O.R.T. PERFORMANCE IN SCHIZOPHRENIA

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INTRODUCTION

PHILLIPSON's Object Relations Technique (Phillipson, 1955) is roughly described as possessing features to be found in the T.A.T. and Rorschach methods. It consists of 13 cards, including a blank card. The design of the test and the order of card presentation are depicted in Table I.

TABLE I

	1	2	3	G
A	1	2	8	5
B	6	9	4	10
C	12	11	3	7

Thus there are cards with 1, 2, 3 or a group of persons depicted. Set A is drawn in very light, diffuse shading; Set B in clear blacks and whites; and Set C introduces colour.

As with the T.A.T., the subject makes up a story, but the greater ambiguity of the drawings together with their more systematized construction, renders them an attractive projective technique with advantages over the T.A.T. In addition (but not essential), the test has been designed with sympathies towards the object relations theory of Klein and Fairbairn.

Phillipson (*op. cit.*) has published the common responses given by a mixed group of 50 out-patients (neurotics and psychopaths) and O'Kelly (1957) has contrasted the responses of normal and delinquent adolescent girls.

The main objective of the present study was O.R.T. performance in schizophrenia, no studies at present having been reported of the technique with psychotics.

METHOD AND RESULTS

Test performances were obtained from 30 male schizophrenics, who were essentially a continuous sample of admissions to hospital. The varying items of response were tabulated as closely as possible to facilitate comparison with the out-patient sample. Generally speaking, as would be expected, the type and incidence of response were closely similar and will not be listed here. After the responses were obtained, an inquiry is conducted into the responses with the patient to elaborate and fill out exactly what is seen and meant. This is frequently unfruitful with mental hospital patients unless guided by clear questions. The present study particularly asked each patient to choose these cards which they (*a*) liked or found pleasing; (*b*) disliked and found unpleasant; (*c*) could identify with as reflecting some personal experience and fellow feeling.

Statistically significant differences (using chi-squared with appropriate corrections) between the groups are detailed in Table II. But as with all projective material it is important to emphasize points thought to be of clinical

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interest but difficult to bring out statistically. Such points may also be of interest to other workers using the technique and will be made in the discussion.

TABLE II

		Schizophrenics	Out-Patients	χ^2
A2	Two main figures seen as female	12	8	4·5*
C1	Colour not mentioned	3	16	3·4*
C3	Colour incongruous or difficult	7	2	5·1*
C1	No figures seen	10	0	6·1*
C2	Less than 2 figures seen ..	15	7	10·6†
B3	Less than 3 figures seen ..	7	1	7·3†

* $S > 0{\cdot}05$; † $S > 0{\cdot}01$.

In addition, it had been noted at interview that 13 of the 30 schizophrenics clearly indicated they had had no established contact at all with members of the opposite sex. To card A3, 6 schizophrenics responded with direct sexual themes (such as prostitutes soliciting) and 5 of these 6 were in the 13 sexually isolated group. This relationship is significant ($\chi^2 = 4{\cdot}3$*).

Throughout the test, there are clearly far fewer "introduced" characters, that is, characters, not actually seen in the cards but brought into the stories. In fact, only 5 of the 30 schizophrenics made 8 introductions.

It cannot be assumed that the above differences are due to diagnostic differences alone. Accordingly, the O.R.T. responses were examined of 20 neurotic and psychopathic in-patients, of mixed sex, tested by the writer. None of the above differences remain significant using this in-patient group in place of the out-patient group. Two further differences were obtained at a statistical level of confidence as shown in Table III.

TABLE III

		Schizophrenics	Neurotics	χ^2
A2	Conventional love themes ..	3	8	4·7*
Set C	Identification	9	0	5·1*

Finally, it must be mentioned there were no marked differences with regard to reaction time, total time, productivity (number of words) and speed.

DISCUSSION

It is interesting that differences obtained between the schizophrenic and out-patient groups were not significant between the schizophrenic and neurotic in-patient groups. There are several explanations for this.

First, different interviewers may produce somewhat different types of test response. Second, possibly both the in-patient samples were less intelligent than the out-patient group, the latter being generally of greater than average intelligence. But 14 of the 30 schizophrenics were definitely of above average ability. In fact, only one of the items in question showed any relationship to intelligence within the schizophrenic group. This, the perception of 2 female figures on A2, is related to higher matrices grading (χ^2 5·9*) Thus, if intelligence had been a differentiating feature between the groups, this item would have been more common, rather than less common in the out-patient group. The schizophrenics were of a similar age range to the out-patient group (15–39) but probably of a lower average age. In any event, age variations showed no internal effects.

