

American Handbook of Psychiatry

THE PSYCHOLOGICAL EXAMINATION

Alan K. Rosenwald

The Psychological Examination

Alan K. Rosenwald

e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 1* edited by Silvano Arietti

Copyright © 1974 by Basic Books

All Rights Reserved

Created in the United States of America

Table of Contents

[Introduction](#)

[Referral Procedures](#)

[Illustrative Examples of Referral Procedures](#)

[Motivational Factors of Patient toward Psychological Study](#)

[Description of a Battery of Psychological Tests](#)

[Psychological Studies](#)

[Discussion](#)

[Bibliography](#)

The Psychological Examination

Alan K. Rosenwald

Introduction

Several paths could be taken in describing the nature of the psychological examination. One approach would emphasize its validity, reliability, standardization procedures, and other methodological issues drawn from the studies that involve the use of the major psychological tests in clinical settings. Indeed, it is essential for the psychological examiner to consider whether what he says about a given individual can be substantiated from sound scientific data or merely reflects his subjective fancy. [\[1\]](#) As one can see from the extensive bibliography cited, the literature on diagnostic and personality testing of the past ten years has been reviewed with the intent of giving the reader who wishes to go further an extensive sampling of such studies. [\[2\]](#) This chapter will make limited use of the bibliography.

Another approach that might be taken is the creation of a test manual. This would give brief elementary instructions on how to give intelligence, personality, and neuropsychological tests, how to record the results, and how to interpret their meanings. [\[3\]](#) This has a resemblance of rationality but, I

feel, runs the risk of trying to provide the reader with skills in “Ten Easy Lessons” when much more is demanded. I do propose to describe some of the- more widely used tests, illustrate the nature of the psychological examination by presenting psychological test data, and discuss how one derives meaning from such data and communicates the findings. In doing this I have assumed that my readers will largely be psychiatrists plus a smaller number of other mental health specialists who might wish to see what goes under the aegis of the psychological examination.

Referral Procedures

Let’s start at the beginning when a person is referred for a psychological study. Referrals should be made when the referrer seeks an answer about the individual whom he is treating or evaluating that does not appear readily or easily obtainable from his clinical interaction with the patient. He feels that a separate opinion will benefit his pursuit of understanding. For example, the referrer seeks to confirm his tentative opinion that a patient is suffering from schizophrenia. He wants an independent opinion derived from a different set of data than that developed from his interview material and behavioral observations. Another major reason for referrals is the referrer’s judgment that the psychological examination will give a special source of information that is not readily available. The usual example of this would be a more objective measure of the level of intelligence. In fact, the psychologist is seen

as having the tools to evaluate affairs of the intellect. Personality assessment is less likely to be regarded as the elusive bailiwick of the psychologist. One often hears such statements as “give me an hour or two of interview and I don’t need psychological.” Evidence exists that the inferences developed from psychological test data are frequently quite different from those obtained from a series of interviews and prove to be of inestimable value in understanding and planning for the patient. Referrals may also be made for didactic purposes when a conference is to be held to demonstrate the functioning of each of the mental health disciplines. They may be requested with the intent of studying an individual prior to beginning and following the end of a particular therapeutic procedure.

Once the referral has been made, the psychologist seeks to utilize those psychological tests that will most adequately answer the question or questions that have been asked. Tests are selected on the basis of what functions they are designed to reveal and how well they work. Psychologists are constantly concerned with the validity and reliability of their testing instruments. Test results are often affected significantly by the interaction between patient and examiner. Many factors contributing to the nature of this patient- examiner interaction may affect performance. The patient wants to know the significance of the psychological examination. To what end is the study being done? What good will it do him? Will it help him get out of the hospital? Will the results keep him out of the armed services or effect a

discharge from the armed services? Medication may adversely affect the performance so the psychologist must know if the patient is being medicated. The examiner may be concerned about his own time and try to speed things up. He may dislike examining a particular patient and be too brusque in his relationship with him. Other illustrations could be given. I feel that the patient should be told the purpose of the examination although at times its purpose is clearly apparent to the examinee. Questions are asked frequently about how the patient should be prepared for the fact that he is to be given a series of psychological tests. He should be told that as part of the evaluation procedure, a psychological study is being done in order to learn about him by a different method than that to which he has already been exposed. The study is to be done to develop the most effective procedures to plan for his treatment both while he is a patient of the institution and when he leaves. General statements of this kind should be made rather than emphasizing any unusual significance to the examination. All too frequently the subject is led to believe that if he does "well" he may expect good things to happen such as leaving the hospital or transfer to a better setting. In turn, he may be terrified because he has been led to believe that if he does "poorly," dire consequences will follow. No matter how objective the instructions or the explanation of the use of the results, the examiner should always try to maintain or re-establish the proper climate so as to get optimum results.

Illustrative Examples of Referral Procedures

By way of illustrating the referral process, let me turn to recent examples. L. K., a young married woman of 24 came into the outpatient clinic. She had a history of smoking pot and once used LSD. Since her use of LSD, she experienced flashbacks of a “bad trip.” Her husband, she said, had no flashbacks even though he had taken drugs identical in kind and quantity to hers. She had also tried peyote and morning-glory seeds. She said she no longer used drugs, but had all the negative experiences that she had when she was actually using them. She had seen several psychiatrists and psychologists for help in overcoming her hallucinations, “spaced-out experiences,” and “my mental confusion.” She had quit all the therapists because either they viewed her problem as “psychological only,” thereby dismissing her feelings that there must be an organic component resulting from actual brain damage, or they saw the problem as organic, but either wouldn’t or didn’t do anything about it. At any rate she had come to still another setting for help with her problem. She was referred to the psychology service for aid in understanding her difficulties and evaluating the degree and nature of the psychopathology.

A brief interview prior to the start of the psychological examination, coupled with other data derived from the outpatient service, yielded little or no evidence that L. K. had sustained brain damage as a result of her use of drugs, nor was there anything in her previous history that suggested organic involvement. This does not exclude the possibility that she had previously

experienced an acute neurophysiological disturbance. The only thing that could be established was that her functioning at present did not reflect impairment due to brain damage. Occupationally she had been both an actress and a model for TV commercials. She had also functioned as a schoolteacher in urban and suburban schools.

Let us turn to another referral of an entirely different sort. S. M., a 58-year-old black man, was referred for a psychological study to evaluate his potential to return to work. He had a stable work history, having worked eight years in the meat-packing industry, and having left there when the plant sharply reduced its activities. In his present employment he functioned as a driver who was responsible for organizing truck loads and dispensing partial loads to various individuals; this required reloading what was left in the truck. He became depressed and confused on the job, apparently being unable to keep up with the time demands of rapid loading, and developed a sense of failure. He was hospitalized, given shock therapy, recovered, and returned to work. Several months later he had similar symptoms and was referred to two psychiatrists, the one who had previously treated him and a consultant psychiatrist. The former thought the man could return to work at his old job; the latter did not. My task was to make an independent recommendation on the basis of a psychological study. His company was interested in securing advice in vocational planning. They were aware of the stability of his work history and wanted to continue to employ him, provided there was some

assurance that he could work, if not at his former level, at least at some kind of work. They were willing to reassign him to another area of the plant if it were indicated.

