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Underlying Risk Factors of Personality of Clinical Patients Illustrated Through House Tree Person Test

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ABSTRACT

The aim of this study was to ascertain that House Tree Person (HTP) a projective psychological test was an effective tool to assess underlying risk factors of personality (URFP) of clinical patients which might be responsible for the development of mental disorders. 28 mentally ill patients with mean age of 25 years were included in the study. HTP was used to illicit these factors. HTP drawings were then interpreted and analyzed qualitatively. All interpreted units were then classified into themes to further investigate the underlying factors which were assumed to be responsible in the development of mental disorders (Roxaanne, 2014). Five thematic clusters emerged which were named as: Defenses, Needs, Pathologies, Conflicts and Personality Weaknesses. Focus groups were conducted on these thematic clusters which suggested that the dynamic risk factors in the personalities of these clinical patients could be some incapacitating features which needed to be addressed in their treatment strategies and these could be lack of confidence, coping skills, self-assurance, interpersonal skills etc. These findings have clinical implications for identifying personality risk factors indigenously in order to mitigate the development of psychopathology.

Keywords: Risk factors, HTP, personality, clinical patients, psychopathology

INTRODUCTION

The House-Tree-Person projective technique developed by John Buck (1948) was originally an outgrowth of the Good Enough scale utilized to assess intellectual functioning. Buck felt artistic creativity represented a stream of personality characteristics that flowed onto graphic art. He believed that through drawings, subjects objectified unconscious difficulties by sketching the inner image of primary process. Since it was assumed that the content and quality of the House-Tree-Person was not attributable to the stimulus itself, he believed it had to be rooted in the individual's basic personality (Ramota, 2010). Earlier the research showed that creating an image tends to elicit a more emotional response than viewing an image and therefore, may provide more detailed information regarding the client (Elizabeth, Schmoyer, & Katherine, 2008).

The rationale for projective techniques is grounded in Freudian theory and asserts that profound perceptions which are frequently subconscious, non-verbal in content, and latent motivations for action cannot be directly observed and are not reported by subjects, either because they are unaware of them or because they cannot be verbalized, being too abstract and inaccessible, threatening, embarrassing, or denied. However, they are relatively easily projected onto neutral stimuli or a third person, or actively manifest themselves in a variety of artistic activities. Their strength lies in the fact that they enable researchers to penetrate to the roots of issues that go beyond manifest cognition or the rational explanations provided by subjects regarding their desires, emotions, or behavior (Dosajh, 1996; Frank, 1948; Garb, 1998; Gleser & Stein, 1999; Lahad, 1997; Sundberg, 1977).

Abnormality lies not in the overt behavior; it's the underlying pathology which is manifested outwardly. Patients who ended up in psychiatry wards need to be understood rather than assessed and diagnosed only. In order to design effective preventive health care or intervene successfully into the existing problems of the patients, clinicians can benefit from knowing what are the 'risks' involved in the development of any psychological disorder. Moreover knowing the patients' self perception and attitude towards environment is therapeutically significant.

Of all the causes and risks involved in the development of mental illness psychological and environmental factors play a pivotal role. Generally it is seen that personality disposition, or weaknesses of personality have a causal role in developing mental illness. Everyone experience anxiety, boredom, anger, frustration, fear or fantasize at times. Inability to cope with these stressful symptoms may become risk factors which may contribute significantly to the development of most mental illnesses (Roxaanne, 2014).

Identification of multiple risk factors for mental health needs to be focused as these risk factors contribute to a person's vulnerability to relapse or increase the likelihood that a disorder will develop and can exacerbate the burden of existing disorder (Monograph, 2000).

No singular characteristic should be held responsible as a conclusive indicator of the presence of any personality trait, the configurational pattern consisting of many signs should be considered in order to understand the Whole Being (Wenck, 2001).

Personality assessment is the assessment of aspects like intellect, abilities, interests, capabilities, creative abilities, outlooks, and facets of psychological growth by many methods like observational techniques; character inventories- and projective methods. Clinical psychologists and counselors can use personality assessments for a variety of reasons like diagnosing psychological disorders, daily life problems, hiring purposes, to assess the mental state of individuals.