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A third source of variance, and perhaps the most important one, is that of hospitalization. This probably indicates a more severe or incapacitating illness, whether of psychotic or neurotic type. There are also the effects of hospitalization itself, the loss of role in the community together with a sense of stigma. If this is the case, the fewer "introduced" characters, the fewer perceived figures, the negative reactions to colour fall into a meaningful pattern. They parallel the greater difficulties in human relationships, feelings of isolation and emotional inhibition of the mental hospital patient, whatever the cause. Perhaps the greater incidence in the perception of female figures reflects either a correlated loss of sexual role or a need for a nurturing figure. Why this feature is related to greater intelligence is difficult to say. It may possibly be related to a greater insight into illness and its effects.

Turning to the differences obtained between the schizophrenic and neurotic in-patient groups, the first is that between sex and love themes for A2. As previously noted, the crudely sexual type of theme in the schizophrenic is related to an absence of contact with the opposite sex. The implication is that the schizophrenic is not capable of socially acceptable responses in hetero-sexual relationships. Sexual oddities are frequent in schizophrenia—abnormal sexual interest, abnormal lack of interest, homosexuality and other deviations. The neurotic at least presents a more socially acceptable façade, whatever his difficulties.

The other important difference was the greater identification by the schizophrenics with the coloured Set C. But, as shown in Table IV, this is misleading as there is also greater identification with sets B and C.

TABLE IV

	Liked		Disliked		Identification	
	Neurotics	Schizophrenics	Neurotics	Schizophrenics	Neurotics	Schizophrenics
A ..	4	7	12	30	4	8
B ..	5	14	10	13	5	8
C ..	4	12	6	10	0	9
1 ..	2	9	6	9	1	4
2 ..	2	7	6	13	2	4
3 ..	3	10	3	12	3	7
G ..	6	7	13	19	3	10

Perhaps the generally greater tendency to identify with the cards, on the part of the schizophrenic is due to the basic breakdown of the boundaries of the ego or self, recently well described by Freeman *et al.* (1958). Yet it is also apparent from Table IV (but not at a statistical level of confidence) that the schizophrenics also choose more liked and disliked cards. If this is of any relevance, it seems to imply that the schizophrenics are more able to express personal views on the cards than the neurotics. The schizophrenic condition may produce less inhibition in these matters and the neurotics more inhibition. In this respect, it is interesting to note that none of the neurotics identify with Set C. The rationale of this set, with its introduction of colour, is of a particular stimulation of difficulties in the adult world of reality.

From Table IV, it seems that both schizophrenics and neurotics, but particularly the schizophrenics, dislike Set A, more than Sets B and C. According to Phillipson's test rationale, the relative absence of reality content, other than the human figures in a very vague setting, stimulates primitive dependency

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needs and consequent anxieties. The patients typically say the cards are "gloomy, nothing clear or definite", "misty", "difficult to make out".

If the cards are considered in terms of whether they show 1, 2, 3 or more people, both groups tend to dislike the group cards more frequently. This probably fits in with the noted tendency to reduce the numbers of dramatis personnae.

Although the schizophrenic group were fairly representative of the condition obviously "psychotic" responses were few. In fact, only two patients gave this type of response. In both cases this seemed to be due to the stimulus card setting off a personal phantasy or memory not clearly separated from the card and therefore possessing an almost hallucinatory quality. For example, to card A1 (a vague figure in even vaguer surroundings), the following was interpolated into the response ". . . And there seems to be some traffic about . . . I think there's a policeman about—and he is in uniform. He's not there definitely but he came afterwards—he just came into it somehow—I just had the notion of it".

Two schizophrenics gave responses of a very innocuous nature, but on inquiry afterwards, one picked out a large number of cards he disliked, saying they all really suggested themes of rape to him. The other patient similarly thought a large number really suggested violence and murder. Both these patients expressed marked ideas of reference during interview. It would appear that some schizophrenics may be partially able to inhibit unacceptable material. Such a feature of course, is not limited to O.R.T. material but it does suggest that an O.R.T. performance and inquiry may be useful in eliciting it.

A fairly common observation with the schizophrenic group was of an absence of interplay between the perceived figures. They seem to be isolated. There is also a suggestion of uncertainty and peculiarity in the perception of the figures. Both phenomena are difficult to measure quantitatively but are of considerable importance in the analysis of an individual record. In general, the writer believes the O.R.T. may be useful in the individual assessment of schizophrenia and as such is a welcome instrument. Despite adverse criticism, the Rorschach test has been the only tool as yet which the majority of clinical psychologists have found to be of practical use in the individual assessment of psychotic conditions.

Summary

This study has been mainly concerned with O.R.T. performance in 30 male schizophrenics but has also contrasted in-patient and out-patient groups. As no O.R.T. work on psychosis has previously been reported, both clinical comments and a statistical analysis have been reported in the hope that further studies will be stimulated.

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