Motivational Factors of Patient toward Psychological Study

One of the concerns of the psychological examination is what the individual being examined seeks to accomplish. The literature is replete with “faking bad” and “faking good,” in which the individual tries to appear as sick or as well as the circumstances warrant. The more obvious the intent of the examination, the easier it is to manipulate. Although some objective personality tests such as the Minnesota Multiphasic Personality Inventory have validity scales designed to detect the “faking” individual, still we are interested in the personalities we can extract from individuals who try to dissimulate. Therefore, a desirable quality of a test is that it should be difficult to fake. Consider, for example, the Rorschach test. Assume an individual decides to obfuscate responses on the Rorschach. He gives bizarre content on the grounds that this will really insure his pathology. However, we get data from the Rorschach other than the content of his responses, so he can say some pretty strange things and still appear relatively intact. I was asked to serve as a judge in studies of posthypnotic suggestion that the hypnotized subject had sustained severe damage to his brain and he should demonstrate his intellectual impairment on a battery of psychological tests. The records

were presented to the judges to be evaluated for the degree of organicity, and nothing was known about the fact that the subjects were hypnotized. Even though the content of responses given was bloody and anatomical, the formal structure of the Rorschach was quite intact on individuals who were not brain damaged. Formal structure refers to such things as areas of blot used, accuracy and complexity of percepts, and so forth.

Let us look at the individual who seeks to put himself in a bad light (faking bad). Perhaps it is not even a question of faking. The individual decides that it is appropriate to place no checks on his perceptions. If he sees something, he will give it. This is in contrast to a more wary individual who does not subscribe freely to the examiner's injunction to tell everything that he sees as soon as he sees it. We see this illustrated frequently by a high percentage of sexual responses. Judging from his remarks, the examinee seems prone to think that this is the only significant parameter of the test. He is more likely to think the goodness and badness of the content is the pathology. Not so. [\[4\]](#)

Description of a Battery of Psychological Tests

Rorschach Ink Blot Test

The Rorschach consists of a standard series of ten ink blots. Each blot is

reproduced by itself on cardboard. Five of the blots are gray, two are gray and red, and three are multicolored. The task of the examinee is to tell what he sees on each of the ten cards. The examiner records verbatim, or as close to verbatim as possible, what the examinee says. Upon completion of the series inquiry is made about each response so that the examiner knows where the response is located (whole ink blot, commonly or infrequently used parts of the blot, or space within or surrounding the ink blot). Further inquiry is used to evoke the determinants that entered into the response (shape, color, shading, tridimensionality, perception of human figures as though moving).

[5] Each response should be scored according to location, determinant(s) used, and category of content. To illustrate, a person gives as his first response to Card 1, "bat." The inquiry indicates that he has used the whole ink blot, and the bat was determined only by shape. The scoring would be W (whole), F+ (form, accuracy acceptable), A (content category), and P. A particular response given to designated areas is scored P (popular). P responses are the most frequently given responses in the test series. P is an index of intellectual conformity, an individual's ability to recognize the conventional standards by which members of society govern their ordinary day-to-day behavior. An inadequate number of P responses suggests intellectual alienation from society.

The utility of the Rorschach resides not only in the content of the responses given but also in the formal quality of the responses themselves.

One of the basic concepts that Rorschach evolved and designated is the *Erlebnistypus* (Experience Type or Experience Balance). The EB, as it is commonly designated, is a ratio between the number of responses that involve color (hue) and the number of responses in which humans and animals are perceived in movements that involve actions considered as characteristically human. M examples are "People dancing in rhythm," and "Two witches going at it at the top, holding Tommy guns." The number, quality, and cards on which they occur are all variables used in the evaluation of the meaning of M. M responses are scored M+ or M-. The + or - refers to the form quality of the percept. Color responses are scored FC+ or FC-, CF+ or CF-, with + or - again standing for the quality of the form or shape. FC is scored when the response is determined primarily by shape and secondarily by color; CF when the response is dominated by color and form is secondary to the percept; C when the response is based on the color values. The color sum (C sum), one half of the Experience Balance (EB), is derived in the following manner: Each FC response is one-half unit of color, each CF response is one unit, and each C response one and one-half units. The C sum is the arithmetical total of all responses involving the use of color. M is simply the absolute number of M responses and is reported on the left-hand side of the ratio; C sum is reported on the right. The Experience Balance represents a ratio between the individual's subjective life and his affective responsiveness. M responses appear to reflect more the internal processes of an individual,

which help us to understand how he perceives his world, whereas C responses tell us something about how he adapts to stimulation that he perceives as lodged in the environment. The Experience Balance is complex and cannot be considered in detail.

There are responses that involve the primary use of form and the secondary use of shading (FY), shading dominant over form (YF), and shading only (Y). An example of FY is “horrid bug,” of YF is “rain clouds,” and of Y is “death.” Other determinants in the Rorschach within the Beck scoring system are responses involving the use of Vista (V). “A path leading up a hillside on top of which is a church” is an example of FV. “A canyon,” in which the three-dimensional quality dominates the form, would be scored VF, and an “unexplainable void,” in which depth alone was experienced, would be scored V. There are responses that involve texture. “A soft bearskin rug,” in which form dominates the feeling of texture, would be scored FT. “A piece of satin,” in which the texture dominated the form, would be scored TF. “A feeling of roughness or scaliness” without regard to form would be scored T. A single response can involve the use of several determinants such as form, color, and movement, but we will not consider here the complexities of such scoring. The test is suitable for all ages and populations. Frequently it has been used in ethnological studies to remarkable advantage.

Thematic Apperception Test (TAT)

The TAT is one of the most widely used projective techniques. Originally developed at the Harvard Psychological Clinic by Henry A. Murray^{63,64} and his co-workers, it is used in a wide variety of settings to get an individual's thought content and to explore his basic needs or wishes, to discover the obstacles that seem to thwart such needs, and to discern attitudes he has toward his family, peers, and self. The test is considered suitable for girls, boys, adult females, and adult males. Adult is defined as age 14 and over. On the backs of the cards are numbers, some of which are followed by letters. For example, 1, 2, 3BM, 3GF, 12M, 12F, 12BG, 13MF, 13B, 13G, 13MF, etc. Those cards with numbers only are to be used for adults and children of both sexes. Those with letters are to be used as follows: B, boys only; G, girls only; BG, boys and girls; M, adult males only; F, adult females only; MF, adult males and females. Twenty cards were available for each of the four groups (boys, girls, adult males, adult females). The entire set contains 31 cards. The person is asked to tell a short story with a beginning, middle, and end. He is asked to say what the characters in the picture might be thinking or feeling. Current practice is usually to use less than 20 cards and to select a basic core of cards that is given to all examinees. Some examiners prefer using two basic sets, one for males, the other for females. Other examiners select cards on the basis of what they believe are key problems. What is significant is that there is much variation in the set of cards used as well as in the total number, and that this varies from clinician to clinician. No such leeway is permitted with the

Borschach; all ten cards must be used, and the order in which they are given is always the same.