To understand what personality factors turn out to be risk factors for a normal functioning human being into maladaptive one, projective assessment techniques proves to be magical in revealing the unconscious folds. With the help of projective techniques personality traits can be measured cheaply, easily and reliably, and these traits are stable over many years and have far-ranging effects on health, (Israel, 2014).

Numerous tests and methods have been described as projective techniques since the formulation of projection by Murray (1938) & Frank (1939). Many of these methods have been studied for the descriptive value in understanding pathological structure of mental illnesses. However fewer are used for their potential predictive value in understanding personality risk factors assessment.

Freudian psychology emphasized the importance of understanding unconscious information and bypassing strong defense mechanisms in order to help a person heal. Treatment is often focused in insight, or creating a deeper understanding of motives, beliefs, and drives. Therapist must understand not only what they are but where they come from as well.

The idea of projection prompted many psychoanalytic and psychodynamic theorists to devise ways of accessing the buried information by allowing the patient to project it somewhere else. This resulted in the birth of the projective techniques of assessment and these are grounded on the theory that people interpret stimuli or create in ways that reveal their needs, desires, conflicts and feelings. This help understanding the personality of individuals who are being assessed. In therapeutic settings therapists use these tests to learn qualitative information about a client or may use projective tests as a sort of icebreaker to encourage the client to discuss issues or examine thoughts and emotions.

Famously used projective drawing techniques assess the cognitive, interpersonal, or psychological functioning of an individual. It is believed that if a person is not verbal about his feelings, he surely depicts something about those feelings and thoughts on a paper in the form of drawings. Sue E. Ouellette, (1988) conducted a study on pre-lingual deafened young adults by using projective drawing techniques for the assessment of their personalities. The subjects' drawings were rated on scales measuring aggression, anxiety, insecurity, impulsivity, immaturity, egocentricity, dependency and feelings of inadequacy. Its reliability and validity was determined and established.

House Tree Person (HTP) test is used with clinical patients to gather insight into their underlying conflicts, ego strengths, and interpersonal relational trends and moreover character trends.As a clinical tool it is helpful in spotting problems before they occur (Nicklan, 2011). With its careful evaluation and assessment this test is an adjunct in psychiatric screening. For individual psychotherapy this test provides a kick to initiate probing as well as provide valuable information. Personality variables are pervasive and enduring and thus can expect to have an impact on a variety of areas in the individual's life. Personality assessment is consequently important for applied reasons. Psychiatrists and psychologists who need to diagnose psychopathology, counselors who want to suggest meaningful career choices and physicians concerned with health risk factors may all turn to personality assessment.

Risk assessment is an essential part of psychiatric assessment. Risk may be harm to others through aggression, violence etc or/and risk to self through self harm, suicide or self neglect. Importantly, a failure to document a risk assessment which resultantly formulate risk mitigation is a common criticism of enquiries that follow homicides and suicides involving psychiatric patients (Cowen, Harrison & Burns, 2012)

Three kinds of information are used to assess such risks; personal factors, factors related to illness and factors in the mental state (see for details Cowen et al. 2012). Personal factors as explained by Cowen et al. (2012) are "previous violence to others, antisocial, impulsive, irritable personality traits, male and young, recent life crises, poor social network, divorced or separated, unemployed".

This paper is an attempt to address another risk factor which is confounded and assumed to be an underlying precipitating factor or negatively contributing in the wellbeing of patients. These are 'Underlying Personality Risk Factors' and are somewhat different from the 'personal factors' explained by Cowen et al. (2012). People lacking in certain skills are more prone to develop psychiatric illnesses as compared to those who are resilient and have strong personalities with good coping and social skills. According to Dombeck & Moran (2006) there isn't one social skill; there are many. They involve actual skills, knowledge and beliefs about self and the world that come together to make people better able to manage relationships and socially skilled people tend to be confident people. So, besides all the criticism extended on projective drawing techniques for not fulfilling the criteria of reliability and validity they have the potential to reveal defenses, needs, fears, conflicts, weaknesses and perception about self and environment (Wenck, 2001). HTP illustrations and their interpretations are a simple source of screening underlying personality risk factors so this paper presents that HTP is an effective tool to assess personality risk factors in clinically ill patients.

