A Rorschach investigation of Autism Spectrum Disorders in Adulthood: preliminary observations

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Abstract: Autism is a pervasive developmental disorder characterized by deficits in the areas of communication, socialization and behavior. Current diagnostic criteria have been modified in a restrictive sense, thus the possibility that individuals with milder impairments may not reach the diagnostic threshold is concrete. Furthermore, heterogeneity in phenotypic expression and the high rate of comorbidity with other psychiatric disorders would make even more difficult the diagnostic classification in individuals with autism spectrum disorder (ASD). The present study was a Rorschach investigation aimed to identify specific psychopathological elements to properly orient the diagnosis of ASD in adulthood. Results have shown that the examined subjects were characterized by pragmatism, documented by the presence of details and little details, falls in formal thinking, thought inflexibility, lack of answers with human content, and the prevalence of particular phenomena (denial, perseveration). Data obtained in the study showed a specific pattern of psychopathological signs in adults with ASD, thus suggesting the importance of projective methods for a better understanding of the clinical features of avoidance behaviors and relationships.
Key words: Adult Autistic Traits, Projective methods, Misdiagnosis.

INTRODUCTION

Autism spectrum disorder (ASD) is a pervasive developmental disorder characterized by early impairments in components that are essential for the process of evolution of an individual. Particularly, the areas of communication and social interaction, as well as patterns of behavior and restricted interests can be altered (APA, 2014).

ASD prevalence is estimated to be around 0.6% with a significantly higher incidence in males (Fombonne, 2009; Ehlers et al 1993). The term *autism* was used for the first time by Bleuler (1911) in order to describe detachment from reality and the relative and absolute predominance of the inner life in schizophrenic patients. Later, Leo Kanner (1943) emphasized the relational and social difficulties of specific behavioral patterns in a group of children. Hans Asperger (1944) described a similar clinical condition characterized by later onset, language ability almost preserved, and frequent, although subtle, motor deficits.

From a nosographic point of view, the official recognition of Asperger syndrome takes place only in 1994, with the publication of the DMS-IV (APA, 1994). Twenty years later, with the DSM5 (APA, 2014), the line of demarcation between autism and Asperger's syndrome is lost: the dimensional classification replaces the categorical one. This choice has raised several concerns, as several authors believe that current diagnostic criteria are too restrictive and non-exhaustive.

Indeed, some individuals suffering from milder impairments or subthreshold symptoms would remain undetected (Vannucchi et al, 2014, McPartland et al., 2012, Anholt 2010).

Currently, the diagnosis of autism must be viewed within the lifespan, since it presents a continuous course; however, the percentage of misdiagnoses in autistic adult population continue to be significantly high (Roy, 2015). Moreover, the significant heterogeneity in the phenotypic expressions, as well as the presence of high rates of comorbidity with other psychiatric disorders, account for the high rates of misdiagnosis of patients affected by ASD (Lugnegård, 2011, Simonoff, 2008).

An exhaustive and detailed medical history, a careful psychodiagnostic assessment, also including projective techniques may help to identify and understand the emotional and cognitive features of ASD subjects (Holaday 2001, Wagner et al. 1994-1995-1998).

Within this context, the present study was a Rorschach investigation aimed to identify specific psychopathological elements in the cognitive,

personological and relational dimensions to support the diagnosis of ASD in adulthood.

Methods

The sample was formed by eight patients aged 29±9 yrs, consecutively recruited among outpatients afferent to the Psychiatry Unit of the University Hospital of Messina. All subjects showing clinical symptoms of the autistic spectrum, such as marked impairments in multiple nonverbal behaviors, lack of social or emotional reciprocity, and repetitive patterns of behaviors, interests and activities, underwent a psychodiagnostic examination including the following instruments:
- *Ritvo Autism Asperger Diagnostic Scale-Revisedv- RAADS-R* (Ritvo et al., 2011) is a valid and reliable instrument to assist the diagnosis of adults with Autism Spectrum Disorders (ASD). Items form four subscales: social relatedness, circumscribed interests, language and sensory motor symptoms.
- *Rorschach inkblot method* (Hermann Rorschach, 1921), is a projective tool for the investigation of personality. It essentially consists of 10 inkblots printed on cards: five are monochromatic, five in color. Based on the answers to each inkblot, the psychogram elements obtained allow to examine thought processes, emotional, affective, and relational dimensions, and other aspects of personality, along with the individual's inner world (Method Passi Tognazzo, Giunti 1994).