There are many ways one can approach the analysis of the TAT. Many workers in the field work with TAT stories by seeking the dominant conflicts, their resolution, the mood of the story, the interaction between the story characters, the significant elements of the picture left out or distorted, the characters or situations introduced into the story that are not present in the picture, the hero of the story with whom the storyteller seems to identify, and a number of other variables, the number depending on which particular scoring system or TAT theoretician you wish to follow. [\[6\]](#) To illustrate, Card 1 shows a young boy seated with a violin lying on a desk or table. A typical story concerns itself with the boy who has to practice his violin, usually coerced by a maternal figure. As a result of his compliance he is then able to go outside and play baseball with his friends. Another characteristic result of being forced into patterns of practice is a rise to Olympian heights and becoming an internationally renowned violinist like Jascha Heifetz or Yehudi Menuhin.

One of the most tempting things to do with the TAT is to translate the material as though it were autobiographical. Sometimes we are really dealing with essential autobiography, but if the material is that well controlled by the patient then we would do better by requesting his actual autobiography. In

some sense we have to try and distinguish between the overt content of the story and some of the latent or covert qualities of the patient. This proves very difficult for the psychological examiner. He must recognize that the instructions ask the patient to tell a short story and to say what the characters are thinking or feeling. Then in a quixotic maneuver the examiner seems to be saying that the stories that are told are to serve almost exclusively as a vehicle by which to describe the personality of the storyteller. [\[7\]](#)

This is undoubtedly a true reflection of what does happen, yet one must recognize that a certain portion of the material has relatively limited value in the sketching of personality dynamics. We have to learn what the usual expectations are for a particular picture. There have been attempts to derive normative data for the TAT cards.¹⁰ The examiner must be sensitive to the normative responses so that he avoids the pitfall of making a subtle interpretation about a story when he is working with a plot that is a common response to the picture. In working with the TAT, most clinicians do not have a rigorous set of norms that they follow in deriving their interpretations, but they do have an appreciation of the usual stories, endings, thoughts, and feelings so that deviations from the usual expectations are noted. Interpretations of stories are derived both from the individual's awareness of the conventional plot and from the individual's deviances from this common core. This is a mandate that all too often is ignored. Essentially we must attend both to an individual's capacity to recognize the most obvious

elements of a situation and to his ability to make the appropriate response. This is an index of his awareness of social norms, a reflection of his sensitivity to the expected patterns of thought. At the same time we are also interested in his ability to be unique, to depart from the traditional modes of thought or conscious awareness and move in the direction of individualism.

Wechsler Adult Intelligence Scale (WAIS)

The WAIS is the most widely used individual intelligence test for evaluating the intellectual functions of adults. The WAIS is made up of 11 subtests, six of which constitute the Verbal Scale, five the Performance Scale. The Verbal Scale consists of Information, Comprehension, Arithmetical Reasoning, Digit Span, Similarities, and Vocabulary. Information seeks to establish the range of general knowledge possessed by an individual. Comprehension measures verbal judgment as applied to everyday problems and an individual's understanding of the nature of his society. Arithmetical Reasoning consists of a series of arithmetic problems, all of which are to be solved without pencil and paper. Digit Span consists of repeating progressively longer series of numbers that are read to the subject. There is also a series that he repeats backward from the order in which it has been given. Similarities is a subtest designed to measure an individual's ability to think abstractly. One is asked to state the similarity between two things ranging in complexity from "orange" and "banana" to "Praise" and

“Punishment.” Vocabulary asks for a definition of words. The Performance Scale is composed of Picture Completion, Picture Arrangement, Object Assembly, Block Design, and Digit Symbol. Picture Completion demands that the individual select the most important item missing from the pictures shown. Picture Arrangement consists of a series of pictures that must be rearranged from the order given so that they make the most sensible sequence. Object Assembly is like a simple jigsaw puzzle in which the individual assembles several common objects. In block Design one must copy designs reproduced in a booklet by using blocks that are red, red and white, and white. Digit symbol consists of filling in symbols that stand for the numbers one to nine; the task is to fill in as many spaces below the numbers as quickly as one can.

The Performance Scale has time limits, and bonus points may be given for rapid performance that is accurate as well. The Verbal Scale, except for Arithmetical Reasoning, has no time limits. The test administration usually takes somewhat over an hour. Wechsler has also created scales for preschool and primary age children aged four to six and a half (Wechsler Preschool and Primary Scale of Intelligence) and a test for older children aged five through fifteen (Wechsler Intelligence Scale for Children).

Bender-Gestalt

We turn next to the Bender-Gestalt Test. This test was developed by Laretta Bender in 1938, patterned after designs developed by Max Wertheimer. The individual's task is to copy nine geometric designs (Gestalt figures). Because of the nature of these designs and the test instructions, we derive some awareness of how the individual perceives the designs, how he copies them, and how he organizes the designs in relationship to each other. This latter feature is evident because the individual is given as much paper as he likes to reproduce the designs. The instructions are simply that the basic nature of the task is to reproduce the designs presented him. The way he proceeds, the location of the designs on the paper, the rate of speed, and so forth are left to the discretion of the examinee. He knows that there is more than one design, but he is not told the number of designs he is expected to copy. This test is used both to assess the malfunctioning due to neural injury and to tell us something about personality functions.

Proverbs

Proverbs have been used in psychiatric settings for many years to evaluate an individual's ability to abstract, to generalize from the given instance of the proverb. A fair amount of evidence suggests that schizophrenics have difficulty in assuming an abstract attitude. For example, if the proverb used is "To the boiling pot, the flies come not," difficulty in abstraction would be reflected in the following response: "That's true. If a pot

has boiling water, the fly is a smart insect and doesn't come to the pot because if he got too close to the water, his wings might get saturated or he would burn to death. So he stays away." Contrast that with an acceptable abstraction, "The carrion of society are not attracted to centers of activity," or "Trouble does not strike where progress is being made."

Take another proverb, "The fairer the paper, the fouler the blot." A concrete response would be, "If you have a good grade of paper, the worse the blot will be." A typical abstract reply might be, "The finer the character, the more the slightest indiscretion shows." Here is one final proverb to illustrate the method: "The ripest fruit falls first." Illustrative replies are, "The best things are the most quickly gone," "The best things are the most readily available," and "As is the pattern of growth, development, and resultant productivity of nature, so also people expand their horizons as they grow and attain maturity." Although it is tempting to discuss the significance of these replies, they are presented only to illustrate the variability of responses.

Psychological Studies

When reference to test protocols is made, it is important to keep in mind that these psychological examinations were done to meet the needs of the referrer and were not selected to illustrate a particular psychodynamic process. They were not selected for their uniqueness but as recent records

obtained in a clinic. They are working examples of what may be done in a psychological study.

Psychological Study of L. K.

The behavior of L. K. during the examination was characterized by an apparent interest in the examination itself. She was seen on three occasions, mainly because she had scheduled a job interview the first time that resulted in a shorter session than intended. Before the second session she called to say she would be late, so that only the final session remained unaffected by time considerations.

