitis and vaginitis.

The specific hypotheses can be formulated as follows:

H 1. To explore the differences between women with and without vulvar pathology.

H 2. To verify the differences of experience related to different age.

Method

1. Participants

The study was conducted on an observational group consisting of 66 women patients of the Gynecological clinic of the University Hospital of Messina. The sample was divided into two subgroups: (1) a group of clinical cases, composed of 32 patients with vulvar disorders, (Mean age = 52 ± 16), and (2) a comparison group, consisting of 34 women (Mean age = 46 ± 17 years) who accessed the clinic for cancer screening. For our study we considered only the valid cases N = 57; nine protocols were eliminated due to an inacceptable number of refusals to interpret a card (> 3).

The study was conducted in line with the ethical principles of research with human subjects, according to the Declaration of Helsinki. The psychological measures were administered by two psychologists, after a specific psychodiagnostic training course. The administration of the projective test required between 10 to 30 minutes. The data were collected from April to November 2013. Patients signed an informed consent form for research purposes and were administered the Rorschach test to assess their personality, during the day of outpatient gynecological examination. The data were entered into a database and analysis was carried out mostly with qualitative statistical methods. The self-representation grid by Rausch De Traubenberg N. (1984) was used to analyze the content and quality of the images.

The Rorschach projective technique (Rorschach, 1952) is a psychological test, consisting of ten inkblot cards, that explores the subjective organization of the content and form of the ambiguous stimuli presented. Responses are recorded, analyzed and interpreted to examine personality characteristics and emotional functioning. Each Rorschach card has a main theme, with an important interpretative value supported by the psychoanalytic theory. Coding Rorschach responses requires taking all of the text transcribed during the test administration (qualitative material) and turning it into numeric scores (quantitative information) that will later be used in the structural summary, and ultimately, for interpretation (Rose et. al., 2001). The projective test was used following the clinical method (Passi Tognazzo, 1994) to explore the inner experience of each patient.

Results

The data were analyzed using Microsoft Excel 2007 and the Statistical Package for Social Sciences (SPSS 0.17). In general, the answers given to

cards I - II - VII - VIII - IX – X are characterized by body appearance concerns and anxiety linked to reproduction. In particular, the protocols contain several answers related to sexual anatomy such as: “genital apparatus”, “ovaries” and “vulva” (II-VIII-X), “fecundation in action”, “conception”, “fetus” and “umbilical cord” (IX-X), “vaginal bleeding” or “threatened abortion” and “uterus with blood” (II), “pelvis” or “uterus” (I-II-VII). At first sight, the sexual suffering represented by these images are common to both groups.

Differences between women with and without vulvar pathology.

First we evaluated whether there were differences between the two subgroups with respect to the contents of their answers. The non parametric test of Mann & Whitney revealed insignificant differences in relation to the Rorschach parameters (Form, Movement, Pure Color, Anatomy, Popular responses).

Secondly, we examined specific contents exclusively for cards III and VI. With regards to the specific content of card III, we can observe a prevalence of whole human content (45-48%) (such as "two people at the table”, “two people playing”, or “taking an action") followed by anatomy content (17 - 18%) (as “genitalia”, “female pelvis”, “ovaries”, “section of the pelvis”, “vagina”) and of objects (10-12%) (as “bow” or “bow tie”), and other minor content.

In response to card VI, instead, we can observe a prevalence of animal detail content (32-39%) (such as “squashed cat”, “animal skin”), followed by anatomy content (11-23%) such as “spine”, “pelvic structure”, “bone”, “uterus”, and objects such as “carpet”, botanical and other content (4-14%).

Analyzing the contents through the Chi Square test dividing them into living / non-living and full / partial contents among women with and without vulvar pathology, there were no statistically significant differences. These contents allow us to deduce that the perception of self and body image is disintegrated and similarly destroyed in both groups. This phenomenon of destruction is made clear through the phenomenon of devitalization.

Differences of experience related to age.

By splitting the observation group in relation to age into two subgroups, above and below 50 years of age, the results are more evident: the group under 50 shows a greater number of refusals equal to 70%; no anatomical responses and a greater presence of botanical responses (22%). However, these differences were not significant from a statistical standpoint.

Discussion

The present study aimed to explore the psychosomatic processes that emerge from Rorschach responses in patients with and without vulvovaginal disorders, in relation to the inner experience of sexuality. For this reason we analyzed whether there were differences between the two groups, and the observational method, considering some Rorschach variables such as fantasy, affectivity, social adaptation and cognition. In our study, no significant differences were found between the two groups, but the whole sample presented a low number of movement responses, which are related to a poor fantasy life, and a low number of color responses indicating an emotional coarctation.

Specifically we found that these women provided few movement (M) and color (C) responses, and a low form-color (FC) % indicates poor social ability and affective adaptation, and high rational and conscious control of one's emotions congruent with dysautonomic feelings. In addition, although there is a low M response rate compared to the C responses, the observation group is introversive, which reflects the fact that women prefer to look at their inner world rather than have contact with reality. The responses lacking in M were related to an impoverished fantasy life, while a low rate of FC responses was related to poor modulation of emotions.

The FC responses have been shown to correlate with the ability to postpone affective discharge and adaptively modulate the emotional expressions towards the environment. This process exacerbates the physiological responses in stressful situations and improves somatic sensations that accompany emotional arousal. From the studies reported in the literature, the body image construct is an important dimension of sexual well-being because it determines people's perception of their own body as a means to express their sexuality (Strong & DeVault, 1988). Therefore, when there is a fragmentary perception of body image, sexual function is destroyed.

On the basis of the answers given to identity and sexuality-related cards and from a comprehensive analysis of all of the elicited responses, it appears that the representation of body image in women with vulvar disease is destroyed. Our analysis showed that the response frequency is comparable in both groups of women, and this leads to the conclusion that the problem is not objective, meaning a physical disorder, but is rather subjective, hence related to the way in which the subject personally experiences the feeling of pain. The phenomenon of anxiety for the reproductive function, especially

for the younger women, emphasizes the feeling of inadequacy in relation to sexual function. The frequency of refusals in the group of women under 50 years of age suggests that the disease is experienced as distressing, both from women with and without vulvar pathology, and does not allow to have a positive representation of their body image in relation to sexuality.

Conclusion

Sexual suffering in psychosomatic gynecology is a component that affects symptoms, in the extent to which the psychological aspects modify bodily perceptions, by profoundly weakening the self-image thus plausibly altering the course of the disease. Our findings indicate that it would be useful to consider psychological assessment as an integrated tool of investigation in the care of gynecological patients, eventually aimed at providing psychotherapeutic support.

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