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OBJECT RELATIONS TECHNIQUE

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Introduction

The Object Relations Technique (ORT), advanced by Phillipson (1953, 1973), is a projective test developed in the era of other apperception tests such as Murray's (1943) popular Thematic Apperception Test (TAT). However, the ORT departs from the standard apperception tests in that test stimuli are more highly ambiguous than those found in any of its "look-alikes." In fact, the stimulus cards of the ORT approach the level of ambiguity and abstraction found in Rorschach cards.

The ORT is based on the object relations (O-R) theory of Klein (1948) and Fairbairn (1952). The O-R theory assumes that the pattern of adult relationships is an outgrowth of early childhood relations ("objects") with whom the infant is dependent for the satisfaction of biological and psychological needs. These early object relationships are considered to be of utmost importance to the developing child, so much so that it is thought that all aspects of adult perception and thought will bear traces of one's early object relations. The theory goes on to suggest that there are two types of overlapping object relations systems within each person. The first of these—a mature, rational, adaptive system of object relationships—is thought to develop as a result of a long period of repeated socially validated experiences. The second object relations system—a primitive, irrational, and inadequately adaptive system—is based on early childhood experiences wherein relationships are established by means of repressed unconscious fantasies that serve as a means of gratification. It is believed that the way in which each individual reconciles these two internal systems determines the person's idiosyncratic behavior and reaction towards people and things.

Following this line of reasoning, it is suggested that when the balance of the object relations systems is tipped such that the immature object system dominates, the unconscious object fantasies will find direct expression in the adult relationship and result in an impaired and restricted interpersonal style. To state it in another way, Klein (1948) and Fairbairn (1952) hypothesize that the unconscious object relations will superimpose primitive patterns on the socially validated ways of conducting mature interactions. The degree to which the immature object system overthrows and/or intrudes on the mature system is thought to be determined

by the extent to which the environmental setting matches the unconscious relationships in terms of 1) the dynamics of the relationship, 2) the immediate stimulus, 3) the objects present in the physical setting, and 4) the emotional climate. When constructing the stimulus cards for the ORT, Phillipson (1953) attempted to incorporate these four components of the theoretical model in order to provide a means of assessing the nature and balance of object relations exhibited by the individual client.

The ORT consists of three series (A, B, C) of four cards each and a blank card, making a total of 13 cards. Each of the three series contains a situation depicting one person (cards A1, B1, C1), a situation depicting two persons (cards A2, B2, C2), a situation depicting three persons (cards A3, B3, C3), and situations depicting groups of people (cards AG, BG, CG). When developing the pictures, an attempt was made to have all figures drawn so as to be ambiguous with respect to age, sex, movement, expression, attitude, and dress. In addition, each series of cards differs with respect to the amount of detail contained in the pictures, the physical setting portrayed, and the emotional climate portrayed. For example, the pictures in series A contain the most detail and are intended to be the least ambiguous. When considered as a whole, the various feature components and stimulus gradations inherent in the 12 picture cards, together with the obvious highly ambiguous blank card, are intended to "pull for" information beyond the simple object relations paradigm. It is obvious that the ORT cards have been constructed in order to yield stories containing issues and conflicts that might have relevance when interpreted from a more general psychoanalytic orientation—issues such as oedipal conflicts and transference issues.

Series A consists of human figures drawn in silhouette. The medium in which the figures were drawn appears to have been charcoal, and the figures are lightly shaded and misty in quality. In series A, no identifiable details are provided with regard to the physical setting "surrounding" the figures. Thus, the subject is given considerable latitude in interpreting the environmental context. Series B also contains silhouetted figures, drawn as black-and-white pencil sketches. However, in contrast to series A, series B contains definite details of the physical setting. Therefore, there is much less latitude for the subject with regard to interpreting the environmental context. The pictures in series C are even more enhanced and detailed than either series A or B. The human figure silhouettes are darkly shaded, and there are additional details with regard to the setting in which the figures occur. These settings are more realistic than those occurring in either series A or series B. However, the most notable distinctive feature of series C is the addition of color to the stimulus cards. Although most of each picture in series C consists of a darkly shaded black-and-white pencil sketch, color has been added to selected portions of each card. Phillipson (1973) suggests that the reason he added color to the pictures in series C was to evoke "feelings" and "emotional responses." However, the only research study to date that has focused on the issue of color (Gleed, 1974) fails to shed light on the significance of this particular feature. Moreover, it is by no means clear as to how the element of color is to be interpreted within the context of the object-relations theory (Meyer, 1958/1970).