This slender and rather pretty young woman showed a grace of movement. A certain wide-eyed disingenuous smile was one of her significant characteristics. She apparently hid behind the facade of this fixed smile as she demonstrated when she told of having feelings of violence toward me, even though at the same time she was telling me that she liked me. However, she showed no overt signs of distress. She understood that the purpose of the examination was to evaluate her for treatment, either for individual psychotherapy or for marital or couple therapy with her husband. [\[8\]](#) She seemed to accept the psychological examination as a necessary prelude to treatment, but it was never patently clear whether she sought to appear to advantage or disadvantage. In the main I assume the latter because the kind

of messages she chose to communicate were ones such as the feelings of violence toward me engendered within her or feelings of disintegration. At the same time she wanted to share these experiences with me, so that we could have material that would enable us to help her from the morass into which she felt she had descended.

Let us turn to her performance on the tests. After three seconds exposure to Card I in the Rorschach she says, "Death was my first response." She goes on, "It looks like some horrid bug. It's got terrible pincers, native environment is South America. There aren't many of them here but it's deadly."

This was what she reported on Card 1, and she returned the card after only 32 seconds. The interpretation of the Rorschach rests on the totality of responses given to all ten cards. So it was with L. K. However, to illustrate the process of interpretation, let's start with the one response and see where this might take us. The response was given rapidly; not only was three seconds the shortest reaction time it took to get the first response from any of the ten cards, but also 32 seconds was the shortest period of time a card was held by the patient until she had completed responding. We know that there are two popular responses (P) on Card 1. The whole blot (W) is seen as a butterfly, bat, or moth. A central detail (D) is seen as the hips and legs, most often of a woman. She gave neither of these responses. One inference that we start to

make is that she does not take time to “rally her defenses,” to compose herself so as to take an objective stance. She misses P responses. More than that, we note that she gives a highly impressionistic response, “death,” which immediately carries with it an ominous aura. The inquiry clarifies what has suggested death. “Covered with black, I associated blackness with death.” So now we become aware that the individual is giving us a highly symbolic response. Granted that it is arbitrary and not bound by objective considerations, she becomes aware of the black and bursts out, “Death was my first response.” [\[9\]](#) This leads to a series of inferences, which become strengthened or modified dependent upon the totality of her responses.

Her response to blackness, darkness, suggests an overwhelming anxiety, a sense of panic, feelings of terror about the unknown, a generalized phobic reaction. Note that it is important that her responses to black shadings are not strongly bound by a consideration of objective form. Devoid of finite boundaries, the response to black carries with it the impression of not being able to see, terrors of the night, fear of the dark. We note a continuation of this response to black in her second and last response. Here, however, we see her moving into control, taking charge. We have a “horrid bug.” This bug, however, has shape. She is aware of a form, its deadly and horrid qualities again being derived from blackness. Both clinical and research studies combine to tell us that strong reactions to black suggest strong undefined fears, phobic reactions, overwhelming sensitivity to superstitions. (This

young woman turns out to have a strong belief in witches, ESP, and astrological phenomena). For the time being let us leave the Rorschach and turn to her responses on proverbs.

To the proverb, "To the boiling pot, the flies come not," L. K. replies, "Where there is constructive activity, evil does not appear." To the proverb, "The fairer the paper, the fouler the blot," L. K. responds, "The purer the person, the more obvious and sad the sin against his character."

There are two things to be noted about her replies. "Boiling pot" is frequently defined as activity; L. K. adds "constructive." "The flies come not" is interpreted often as "hangers-on," "laggards," and so on; she interprets "evil." At this point one sets up the possibility that it is important for this individual to place a premium on achievement and that when it is not consummated, inimical forces outside one's control may interfere with the pursuit of an individual's goals. Virtue cannot exist in the midst of adversity. Here it becomes important to note that we are talking about the possible interpretations. The probability of correctness of our inference rests on similar instances that bolster our initial hypothesis. We derive some additional support from "The fairer the paper, the fouler the blot." "The fairer the paper" is equated with "the purer the person." This emphasis on purity suggests virtue at its highest, a premium on goodness. "The fouler the blot" means "the more obvious and sad the sin against his character." The

indiscretions committed are clear to everyone. Sad is gratuitous. Perhaps L. K. laments what has befallen her. Sin may be what the individual has done to himself or it might be what has been done to him. At least we are becoming aware that L.

K. places a premium on her virtues and sees that her actions or the actions of others will prove to be her undoing. L. K.'s response to "The ripest fruit falls first" is "The best and the most desirable are the first to be pulled down." Again we have the theme of that which is good, or pure, or meritorious being eroded from without. There are two statements that one can make about L. K. The first would be that there are unusually strong narcissistic elements in her life style. She appears absorbed with her own virtues, morality, and perfection. At the same time she sees herself as very vulnerable to the assaults of others. She is victimized by the rapacious quality of the unspecified others. Alternately L. K. may also be saying, "I have brought ruination to my own life because of my sins and evil deeds." Further study is necessary.

To Card I in the TAT she tells the following story: "This little fellow is a very shy child. He doesn't get along well with other children. He doesn't relate. He doesn't know how to. His parents are pretty well off and they push, particularly the mother. This child should belong to every organization in the school. He should . . . also why doesn't he have friends over to the house, bring

some friends home? He has just reached the age where he would be allowed to be in the grammar school band. He didn't want to be . . . not because he didn't like music and didn't want to play an instrument but because he would be thrown up against the other children. His mother insists. They bought him the finest violin they could find—not a Strad . . . but a very good violin. She thinks violins are so elegant. We see him here after the first day of band practice. Music open that his instructor gave him and his violin. He is thinking he made so many mistakes he can't possibly go back the next day. Everybody made so many mistakes but his were the worst of all. Because of alphabetical seating he is placed next to the most pretty girl in school in the band. This is so upsetting he doesn't know how to deal with it. He knows she must hate him. It is so embarrassing. Well, he says to himself, 'I could go on to school and I could do my work and explain things to mother at home the best I could, but I can't sit in that band. That's too much. I'd rather be dead. Then he thinks of his Uncle Joe and Uncle Joe is kind of a free spirit . . . roams around the countryside doing a bit of this and that and Uncle Joe never seemed to force him into anything he didn't want to do. He always affirmed him. Any little success he had, Uncle Joe made a great big thing out of. 'That's it' ... he decides. 'Tonight, when they have all gone to bed, I'm going to run away and live with Uncle Joe.' Let's say . . . finish it there and he comes out O.K. at the end."

The other card is 3GF. "Some of you might judge me severely for what I am about to do, but let me tell you and you will be able to understand if you

can't accept. You see, I once had a fine, intelligent mind. Personality that people said sparkled, physical beauty, and a husband that loved me. Now I have none of that. It all started with the drugs. It happened so fast I didn't have time to fight back. One day, there I was at a party smoking pot, dropping acid, laughing my head off, then, the next day thrown into limbo . . . hopelessly lost, unable even to understand a telephone number to call a doctor for help. Oh, I got help all right. Everyone tried. I think I tried hardest of all but none of it worked. I've destroyed my brain, the most valuable of all my assets. I disgust everyone but most of all myself. It's time to end this ridiculous fairy tale that some miracle is going to make it better. There is a razor in there. It won't take long and people tell me it's not very painful. If you who are listening can't understand, then at least allow me the dignity of my decision. This is not a call for help. This is a decision. So be it."