METHOD

Sample

28 psychiatric patients 16 females and 12 males were included in the study. Their age ranged between 15 and 57 years (mean age = 25). Patients were accessed through psychiatry wards of a private and public hospital of Islamabad and Rawalpindi respectively. Patients were diagnosed psychotically ill prior to the administration of HTP.

Instrument

House Tree Person Test (HTP)

The HTP technique developed by Buck (1948) is one of the most frequently used projective instruments by clinicians within a variety of psychological agencies.

HTP as an assessment tool is used with clinical patients to gather insight into underlying conflicts, ego strengths, inter-personal relational trends. It is found to arouse associations within the subject regarding his house life and familiar relationships. Tree drawings appear to reflect projections from a deeper, more unconscious level of personality. Human figure drawings are primarily a manifestation of subjects' perception of him/herself or the self he or she wishes to be.

Procedure

28 diagnosed psychotic inpatients were approached and assessed individually with prior permission of psychiatry ward administrator. Each participant was called in a secluded room attached closed to psychiatry ward and seated him/her comfortably and provided a pencil and three A4 sized papers. Each participant was then instructed to draw a house, tree and person (both male and female) on the pages provided to him/her. Each participant took almost 10 to 15 minutes to complete his/her drawings. Their drawings were then analyzed by 2 clinical psychologists (PhD.) independently.

Interpretational Procedure

The drawings of 28 participants were interpreted by two clinical psychologists (Ph.D) with the help of a manual (Wenck, 2001). Each unit of interpretation was then tabulated, content analyzed and categorized into various fields as reflected through the themes of the individual items.

Those emerged categories were then shown to two judges (M.Phil. psychologists) for any redundancy or overlapping. Items with similar connotations were merged for example egocentric, concern for self and self absorption was addressed as egocentric/self centered. The frequency of occurrence of each interpreted unit was also tabulated for further analysis. Furthermore two Focus Groups were conducted on university students to see how a lay person understands the underlying reasons of being aggressive, fearful, obsessive etc. (all the interpretive units). This was done to ensure that what the researcher is analyzing (underlying risk factors) is close to a lay person's thinking.

RESULTS

Once the interpretation of all 28 drawings was complete, each unit of interpretation was documented and tabulated.

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Table 1. Categorization of interpreted units into five themes (N=28)

Pathologies	*Defenses*	*Needs/ Feelings*	*Conflicts/ Fears*	*Personality Trends*
Obsessive/ Compulsive	Isolation	Need to dominate	Interpersonal	Insecure
Somatization	Repression	Affiliation need	Fear of responsibility	Nervous
Voyeurism	Regression	Helplessness	Sexual conflicts	Immature
Hysteric	Fantasy	Dependency	Emotional conflicts	Stubborn
Psychopathy	Escapism	Need to control aggressive drive	Fearful	Rebellious
Withdrawn or Schizoid features	Defensive	Need for social accessibility	Domestic conflicts	Guilty
Paranoid trend			Environmental constraints	Timid
Sadism			Frustration	Low self esteem
Depression			Unhappy past	Ego centric
			Gender role conflict	Sensitive to social criticism
				Introvert/ self absorbed
				Inaccessible
				Rigid
				Evasiveness
				Impulsive
				Moody
				Indecision
				Self centered/over concerned for self
				Dependant
				Hostile
				Ambivalent