The Object Relations Technique requires few materials and minimal space; any quiet setting with adequate illumination where the subject can be comfortably

seated with sufficient room to look at the 9" x 11½" cards would be considered adequate. Although the test manual (Phillipson, 1973; also available on microfiche) contains a section entitled "Methods of Administration," the section focuses mainly on describing techniques for developing adequate rapport between the subject and examiner and provides very little detailed information with regard to the precise methods and procedures for administering the test. For example, there is no mention of whether the examiner or the examinee should record the subject's responses.

The administration of the ORT involves three phases. During the first phase, the testing phase, subjects are presented with each of the stimulus cards and asked to make up a story about the picture they have just been given. The actual instructions from the test manual (p. 10), which are similar to those contained in the TAT, are as follows:

I am going to show you some pictures. Will you look at each one as I give it and try to imagine what it could be. As you bring it to life in your imagination, make up a brief story about it. First of all you should say how you imagine this situation came about—this you can do in one or two sentences. Then you can imagine what is going on in the situation and tell me about it more fully. Finally imagine how it turns out, or what happens in the end—this final part you can do again in just a sentence or so. The story is to be done in three parts; the beginning [*sic*] the middle bit which you do more fully, and the ending. I suggest we do the first one as a sample, then you can ask me about it afterwards, and I will tell you whether it is all right.

After completing the first story, the subject is prompted to give a past, present, and future to the story and to elaborate on any section of it that the examiner feels is inadequately covered. Unfortunately, examples or descriptions of what constitutes inadequate coverage are not provided in the manual. It simply states that the examiner might want to ask the subject more about what is going on in the story or about the people placed in the story. After this initial probing, the manual recommends that, generally, the examiner should take the stories as given by the subject, but suggests that if subjects find the story-making task particularly difficult, "it is permitted to prompt them with non-directive questions (using what they have already given as a lead) in order to get more information about the three parts required" (p. 10).

Phase II of the ORT consists of the inquiry. After the entire administration is completed, the manual recommends that the examiner conduct a brief (no more than ten minutes) inquiry on only those stories where the subject appeared uncertain or where verbalizations were unclear.

The final phase of the ORT consists of "testing of limits." The manual describes several different techniques that can be employed by the examiner during this phase in order to elicit additional information that might be of importance when interpreting object relations. First, when examiners regard subjects' perception of a stimulus card to be unusual in some way, it is permissible to request another story about the picture or ask the subjects if they can see the picture in another way. Second, if examiners become aware of possible conflict areas as manifested in the content of any story, they can request more details about the people in the story. Third, if examiners feel that subjects omitted or avoided important elements of the

pictures, they should point out the omissions to the subjects and generate discussion about what they have left out. Fourth, examiners can ask subjects to select which of the stimulus cards they liked best and liked least and to provide reasons for their choice of a certain picture. Finally, examiners can request alternative stories to the ones subjects first provided in order to assess the extent to which the subjects' feelings have changed toward the examiner following the initial testing phase.

Overall, the procedures for administering the ORT are at best vague and at worst incomplete and imprecise. For example, given the lack of precision associated with the testing of limits phases, it is difficult to see how any two examiners would elicit the same type of data from a subject. These limitations are further compounded when one considers the way in which the test data from the ORT are interpreted.