Results

All subjects received the first ASD diagnosis quite belatedly (mean age: 27 yrs), whereas, as confirmed by the personal anamnesis, the clinical onset could be dated at scholar age (9 ± 3 yrs).

In the course of their medical history, the patients received heterogeneous diagnosis such as schizophrenia, bipolar disorder, depression and personality disorders.

Table 1. Descriptive data of the sample (n = 8).

	M	DS
Age	29	9
Gender (% ♂)	84%	6%
Education	13	2
Onset ASD	9	3
ASD	27	9

Table 2. RAADS mean scores and standard deviations (SDs).

Instruments	M	DS	Cut off
RAADS	138	30	65
• Language	14	4	4
• Social Relatedness	64	20	31
• Sensory-Motor	31	11	16
• Circumscribed Interests	28	6	15

Table 3. Rorschach Inkblot Method: psychogram elements (means and SDs).

Rorschach	%	
	M	DS
R	23	13
D	42	15
Dd	6	6
F+	19	12
F-	32	23
M	7	8
FM	9	11
H	9	8
A	41	31
Ban	18	11
IR	5	2
Orig -	2	4
Perseverations	4	5
Devitalizations	1	1
Denial	1	2

Discussion

The Scale designed by Ritvo et al. (2011) allows to clearly identify ASD features in patients that can be misdiagnosed in clinical practice. Our sample was characterized by mean RAADS total scores significantly higher than cut-off threshold (138 ± 31; cutoff = 65); regarding RAADS subscales, higher scores were found, particularly on the social interaction scale (64 ± 19; cutoff = 31).

Regarding the Rorschach Inkblot Method, the apperception style was congruent with the peculiarities correlated with the cognitive profile in ASD, as defined by Frith (1989) with the term *weak central coherence*, a condition in which the extreme attention to details essentially denotes the inability of the subject to integrate pieces of information into a global representation. However, as suggested by Frith (1989), this feature could also be considered as an intellectual resource, depending on the context.

Accordingly, the empathy-systematization theory (Baron Cohen, 2009), highlights that the extreme attention to details should also be considered a skill rather than a deficit.

In this study, the marked tendency to concreteness and meticolousness, aimed at capturing details rather than the global imagine, was outlined by the answers that were mainly oriented to the detail (D = 41 ± 15%), although associated with the fall of the percept (F = 32 ± 23%). Such condition was not depending on intellectual disability (IQ>70), rather on the inability to generate representations, consistently with the lack of development of the theory of mind (Baron-Cohen, Leslie, Frith, 1985).

The almost high number of answers (R = 23 ± 13), can be viewed as a consequence of the difficulty of representation.

The high percentage of answers classified as banal (22 ± 12%) and the perseverative tendency (20% ± 3) confirm the cognitive inflexibility of the studied sample.

The paucity of human content answers (9 ± 7%), particularly evident when compared with the high rates of animal content answers (41% ± 31), confirmed the difficulties in social and interpersonal dimensions.

The diffused and ubiquitous phenomenon of *Devitalization* is a reliable index of depression, a symptom often present in clinical observation; it can be hypothesized that depressive symptoms in ASD patients may be a consequence of social withdrawal, as stated by a number of studies (Roy, 2015; Stewart, 2006).

Conclusion

ASD is one of the most common neurodevelopmental disorders; although it is characterized by a remarkable phenotypic and prognostic heterogeneity, it permanently persists in adulthood.
Current diagnostic criteria are restricted enough to disregard milder forms that, nevertheless, require clinical intervention in presence of psychiatric comorbidity, mainly in adulthood.
Therefore, ASD should be taken into account in those adult patients who present behavioral and relational avoidance along with overlapping psychiatric disorders characterized by phenotipic heterogeneity and, frequent drug resistance.
The main limitation of this study is the small sample size, and future studies are necessary to confirm our findings on larger clinical populations. Nevertheless, our results highlight the importance of the psychodiagnostic projective tecniques as useful tools for identifying those peculiar psychopathological features that can be found in adults with ASD.
Paying attention to those features, both by clinical and diagnostic assessment, could be helpful for the correct diagnosis and the appropriate treatment of patients affected by ASD.

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