Some overlapping units of interpretations were merged together and further refine the thematic clusters for example 'self centered/over concerned for self'; introvert/self absorbed; and ego centric were merged into one unit with the name of 'egocentric/self centered'. Fig 1 below represents the final thematic clusters after refinement.
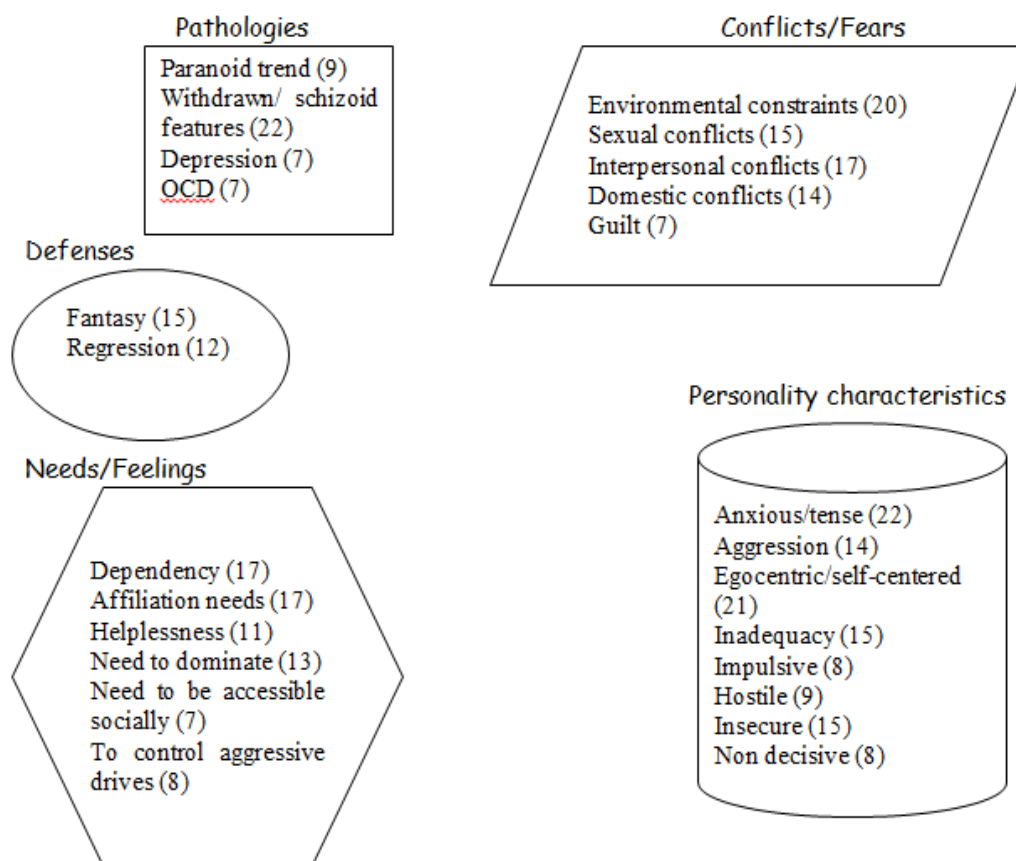
Pathologies

Paranoid trend (9)
Withdrawn/ schizoid features (22)
Depression (7)
OCD (7)

Defenses

Fantasy (15)
Regression (12)

Needs/Feelings

Dependency (17)
Affiliation needs (17)
Helplessness (11)
Need to dominate (13)
Need to be accessible socially (7)
To control aggressive drives (8)

Conflicts/Fears

Environmental constraints (20)
Sexual conflicts (15)
Interpersonal conflicts (17)
Domestic conflicts (14)
Guilt (7)

Personality characteristics

Anxious/tense (22)
Aggression (14)
Egocentric/self-centered (21)
Inadequacy (15)
Impulsive (8)
Hostile (9)
Insecure (15)
Non decisive (8)

Figure. 1 Graphical representation of five Thematic Clusters

Table 2. Frequency of each interpreted unit (N=28)

