

Organic Integrity Test (O. I. T.)

W H Lo

Government Mental Health Service of Hong Kong

Introduction

In an article in the Archives of General Psychiatry (July, 1960, III, pp. 43-52) H. C. Tien presents a psychological test for organic brain syndrome which he names the Organic Integrity Test (O. I. T.). The O. I. T. is designed to detect the ability of the central nervous system in any subject to perceive gestalt or form, or its converse, i.e. its inability to do so. It is postulated that gestalt or form perception is a function of the intact central nervous system. It can, therefore, be deduced that subjects with organic brain syndrome tend to lose this function and that a test capable of measuring a given subject's ability to perceive gestalt, can assess the degree of cortical integrity. The O. I. T. elicits normally form response and not colour response. The latter is regarded as a decrease of the gestalt perceptive ability or the degree of brain damage.

The O. I. T. consists of ten sets of pictures with three pictures in each set. Two of the pictures show a similarity in form and two in colour. The patient is instructed by the test administrator to place the two pictures together that he thinks are most alike. For every answer he receives points ranging from five to thirteen. The highest number of points that he can reach is one hundred. Tien shows that reversible chromophilia is a common occurrence not only among brain-damaged

but also among psychotic patients, especially schizophrenics. Also, patients with severe anxiety or depression often have a marked chromophilia.

Purpose of Present Study

The aims of the present study are (1) to see if the O. I. T. can separate brain-damaged individuals in the Chinese patients as in the Americans and (2) to employ it as a test of psychotic deterioration.

The Sample consisted of (a) 40 adult neurotics, (b) 49 adult schizophrenics with mild defect, (c) 38 adult schizophrenics with marked defect and (d) 30 moderately demented patients e.g. cases of neurosyphilis and arteriosclerotic dementia. These patients were otherwise chosen in a random manner. By an "adult" it was meant here one in the age range of 20 to 45 years. Patients whose developmental histories, school or work records before the onset of their illness suggested subnormal intelligence were excluded.

The diagnoses and the degrees of personality deterioration in the schizophrenics, already stabilized by treatment, were reviewed and assessed by the author and another doctor who has had over five years' psychiatric experience (Table 1 & Table 2).

Source: The Mental Health Association of Hong Kong Newsletter, October, 1968, 5-11

W H Lo

Table 1
Results

		<u>No. of Patients</u>	<u>Mean Score</u>	<u>Standard Deviation</u>
I	Adult neurotics	40	50.6	21
II	Adult schizophrenics with mild defect	49	43.7	15.8
III	Adult schizophrenics with marked defect	38	25.1	13.3
IV	Moderately demented patients.	30	29.3	15.7

Table 2

Comparison of Two Means by T-test

	n.	t.	P.
I vs II	87	2.25	< 0.05
I vs III	76	19.6	< 0.001
I vs IV	68	16.7	< 0.001
II vs III	85	14.4	< 0.001
II vs IV	77	9.65	< 0.001
III vs IV	66	0.45	> 0.6

Conclusion and Comment

1. Significant differences between the neurotics and schizophrenics with mild defect and also between the latter and schizophrenics with marked defect have confirmed the usefulness of the O. I. T. as a quick test for psychotic deterioration.

2. Schizophrenics with marked defect gave no significant higher score than the moderately

demented patients and this has raised the possibility that some schizophrenics can become "demented" as implied by the term Dementia Praecox used by Kraepelin.

3. A critical examination of separate items has revealed that some pictures in the O. I. T., which an American would recognise, are not familiar to the Chinese. This probably explains the lower score of the Chinese neurotics as compared with Tien's American series.