We find that there are no perceptual distortions in the story that L. K. tells about Card 1. She clearly sees this as a young boy with a violin who has his sheet music in front of him. True to the empirical tradition she brings in the coercive mother. From here on, however, to the end of the story, the plot becomes highly individualized. The mother figure is berated mercilessly. She, the maternal figure, is concerned only about achievement and socialization, and these values of hers are described as clearly dominant over all others. The patient perceives this figure as controlling, the determiner of what the child should or should not do, denying him his independence. One may

question if she talks about herself, especially since the hero has the fate of being cast into crisis by the prettiest girl in school. The hero can't stand this and seeks surcease from all this turmoil by going with Uncle Joe, who provides the escape route from such travail.

What the patient wants to tell us about herself may contradict what she actually revealed about herself. The first such inference that I would make is that the patient has a need to "psychologize," to become an analyst of personality dynamics. She has a need to talk about how "a personality is born." The ready assignment of many psychological qualities in the picture suggests that L. K. may attribute a number of qualities to others that are hers rather than intrinsic to the development of the story.

Let us turn to Card 3GF for further illustration of the process. "Some of you might judge me severely for what I am about to do, but let me tell you and maybe you will be able to understand if you can't accept." This is the first thought that L. K. expresses. Most often individuals tell their stories in the third person; L. K. moves in the direction of first person. This use of the autobiographical genre enables her to move to the center of the stage and engage in a soliloquy. She almost immediately alerts us (me, the examiner) that she has a dramatic message that she wishes to communicate. She warns me to listen. She says, "understand me before you judge harshly." Once again we are confronted by the distinction we must make between L.K.'s levels of

awareness as to what she wants to communicate and what she has communicated without being aware of it. The overt message is that because of the damage she has done to herself as a result of taking drugs, and in spite of numerous efforts to help her, including her own, she can't overcome the difficulties. So suicide is the only path open. This certainly is what she wishes to tell us. All hope is gone, she is irreversibly damaged, and killing oneself is not too painful. However, we must look beyond the plot and inquire about both the structure and the elements used to weave the plot.

It becomes clear that there is a coherence to the story. It flows clearly from beginning to end. One almost gets the impression that it has been rehearsed and that given the appropriate stimulus she responds automatically with her story. However, it becomes important to note that this suicide has many social parameters to it. She tells us that, "La commedia e finita," as does Canio in *Pagliacci*. The dramatic overtones are certainly there. She has discussed the weapon for suicide, and the razor has not been found wanting as an instrument of destruction. More than that, we note what she once had: "Personality that sparkled, people said, physical beauty and a husband that loved me." Thus L. K. describes herself as being fully in the arena of society. She was a luscious object to behold, both intellectually and physically. The egocentricity and the narcissism of L. K. are evident. The world revolves around her—nay, she is almost the world, to which or to whom others should pay homage. Again one must not be too eager to say she

knows that she is talking exclusively about herself. It is at this juncture of interpretation that we begin to leave the manifest content of the obvious storytelling of L. K. She is not nearly as aware of what she is communicating, that she is egocentric, dramatic, and controlling. These are qualities that she does not use to describe herself. They arise from the manifest content of the data. She is described as controlling since she puts people on guard so that they don't ignore her. She denies that this is a "call for help. This is a decision."

She seeks to give messages that have a psychiatric flavor to them and then retracts the intent of the message. Further, it is important to note the one specific character introduced is a husband who is brought in to demonstrate that "one loved her"—even as "everyone tried to help." So that people focus on her—to do things for her. Again one must ask about the need to tell a story devoted to self-destruction with no hope. Why does she seem dedicated to the principle that all is futile? Why does she assume her brain is destroyed? Why can't she move in the direction of telling a story in the third person that describes an individual experiencing despair over her indiscretions who subsequently overcomes her difficulties? [\[10\]](#)

An analysis of all her stories on the TAT indicates that much of what she tells is overly dramatic and, in fact, even has a humorous touch. Card 4 involving male-female interaction, with the female seen as restraining or attempting to control the male, follows immediately the suicidal story told by

L. K. She begins, “ ‘You can’t go out there, Bill,’ the young woman said, scratching the sweaty arm of her husband.” Later, “ ‘I don’t care what he said he was supposed to do,’ the angry Latino gritted his teeth, ‘Don’t give him no right to rape my woman and treat me like dirt.’” It becomes clear that the versatility of L. K. permits her to tell a suicidal theme one moment and the next to obviously caricature man-woman relationships.

Perhaps, then, one of the things that we can infer is that this individual has great difficulty in dealing with intense feelings. There is a mocking, a denial, an exaggeration, but the overwhelming quality that emerges is the simulated intense affect with the impression that drama will win out. In general, the responses on the Borschach that mirrored affective relationships were equally controlled. She is controlled but lacks warmth. L. K. gives more than an average number of P (popular) responses. What might this above average number of popular responses signify? First, the individual demonstrates a clear recognition of social standards, the commonplace patterns of behavior that account for so much of our daily lives. She can be described as quite aware of and potentially responsive to her environs. Second, it can also be argued that although she is overtly compliant and knowledgeable about the expectation of others, she needs to know “all the angles” so that she can be on the outlook for anything that deviates from the expected, the usual. More than that, she needs to recognize the conventional so she can clearly deviate from it. This is derived from other data that

establish her staunch negativism. The result is that we are drawn to the possibility not only that L. K. is very much in touch with the “real world,” but also that her awareness may lead her to be suspicious of situations that don’t meet conventional standards. Alternatively she needs to know all the “right answers” so she can deviate significantly from conventional patterns of behavior when the need arises.

We are in a better position to further expand the meaning of a relatively high number of P, as we return to the meaning of the Experience Balance (EB). Her response to color suggests a *pro forma* recognition of emotionality. She goes through the motions of making the proper gestures of feeling, showing pleasure or pain as the situation demands. However, the quality of the color responses suggests that she has difficulty in generating a genuine emotional experience, and that there is a forced shamlike quality to the dramatic portrayal of her feelings. Here we look to the FC responses themselves. Take one example as illustrative of the way L. K. produces color responses. She sees orange hats as part of a percept. The hat is a quite acceptable form. It is an orange hat because the color is reddish orange. If the color had been blue it would have been a blue hat.