Pathologies	*f*	*Defenses*	*f*	*Needs/ Feelings*	*F*	*Conflicts/ Fears*	*F*	*Personality Characteristics*	*f*
Paranoid trend	9	Fantasy	15	Dependency	17	Environmental constraints	20	Anxious/tense	22
Withdrawn/ schizoid features	22	Regression	12	Affiliation	17	Sexual conflicts	15	Aggression	14
Depression	7			Helplessness	11	Interpersonal conflicts	17	Egocentric/self centered	21
OCD	7			Need to dominate	13	Domestic conflicts	14	Inadequacy	15
				Need to be accessible socially	7			Impulsive	8
								Hostile	9
								Insecure	15
								Non decisive	8

DISCUSSION

Pakistan is a developing country that faces a lot of difficulties and setbacks, the people living here face a million difficulties personally, socially, occupationally, even economically. This

study was designed to observe personality risk factors in the drawings of clinically diagnosed patients.

Interpretation of the drawings revealed certain signs and symptoms in the personalities of patients which are assumed to play precipitating risk factors for the development of mental illness. These personal or environmental factors, intrapersonal or interpersonal anomalies and conflicts influence the behavioral outcome of individuals and assumed to be the contributing factors in the development of psychopathology.

In a series of three this is first study which attempted to see in general the underlying pattern of personality risk factors. There are certain personality weaknesses which are attributed as risk factors which if attended and understood can mitigate mental illness. In order to intervene into the existing problems it is necessary to understand the capacity of an individual on whom an intervention is applied. On the same lines as this study was done a new online mental health intervention for college students is in the final stages of development. This intervention, known as *PLUS* (Personality and Living of University Students) — was also developed to detect underlying personality risk factors rather than specific mental health symptoms (Pedersen, 2014).

House Tree Person (HTP) is a very simple, cost effective and time efficient psychometric tool which in a very less time can scan some underlying features of personality. Content analysis of drawings drawn by patients revealed fifty two (52) interpretive units initially (Table 1), which after a series of thorough scrutiny and refinement revised. That revised list was of twenty three (23) units which were arranged into five (5) thematic clusters viz., Conflicts, Needs, Pathologies, Defenses and Personality Characteristics (Fig. 1).

In order to see how frequently any unit was observed in sample a frequency chart was also made (Table 2), which further endorsed that there were certain symptoms which were observed predominantly across all the participants, for example Table 2 reveals that out of 28 patients 22 presented anxiety/tensed and withdrawal/ schizoid features. That indicated that personality structure of mentally ill patients carried some features which were experienced collectively. The important thing however is that all the interpretive units are actually showing certain underlying personality weaknesses which are assumed and attributed as risk factors. These risk factors are confounded; it is also assumed that patients are not aware of their personality weaknesses and the reasons of their illness. The patient comes to the therapist with a syndrome, HTP reveals some symptoms but underlying those translated interpretive symptoms resides confounded pathological signs. (Fig.2). In the explanation of any mental phenomenon personality is involved as an aggregate of internal conditions which are bend together and through which all external influences are reflected. This observation is analogous to the medical model that a patient comes up to a physician with a 'Symptom' of chest pain and the physician concluded with a finding that the underlying 'Sign' or abnormality is high blood pressure of which the patient is not aware of.

Keeping all these clusters (Fig 1) in mind an indigenous picture of underlying vulnerabilities found in the personalities of clinical inpatients were found. HTP revealed symptoms like anxiety, aggression fear etc but there were certainly some lacking signs in the personalities of patients which were revealed in the drawings and assumed to be the actual risk factors and these are

1. Lack of confidence/self assurance

2. Lack of interpersonal skills

3. Communication deficits

4.   Lack of social skills

5.   Immaturity

6.   Fleeing from reality/unacceptability to deal with reality

7.   Emotional instability

8.   Lack of adjustment/adaptability skills etc.

This assumption was clarified by conducting focus groups and asking people what they understood about the underlying reasons if somebody is showing anger, fear loneliness etc. People came up with some interesting interpretation of these symptoms.

5 thematic clusters emerged after interpretation of HTP drawings and during Focus Groups when participants were asked about the reasons why people suffer from following problems they came up with following reasons.

