A. Uchtenhagen:

"Schizophrenia-like Rorschach results with the blood relatives of schizophrenics." In M. Bleuler, Die schizophrene Geistesstörungen im lichte langjähriger Kranken- und Familiengeschichten. (The Schizophrenic Mental Disturbances in the Light of the Long Term Patient and Family Histories). Thieme: Stuttgart, 1972. (Translated by David Zubin.)

5. Summary of the findings, conclusions (pp 652-655)

This work is based on the observation that in earlier studies with the clinically normal relatives of schizophrenics, Rorschach results were obtained which best resembled the protocols of schizophrenics. My purpose was to determine whether more of such pathological results are obtainable among the relatives of schizophrenics or in a control group, and I had intended to add something to the interpretation of these pathological results.

1. In agreement with earlier results it was found that about a quarter of the blood relatives of schizophrenics in the Rorschach experiment react like schizophrenics, without however being schizophrenic. Such schizophrenia-like reactions are evenly distributed among age groups, are
somewhat more common in men than in women, and somewhat more common in distant relatives than in the inner family circle.

2. There is the new finding, that schizophrenia-like Rorschach results appear just as often and just as strongly among the relatives of brain-disordered patients (organic brain syndrome)* as among the relatives of schizophrenics. It is noteworthy that the control subjects tend to show schizophrenia-like reactions in their early years, and that they reveal such a reaction especially when they have lived together with the (non-schizophrenic) mentally ill relative for years. Based on my biographic material on the subjects, this result cannot be explained on the basis that a majority of relatives who managed to remain together with the sick patient had anxious-dependent or neurotically structured personalities. Rather, it must be accepted that entanglement with the suffering and the fate of the patient resulted in the pathological interpretative attitude becoming manifest in confrontation with the psychiatrist. The fact that younger subjects seemed to do so more

*Brain-disordered patients with schizophrenic blood relatives were eliminated from the sample (ed).
than older ones seems at least not to contradict the hypothesis.

3. The indiscriminate accumulation of schizophrenic-like protocols with the relatives of schizophrenics and brain-disordered patients does not immediately lead to the expectation that the application of equal methodology will uncover schizophrenia-like protocols to the same extent in the general population, that is, in a control group differently selected. The results of many other studies, rather, contradict this expectation. There are above all two thinkable reasons why the number of schizophrenia-like Rorschach results could be higher in the two subject groups than in the general population: first, the kin relationship both for schizophrenics and for organic brain syndrome patients could increase this frequency for constitutionally determined reasons, and second, the fact that the doctor treating the patient administers the test to the relatives could bring about this frequency. The second possibility will be discussed below. It should be noted for the first possibility that the population from which the control series was selected was not merely brain disordered, but brain-disordered
with psychotic behavior to the extent that they had to be hospitalized in a psychiatric clinic. Thus it may be not so much the brain disorder, as the tendency towards a severe psychotic reaction to brain disorder (with severe depression, delusions, loss of control), that is anchored in the constitution, and that this constitutional factor expresses itself in the pathological interpretative attitude of the subjects.

4. What do the differences mentioned above mean for the appearance of schizophrenia-like test results in both of the subject groups? Relatives of brain-disordered institutionalized patients show such results especially when they are still in their younger years, when they belong to the immediate family of the patient, and especially when they have shared daily life with him year after year. All of these points suggest a considerable role played by psychodynamic factors in the production of pathological test results, more clearly than with the relatives of my schizophrenic sample. The possibility must therefore be raised,
that the schizophrenia-like protocols from the two groups of subjects did not arise in a uniform way, and therefore do not mean the same thing.

If the test protocols are analyzed for how often the individual formal and content-oriented indicators of schizophrenic-likeness appear in them, and whether these indicators add up more strongly in one or the other group, then such differences are clearly not found. As far as it can be determined on the basis of these methods of evaluation, the symptom picture of pathological interpretative attitude allows no conclusion of a differential origin of this symptom picture.

5. This investigation establishes with certainty: Rorschach results as they are observed especially with schizophrenics are also produced by individuals with complete psychological health lasting for decades and with perfect preservation of life, and without schizophrenic disorders being observed among their closer relatives.

6. The presence of a schizophrenia-like Rorschach protocol does not mean: -- the presence of a schizophrenic psychosis in the subject. The Rorschach test is not a definitive diagnostic device for the detection
of a schizophrenic psychosis, if this can not be determined from the
anamnesis, clinical observation, and investigation.