The interpretation of the ORT is based solely on the qualitative analysis of the subject's stories (Phillipson, 1973). There are no quantifiable raw scores or derived scores, and it is therefore impossible to compare a subject's performance with that of other persons of the subject's own age. Psychoanalytic interpretations are launched from information gleaned from four main areas: 1) perception (e.g., what it is that is seen), 2) apperception (e.g., what themes occur), 3) the object-relation content (e.g., the kinds of people seen, how or to what extent they are differentiated, how they interact) and 4) the story structure (e.g., does it meet the task, is it balanced, is there conflict, is it logical, is it emotional, are problems worked through, is resolution achieved). In order to evaluate the overall personality, Phillipson (1973) suggests that it is essential to follow some basic psychoanalytic rules: 1) examiners should realize that the people portrayed in a subject's stories do not represent the subject's actual parents; 2) the people chosen in the stories are important individuals in the subject's past and/or present; 3) part of the subject's internal experience is unconscious and anxiety laden but is currently masked by the subject's defenses; 4) the unconscious object relations will include images of whole objects (e.g., parents), as well as parts of objects (e.g., breast or penis), and the relationship between the two; and 5) the situations portrayed in a story may represent unconscious parts of the self that are experienced as external to the self.

Practical Applications/Uses

At the present time, the practical applications of the ORT are largely open to question. Only a handful of studies have addressed its use as a diagnostic or therapeutic tool, and it is difficult to assess its practical value to the clinician.

To begin with, the target population of the test is unclear. Phillipson (1973, p. 22) suggests that "extensive experience has conferred the suitability and usefulness of the techniques for subjects of 14 years and upwards"; however, because of the total absence of standardization data for the test, there is no way to evaluate this clinical judgment or to ascertain other data (e.g., whether the test is more suitable for men or women, whether there is a minimal intellectual level required).

Some limited research has been advanced to suggest that the ORT might be useful as a screening device for predicting which clients will be more apt to participate verbally in therapy (Aston, 1970) and which clients will tend to stay in group therapy for a longer period of time (Aston, 1971); however, the use of the ORT as a

screening device would appear to be problematic, given practical limitations with regard to the length of time that seems to be necessary to administer the test.

Although Phillipson (1973) suggests that the entire ORT procedure can be completed in 90 minutes, it would appear that the total time required by the clinician from start to finish would be considerably longer, especially if one takes into account what might prove to be a rather lengthy interpretive process. Westby (1970) regards the test-time issue to be a critical limitation of the ORT, which he considers to be either a likely routine examination method for teaching hospitals and clinics that are generously staffed or a luxury research instrument that could lead to a more economical technique. According to Westby (p. 251), "if, in addition to administration, four or five hours are spent in scoring and interpretation, the test is too expensive in time for the average clinical psychologist."

No indication is given in the manual as to whether it is possible to administer a short or abbreviated form of the test. Interestingly, it would appear that only one modification of the test has been forthcoming since the ORT was first published. This modification consisted of an experimental children's version (CORT) of the ORT that was first reported by Wilkinson (1975). Unfortunately, the initial investigation of the CORT was based solely on two clinical case studies, and it does not appear that this modification has generated any subsequent research attention or clinical interest.

Phillipson (1973) claims that the ORT is a valuable tool in industrial selection; however, he fails to report any data on the 3,000 candidates he presumably tested on the ORT. When using the test for this purpose, Phillipson recommends that the clinician use only six or eight cards, but his rationale for selecting the six cards is far from clear, and he fails to provide any justification on standard statistical grounds (e.g., reliability data). He simply suggests that the cards should be chosen so that some dynamic match occurs between the ORT cards and the human relations situation the candidate is seeking. He states that "in this way O-R issues inherent in the selection situation and the projected work situation will tend to be highlighted" (Phillipson, 1973, p. 21). At present, the value of the ORT in personnel selection is questionable. Kutash (1957/1970, p. 1134) states that "unfortunately, the data presented while highly interesting and pertinent for the clinical worker does [sic] not bear on the possibilities in the fields of personnel selection and guidance." According to Nevis (1957/1970, p. 1134) "the Object Relations Technique as it now stands will probably be of little value in personnel assessment work."