Pathological Cluster

In this there were problems like paranoid trend, withdrawal, depression, OCD. The view of people was that these things happen due to lack of confidence, attention seeking, lack of social skills, low self-esteem, isolation, guilt, lack of social assurance, and some different views were that OCD can happen by living in dirty places. May be a person has committed a sin so he/she is suffering from OCD.

Defenses

There were two defenses mentioned fantasy and regression. Their opinion regarding these was a person may fantasies due to lack of attention, not able to face reality, lack of social acceptance. And a person may regress to hide emotions, attention seeking, release anger, deep thinking.

Personality Characteristics

Personality characteristics like Anxious, aggression, inadequacy, self-centered, impulsive, hostile, non-decisive, insecure developed due to lack of trust, lack of social skills, dependency.

Needs

Dependency, affiliation needs, helplessness, need to dominate, to control aggressive drive these can happen due to factors like lack of self-confidence, fear of judgment, lack of resources, lack of ideas, poor knowledge.

This assumption that there are certain characteristics of personality which results into the development of major mental disorders are supported by earlier researches as well for example lack of coping skills is one of the four psychological strains that precede mental disorders including suicidal behaviour (Li & Zhang, 2012); role of environment and family stress and lack of interpersonal skills are the risk factors in the development of psychopathology (Brent, 1995).
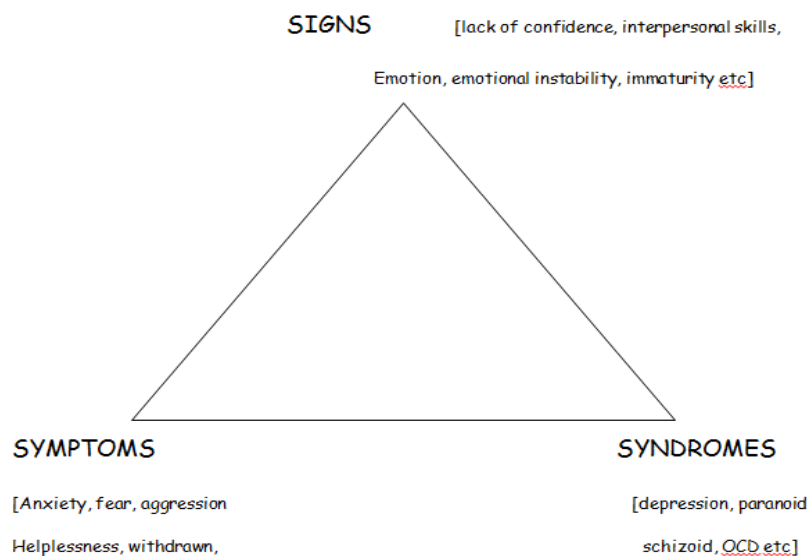
Figure 2. Personality based diagnostic taxonomy

This is first stage study in which HTP as a simple low cost non-threatening easily administered tool is used to screen out the underlying signs of pathological symptoms. These signs if addressed early can be helpful in mitigating emerging symptoms of fear, panic, anxiety, aloofness, anger, aggression and ultimately beneficial for alleviating syndromes of major disorders like Depression, Paranoia, Schizophrenia etc.

Second stage study followed by this study will focus on the individual cases having major disorders so that taxonomy of salient signs and symptoms can be developed for each disorder. Third stage study will be a comparison among normal population and hospitalized patients.

These studies will help in the development of a Risk Factor Scale which will compliment HTP to find out the strength of any sign and symptom screened through HTP test.

This HTP cum Risk factor scale will serve as a preventive measure to screen any diagnostic sign at earlier stage of its development among young people. This can be applied at schools as routine checkups by school psychologists. It will help in screening any vulnerability or personality weakness in apparently emotionally healthy students for any eventuality to develop any sort of mental illness.

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Informed Consent

This research study was carried out for the benefit of patients' treatment and/or intervention. Permission was granted by the authorities of hospitals from where the data was collected.

Conflict of Interest

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