—a liability for the subject to develop schizophrenia with some
probability. Complete certainty on this point would of course only
be provided by a decade-long katamnesis of my subjects. The frequency
of schizophrenia-like protocols for my clinically normal subjects
(about 20% after removing all abnormal personalities) outweighs the
probability of developing the disorder (general population 1%, close
relatives of schizophrenics 6-12%) to such a degree, that a prognosis
of illness cannot be made on this basis. And specifically, the prognosis
for individual subjects must be considered uncertain.

—a liability for the descendent of the subject to develop
schizophrenia with some probability. Descendants of schizophrenia-like
reacting subjects did not develop schizophrenia more often than is
to be expected from average morbidity. Important practical and
theoretical conclusions attach to this. The practical question, of
whether the healthy relatives of a schizophrenic be allowed to marry
and have children, cannot be decided on the basis of Rorschach results, even if there is a schizophrenia-like Rorschach result. Theoretically, a subject with such a result cannot be considered as a carrier of a trait of a pathological disposition "Schizophrenia," as long as this disposition is not demonstrated and the descendents of these subjects do not manifest a higher morbidity than average. The presence of a schizophrenia-like Rorschach result, however, is also not to be taken as an indicator of a "schizophrenogenic milieu" in the sense that the pedagogical influence of the subject might result in a tendency to psychosis in his descendents.

7. Does the presence of a schizophrenia-like test result mean anything at all?

It could be assumed that it is a question of an unspecific reaction to the test situation as exhibited by schizophrenics and non-schizophrenics. This is questioned by the fact that this reaction is much more frequent with schizophrenics than with non-schizophrenics, and that there are many points of contact between the indicators of schizophrenia- likeness
in the Rorschach test and individual clinical symptoms (stupor, unpredictable variation in the control of reality, flightiness, cruel-sinister-cold world). The fear of being found to be mentally ill like the psychotic relative could have led to such a non-specific reaction in my subjects. This fear was in fact detectable in many subjects, and directly expressed by some; for the subjects with a pathological attitude on the test this was neither more frequent nor more rare than for others. (I would expect this consequence more from unexpressed fear than from verbalized fear). Furthermore, it is to be emphasized that fear and hesitation can express themselves in the Rorschach test in completely different ways than through a schizophrenia-like interpretative attitude. It cannot be immediately assumed that a schizophrenia-like interpretative attitude results from fear of psychosis alone, but needs some additional motivation. The same argument could be held out against the hypothesis that a guilt-ridden entanglement with the fate of the sick relative could by itself be responsible for the schizophrenia-like test attitude, even if this entanglement did play a role for many subjects.
The presence of a schizophrenia-like test result can mean that
the subject in question carries the possibility of schizophrenic
experience and behavior in him, but that these do not show up in his
accustomed niche of life. This possibility manifests itself in him
under a specific key stress, namely the confrontation with the
Rorschach test. Just as patients, with a so-called schizophrenic
reaction to an unbearable conflict specific for them, decompensate
psychotically (the conflict is more clearly recognizable, the familiar
concentration of psychoses clearly smaller than in schizophrenia proper)
so the "schizophrenic reaction to the Rorschach test" is the psychosis-
like breakdown in face of the specific unbearable conflicts activated
in the projection test (here the conflicts are clearer and the familiar
concentration of psychoses is even smaller than with the schizophrenic
reactions). The unconscious conflicts activated in the projection test
mobilize fears and awaken defense mechanisms, which otherwise remain
hidden under a more or less well adapted behavior, and do not result
in delusions and flightiness, as in the clinically ill.
The unconscious conflicts, the activation of which can lead to
the picture of a schizophrenic psychosis or a schizophrenia-like
attitude on a test, are by no means specific for the illness schizophrenia.
They do not correlate with clinical pictures of illness, and often
demonstrate to the contrary the closest similarity with the condition
of normals. It is, therefore, to be recommended that the interpretative
attitude of the subjects be correlated less with their social behavior
than with their inner state of conflict. The apparently equal inter-
pretative attitude of psychotics and the clinically normal clearly
attests to this. Rorschach research will profit more from this than
from an endeavor towards the diagnosis of illness pictures, which are
clinically defined in terms of symptoms. Rorschach diagnosis will be
able to ascertain its place in clinical practice and in the theory of
schizophrenia all the more as it contributes to the understanding
of inner states of conflict, rather than engaging in the prognosis of
behavior.