Another possible practical application of the ORT is its utilization as an adjunct to the therapy process itself. Phillipson (1973) suggests that the technique can facilitate associations that will enhance increasingly deeper levels of insight into how a patient relates to others. Until appropriate research is conducted on this topic, the reader will have to decide whether or not to take him at his word. Furthermore, it could be argued that the functions that Phillipson describes (i.e., deeper levels of insight into how a patient relates to others) could be adequately served by already existing tests such as the TAT. Although at least one author has argued that the ORT is unique and has no rivals in the testing marketplace (Hetherington, 1956/1970), other authors (e.g., Beech, 1970; Meyer, 1958/1970) question the advantage of the ORT over other existing tests. Beech (1970) states that the ORT may be at a disadvantage due to its comparatively brief history as well as its fundamental similarity

to other currently available projective techniques. According to Meyer (1958/1970, p. 1133), the ORT has "little creativeness," is "a slightly modified combination of already existing techniques," and has not yet demonstrated the advantage of its "ambiguity over existing stimuli."

Finally, it should be noted that the process of developing meaningful interpretations and insights from the ORT stories appears to be a difficult and complex undertaking that relies heavily on an in-depth knowledge of psychoanalysis. This is a major limitation of the test in that years of specialized training and experience in psychoanalysis are not readily available to all test users, and such skills are certainly not attained by simply reading the test manual. Although this practical limitation is not addressed in the manual, others have been quick to point it out. For example, Beech (1970, p. 475) states that, based on published records of patients' ORT responses, "only persons with a specialized knowledge of psychoanalytic theory and a particular kind of experience would be in a position to duplicate the interpretations offered" and the ORT's usefulness could depend on both the examiner's limitations and limitations of psychoanalytic theory. In Meyer's (1958/1970, p. 1133) opinion, the application of Phillipson's psychoanalytic knowledge, rather than the technique itself, provides the rich information and, "with minor reservations, his approach can be used with other stimuli . . . a warning that there is no magic in the stimulus alone and it will provide rich results only if the examiner can bring a wealth of background to it."

Technical Aspects

The ORT fails to meet even minimally acceptable standards of reliability, validity, and normative breadth (American Psychological Association, 1985). The present manual contains only one clinical case study, and no information at all is presented regarding reliability (test-retest, alternate-form, and internal consistency), validity (content, criterion-related, or construct), or a standardization sample. Phillipson (1973) makes an unconvincing attempt to excuse these major limitations by stating:

It is almost an impossible task to provide comprehensive and precise data on the stimulus values within projective material . . . normative data is [*sic*] built up largely from the experience of the psychologist with the Technique. After extensive experience the psychologist accumulates a knowledge of the wide variety of response [*sic*] such tests provide, and within the context of such experience can evaluate them in terms of their unusualness and their fit with the stimulus. Moreover with his extensive experience in looking at the material and examining responses in detachment, i.e. [*sic*] when not involved so fully as the patient, the psychologist learns to set aside his own subjective impressions and can thereby judge the unusual or reasonableness of a response in terms of its match with the stimulus properties. (p. 10)

Phillipson's own words suggest the demise of the ORT. Because the normative data are "built up largely from the experience of the psychologist," then the 17 years of normative data within Phillipson die with him.

Given today's standards for psychological tests and measures, one would go so far as to propose a moratorium on the ORT. The test is not acceptable by any objec-

the potential legal risks to the test user. According to the American Psychological Association standards (1985), the entire responsibility of test use and interpretation lies solely on the practitioner, not the developer or publisher.

Thirty years ago, Hetherington (1956/1970) maintained that the ORT would be used widely by clinical psychologists, regardless of their familiarity with object-relations theory, because the ORT "undoubtedly produces projective material the value of which is by no means dependent on psychoanalytic interpretation" (p. 1131). Hetherington assumed that this technique would become popular because of his clinical judgment. The time has come when empirical data must outweigh clinical judgment, and one can no longer be content with unreliable and incomplete studies, or else we shall sound like Keir (1956/1970) who stated 30 years ago that one should be "content with what information we have on this technique" (p. 1131). Thirty years have come and gone, and still not content we echo Beech's (1970) remarks:

In summary it might be said that the ORT is a projective technique with a largely unknown development, without information respecting its reliability, and not having any very acceptable evidence concerning its validity. The claims made for the technique have yet to be substantiated and users of projective techniques may well feel that the ORT has no obvious advantages over the available alternatives. (p. 234)

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