A more “genuine” FC response would be one in which the shape and color blend harmoniously and when the color is specific for the percept. Because of its shape and characteristic green, a pine tree is an illustration of a

harmonious FC+ response. L. K.'s responses are more forced where the color docs not seem intrinsically related to the form. This, then, leads to the supposition that L. K. is controlled, that she gives evidence for trying to be adaptive, but that she would have some difficulty in having any genuine feelings. She is much more controlled than her dramatic qualities might lead one to guess. The environment doesn't stimulate but oppresses her. She seems to anticipate calamities, the nature of which remain vague, that might befall her and are abundant and omnipresent. There is no serenity—only bleakness and feelings of panic. It becomes clear that what she experiences is very much at variance with the artificial nature of the positive feelings she is able to communicate. Yet her controls are significantly better than her clinical history would suggest. In spite of a pervasive anxiety she is able to create a facade of controlled behavior. While she experiences feelings of depression, she maintains a sense of humor. While she experiences nothing that is positive, she has a vigorous, lively imagination. Her Rorschach responses that involve humans are active, accurate percepts. They have an impulsive quality to them and mirror a strong wish for exhibitionism. They enable her to take a strong stand in pursuit of goals or to override obstacles that thwart her. She seems to be a creature of aggressive impulses, both outer and self-directed. To use an often overworked phrase, she acts out her impulses but has misgivings about some of her actions. The depressive reaction she experiences is a feeling of futility and abandonment of support; it does not

seem to have its origin in guilt derivatives.

Psychological Study of S. M.

If time had permitted, a more complete study would have been done on S. M. He was seen on two occasions, each time for a period of three hours. His test behavior contributed to the length of the examination. He was very deliberate, pausing for protracted periods of time before he would respond. He could not permit himself to say, "I don't know," and made bad guesses when he didn't know the correct response. He checked the accuracy of his responses and having checked them, he frequently rechecked all over again. He verbalized at length when he was given questions where brevity of response was indicated.

S. M.'s performance on visual-motor tests is at the low end of the average range for his age group. [\[11\]](#) He shows a mild motor retardation. He is also at the low end of the average range on the two tests that measure visual discrimination and awareness of the sequence of simple social events. His performance on these two tests is qualitatively poor. For example, when asked to identify the missing object from the flag of the United States, he replies, "color blue, and no holder for the flag." (This, though the flag is in black and white.) The correct reply is "not enough stars." This introduction of color, when it is not present in any of the other pictures, is an irrelevancy that

is all too characteristic of his thinking. He is better on verbal tests of intelligence than on visual-motor tasks. One wonders whether S. M. could have done better in the performance scale if not restrained by time limitations, but an analysis of his performance indicates that such was not the case. When given the opportunity to complete tasks in which he had exceeded the time limits, he was rarely able to do so. So even though he was overly deliberate, his score seemed related more to an inability to do tasks rather than a failure due to time limitations. His lowest score on the verbal scale was on similarities. This test consists of 13 items that receive scores ranging from zero to two. On the first item, "In what way are an orange and a banana alike?" a two-point response would be "fruit." S. M. says, "Each has a peeling." To the second item in the series, "In what way are a coat and dress alike," S. M. replies, "They both fit over the body," being unable to come up with the more abstract response, "clothing or wearing apparel." Out of a possible score of 26 on this test, he gets six. More important is that he never gave a two-point response. His replies on the similarities fail to come up to an abstract level of response, but he does not get involved in the personal symbolism or bizarre responses so characteristic of schizophrenic thought. The comprehension subtest, rather than being viewed as an exclusive test of judgment, can be seen as composed of three parts. The first part concerns what one should do in simple social situations. For example, "What is the thing to do if you find an envelope in the street that is sealed, addressed, and

has a new stamp?" The second part seeks to explore the individual's awareness of how society is organized. An example is "Why should people pay taxes?" On these two parts he performs quite adequately. He knows the appropriate response in simple social situations and has an adequate awareness of the structure of society. The third part, three proverbs, is a measure of verbal concept formation. Earlier, responses to proverbs were noted as measures of the ability to think abstractly. To the proverb, "Strike while the iron is hot," he replies, "That would mean bend while it's hot ... if it's iron." To the proverb, "One swallow doesn't make a summer," he responds, "That would mean it wouldn't complete the summer. It's incomplete." So we infer that S. M.'s thinking is literal and inflexible. He has great difficulty in drawing things to an end and is quite circuitous in both behavior and thought. Whatever the disturbance, it doesn't seem to have invaded his immediate memory function as measured by the digit span subtest. This was his top score on the verbal scale.

On the Bender-Gestalt he does not meet the criteria that are specified as characteristic of patients who are suffering from intracranial damage. Although he has one or two of the signs, his performance does not suggest any serious difficulties. However, it should be noted that while he maintains his compulsive orientation, his organization and planning ahead are not nearly as precise as he desires. What then are we to conclude? The probability is that S. M. has shown a significant decrease in efficiency related

to processes of aging, possibly aggravated by the use of electric shock therapy. However, the Bender-Gestalt helps us to reaffirm that S. M. does not suffer from an acute disturbance. More than that, data drawn from the Rorschach permit the inference that this is not an action-oriented man, but one who seeks to lead a relatively isolated, subjective life. He is self-contained and distrustful of his environment. Overall one must conclude that there are changes in this individual that appear chronic and suggestive of a moderate impairment in intellectual function characteristic of an individual with diffuse brain damage. Also his character structure is such that overtly he might appear to be much more stable than he really is.

The psychological data of L. K. and S. M. have served to demonstrate how one clinician pursues the process of interpretation. The psychological data were, for the most part, verbatim records of how L. K. and S. M. responded to the tasks given them. This enables other clinicians to work with the same set of data so inconsistencies in interpretation can be discussed and reconciled. Some psychological tests permit relatively little leeway in the interpretation of the data they provide, but many tests lend themselves to a variety of interpretations. This variation may reflect skills, personal style, theoretical orientation, the amount of experience of the examiner, and so forth. However, given the same set of data, it is possible to demonstrate a remarkable consistency between major conclusions drawn by independent, sophisticated examiners.

Discussion

Before summarizing the nature of the psychological examination both as presented in the foregoing and coupled with subjective impressions on the intrinsic nature of the psychological examination, I should like to point out what has been left out from consideration. I note this not to apologize but to emphasize the complexity, variety, and sheer number of psychological tests. Minimal reference was made to the examination of children. A prodigious amount of work has been done on infant and preschool populations to explore intellectual potential as well as to expand our knowledge about personality development. The whole area of achievement testing, which is an integral part of so many school systems, was not discussed. Remarks on the psychological examination were confined to individual examinations of adults, so that group tests were not discussed.

Some tests were mentioned only briefly. Draw-a-person tests and their relationship to intelligence and personality characteristics were not mentioned. [\[12\]](#) Materials for this test consist simply of paper and pencil. The individual is asked to draw a person. After completion of the drawing he is asked to draw a person of the opposite sex. This is the basic test, although there are other variations of the drawing task such as when the individual is asked to draw a house, tree, and person or to draw a person in the rain. In general, the test is considered useful for examining the intellectual level of the

patient, for detecting organic signs or assessing personality characteristics with special reference to the body image concept. Neither were objective personality tests discussed for that matter. The best known test of this kind is the Minnesota Multiphasic Inventory. The MMPI consists of 550 statements that the individual checks as true or false depending on whether they are characteristic of him. There is a "cannot say" if he can't decide whether the item is true or false. The items are personality statements such as "I work under a great deal of tension" or "the sight of blood neither frightens me nor makes me sick." Items were developed empirically from major diagnostic groups that reflected the range of feelings and ideational experiences characteristic of patients in these groups. The test has been well standardized, and interpretation rests on the profile of scores obtained from responses to the test items. Items are scored according to the diagnostic group or groups that most appropriately reflect the nature of the item. Some reference was made to the neuropsychological tests, and the performance of S. M. was evaluated in terms of possible diffuse cortical brain damage that could affect his intellectual functioning. Yet it is not possible to consider all the concept formation tests developed by Goldstein, Hanfman,³³ Kasanin, and others. Halsted, Reitan,⁶⁹ and others have devoted their energies to deriving measures of intellectual impairment due to cortical dysfunction.

Perhaps my concern about what I haven't said should be tempered by a remark by Ralph Nickleby in Charles Dickens', *Nicholas Nickleby*, "Of all

fruitless errands, sending a tear to look after a day that is gone, is the most fruitless.”

What, then, is a psychological examination? I believe passionately that when one is asked to do a psychological study, one must be able to say much about the personality of a given individual. The referrer need not be concerned with the techniques that the psychologist uses, but he should be able to expect valid clinical information that augments his own observations. The clinical process is more than the particular tests we give. When one gives intelligence tests he not only gets a representative sample of intellectual functions, but he also gets attributes of personality. It is easy to see the personality characteristics of a 61-year-old female patient who, when asked the question, “How far is it from Paris to New York,” replied “3,240 miles and Lindbergh was the first man to make a solo flight and he landed at LeBourget Field in Paris. Oh, my God, I can’t remember the name of the field in New York that he departed from on May 20, 1927.” When projective personality tests like the Rorschach and TAT are being used, we should not limit ourself to the description of the emotional style, degree of anxiety, and defense against anxiety but talk also about intellectual characteristics. No one who has sat through a Rorschach that involves nothing but responses consisting of animal percepts escapes the conclusion that the individual’s intellectual horizon is extremely limited.

What I should like to emphasize in closing is that the psychological examiner uses the test battery as a means of weaving together the intellectual and emotional life of an individual. I do not mean to minimize the separate tests; rather I propose to maximize their use in deriving the composite picture of an individual. The psychological report should describe the examinee so that he emerges from the written pages as an individual who has certain needs and wishes, barriers that block them from being consummated, and certain reactions to such obstacles. One should be aware of the level of intelligence and the intellectual style he uses. The penultimate value of the psychological study must rest in its ability to describe the major personality characteristics of a person in graphic, meaningful terms. The ultimate aim is that the reader of the report understands the patient with sufficient clarity to be able to anticipate the kinds of behavior that will appear.

Bibliography

1. Anastasi, A., "Psychology, Psychologist and Psychological Testing," *Am. Psychol.*, 22: 297 - 307 , 1967.
2. Appelbaum, S. A., "Half-Hidden Influences on Psychological Testing and Practice," *J. Proj. Tech. Pers. Ass.*, 29:128-133, 1965.
3. Baker, G., "A Therapeutic Application of Diagnostic Test Results," *J. Proj. Tech. & Pers. Ass.*, 28:3-8, 1964.
4. Beck, S. J., *Rorschach's Test*, Vol. 1, *Basic Processes*, 3rd ed., Grune & Stratton, New York, 1961.

5. Benjamin, J. D., "A Method for Thinking and Evaluating Formal Thinking Disorders in Schizophrenia," in Kasanin, J. S. (Ed.), *Language and Thought in Schizophrenia*, pp. 65-88, University of California Press, Berkeley, 1944.
6. Blatt, S. J., and Allison, J., "Methodological Considerations in Rorschach Research: The W Response as an Expression of Abstractive and Integrative Strivings," *J. Proj. Tech.*, 27:267-278, 1963.
7. Breger, L., "Psychological Testing: Treatment and Research Implications," *J. Consult. & Clin. Psychol.*, 32:176-181, 1968.
8. Brim, O. G., Jr., "American Attitudes toward Intelligence Tests," *Am. Psychol.*, 20:125-130, 1965.
9. Bruhn, J. C., Chandler, B., and Wolf, S., "A Psychological Study of Survivors and Nonsurvivors of Myocardial Infarction," *Psychosom. Med.*, 31:8-20, 1969.
10. Butcher, J. N., and Tellegen, A., "Objections to MMPI Items," *J. Consult. Psychol.*, 30:527-534, 1966.
11. Camp, B. W., "WISC Performance in Acting-Out and Delinquent Children with and without EEG Abnormality," *J. Consult. Psychol.*, 30 350-353, 1966.
12. Carlson, R., "Where is the Person in Personality Research," *Psychol. Bull.*, 75:203-219, 1971.
13. Cronbach, L. J., "Statistical Methods Applied to Rorschach Scores: A Review," *Psychol. Bull.*, 46:393-429, 1949.
14. De Vos, G. A., "A Quantitative Approach to Affective Symbolism in Rorschach Responses," *J. Proj. Tech.*, 16:133-150, 1952.
15. Ebel, R. L., "Must All Tests Be Valid?" *Am. Psychol.*, 16:640-647, 1961.
16. Eron, L. K., "Frequencies of Themes and Identifications in the Stories of Schizophrenic Patients and Non-Hospitalized College Students," in Megargee, E. I. (Ed.), *Research in Clinical Assessment*, pp. 440-450, Harper & Row, New York, 1966.

17. Fine, R., "The Case of El: The MAPS Test," *J. Proj. Tech.*, 25:483-489, 1961.
18. Fisher, S., and Cleveland, S. E., *Body Image and Personality*, Van Nostrand, Princeton, 1958.
19. _____, and Fisher, R. L., "A Projective Test Analysis of Ethnic Subculture Themes in Families," *J. Proj. Tech.*, 24:366-369, 1960.
20. Fiske, D. W., "Homogeneity and Variation in Measuring Personality," *Am. Psychol.*, 18:643-652, 1963.
21. Fonda, C. P., "The White-Space Response," in Rickers-Ovsiankina, M. A. (Ed.), *Rorschach Psychology*, pp. 80-105, John Wiley, New York, 1960.
22. Forer, B. R., "The Case of El: Vocational Choice," *J. Proj. Tech.*, 25:371-375, 1961.
23. Freeman, E. H., Feincold, B. G., Gorman, F. J., and Schlesinger, K., "Psychological Variables in Allergic Disorders: A Review," *Psychosom. Med.*, 26:543-576, 1964.
24. Fulkerson, S. C., and Barry, J. R., "Methodology and Research on the Prognostic Use of Psychological Tests," *Psychol Bull.*, 58:197-204, 1961.
25. Garfield, S. L., "The Clinical Method in Personality Assessment," in Wepman, J. W., and Heine, R. W. (Eds.), *Concepts of Personality*, pp. 474-502, Aldine, Chicago, 1963.
26. Gill, M. M. (Ed.), *The Collected Papers of David Rapaport*, Basic Books, New York, 1967.
27. Goff, A. F., and Parker, A. W., "Reliability of the Koppitz Scoring System for the Bender Gestalt Test," *J. Clin. Psychol.*, 25:407-409, 1969.
28. Gouch, H. G., Rozyko, V. V., and Wenk, E. A., "Parole Outcome as Predicted from the CPI, the MMPI and a Base Expectancy Table," *J. Abnorm. Psychol.*, 70:432-441, 1965.
29. Griffith, R. M., "Rorschach Water Percepts: A Study in Conflicting Results," *Am. Psychol.*, 16:307-311, 1961.
30. Guertin, W. H., Frank, G. H., Ladd, C. E., and Rabin, A. I., "Research with the Wechsler

Intelligence Scales for Adults," 1,955-1960 *Psychol. Bull.*, 59: 1-26, 1962.

31. Hall, L. P., and La Driere, L., "Patterns of Performance on WISC Similarities in Emotionally Disturbed and Brain-Damaged Children," *J. Consult. & Clin. Psychol.*, 33-357-.364, 1969.
32. Hammer, E. H., *Clinical Applications of Projective Drawings*, Charles C Thomas, Springfield, Ill., 1958.
33. Hanfmann, E., and Kasanin, J., "Conceptual Thinking in Schizophrenia," *Nerv. & Ment. Dis. Monogr.*, 67, 1942.
34. Hoffer, A., and Osmond, H., "A Card Sorting Test Helpful in Making Psychiatric Diagnosis," *J. Neuropsychiat.*, 2:306-331, 1961.
35. Holt, R. R., "Clinical and Statistical Prediction: A Reformulation and Some New Data," in Megargee, E. I. (Ed.), *Research in Clinical Assessment*, pp. 657-671, Harper & Row, New York, 1966.
36. ____ , and Havel, J. A., "A Method for Assessing Primary and Secondary Processes in the Rorschach," in Rickers-Ovsiankina, M. A. (Ed.), *Rorschach Psychology*, pp. 263-315, John Wiley, New York, 1960.
37. Holtzman, W., "Recurring Dilemmas in Personality Assessment," *J. Proj. Tech. & Pers. Ass.*, 38:144-150, 1964.
38. Hooker, E., "The Case of El: A Biography," *J. Proj. Tech.*, 25.252-267, 1961.
39. Hutt, M. L., *The Hutt Adaptation of the Bender-Gestalt Test*, Grune & Stratton, New York, 1969.
40. Jacobs, M. A., Knapp, P. H., Rosenthal, S., and Haskell, D., "Psychologic Aspects of Cigarette Smoking in Men: A Clinical Evaluation," *Psychosom. Med.*, 32:469- 485, 1970.
41. Kahn, M. W., "Psychological Test Study of a Mass Murderer," *J. Proj. Tech.*, 24.148- 160, 1960.
42. Kahn, R. L., and Fink, M., "Prognostic Value of Rorschach Criteria in Clinical Response to

Convulsive Therapy," *J. Consult. Psychol.*, 5:242, 1960.

43. Kaplan, M. L., Hirt, M. L., and Duritz, R. M., "Psychological Testing: Comprehensive Psychiatry," 8:299-309, 1967.
44. Karon, B. P., "Reliability: Paradigm or Paradox, with Especial Reference to Personality Tests," *J. Proj. Tech. & Pers. Ass.*, 30: 223-227, 1966.
45. Kaye, J. D., "Percept Organization as a Basis for Rorschach Interpretation," *Brit. J. Proj. Psychol. & Pers. Study*, 14:7-15, 1969.
46. Knudsen, A. K., Gorham, D. R., and Moseley, E. C., "Universal Popular Responses to Inkblots in Five Cultures: Denmark, Germany, Hong Kong, Mexico, and U.S.A.," *J. Proj. Tech. & Pers. Ass.*, 30: 135-142, 1966.
47. Kraus, J., "A Combined Test for the Diagnosis of Organic Brain Condition: Predictive Validity Based on Radiographic and EEG Criteria," *J. Abnorm. Psychol.*, 75:187- 188, 1970.
48. Lerner, B., "Rorschach Movement and Dreams: A Validation Study Using Drug- Induced Dream Deprivation," *J. Abnorm. Psychol.*, 71:75-86, 1966.
49. Leventhal, T., Gluck, M. R., Rosenblatt, P., and Slepian, H. J., "The Utilization of the Psychologist-Patient Relationship in Diagnostic Testing," *J. Proj. Tech.*, 26:66- 80, 1962.
50. Levin, R. B., "An Empirical Test of the Female Castration Complex," *J. Abnorm. Soc. Psychol.*, 71:181-188, 1966.
51. Little, K. B., and Shneidman, E. S., "Congruencies among Interpretations of Psychological Test and Anamnestic Data," in Megargee, E. I. (Ed.), *Research in Clinical Assessment*, pp. 574-611, Harper & Row, New York, 1966.
52. Lovell, V. R., "The Human Use of Personality Tests: A Dissenting View," *Am. Psychol.*, 22.-383-393, 1967.
53. Machover, K., *Personality Projection in the Drawings of the Human Figure*, Charles C Thomas,

Springfield, Ill., 1949.

54. Markel, N. N., "Relationships between Voice-Quality Profiles and MMPI Profiles in Psychiatric Patients," *J. Abnorm. Psychol.*, 74:61-66, 1969.
55. Masling, J. M., "The Influence of Situational and Interpersonal Variables in Projective Testing," *Psychol. Bull.*, 57:65-85, 1960.
56. ____ , and Harris, S., "Sexual Aspects of TAT Administration," *J. Consult. & Clin. Psychol.*, 33:166-169, 1969.
57. Mecargee, E. I. (Ed.), *Research in Clinical Assessment*, Harper & Row, New York, 1966.
58. Meehl, P. E., *Clinical Versus Statistical Prediction*, University of Minnesota Press, Minneapolis, 1954.
59. ____ , "When Shall We Use Our Heads Instead of the Formula?" in Megargee, E. I. (Ed.), *Research in Clinical Assessment*, pp. 651-657, Harper & Row, New York, 1966.
60. Meyer, M. M., "The Case of El: Blind Analysis of the Tests of an Unknown Patient," *J. Proj. Tech.*, 25:375-382, 1961.
61. Moos, R. H., "Sources of Variance in Response to Questionnaires and in Behavior," *J. Abnorm. Psychol.*, 74:405-412, 1969.
62. Moylan, J. S., and Appleman, W., "Passive and Aggressive Responses to the Rorschach by Passive-Aggressive Personalities and Paranoid Schizophrenics," *J. Proj. Tech.*, 24:17-21, 1960.
63. Murray, H. A., "Commentary on the Case of El," *J. Proj. Tech.*, 25:404-411, 1961.
64. ____ , *Explorations in Personality*, Oxford University Press, New York, 1938.
65. Murstein, B. I., *Theory & Research in Projective Techniques*, John Wiley, New York, 1963.
66. Piotrowski, Z. A., *Perceptanalysis*, Macmillan, New York, 1957.

67. Rabin, A. I., *Projective Techniques in Personality Assessment*, Springer, New York, 1968.
68. Rapaport, D., Gill, M. M., Schafer, R., and Holt, R. R. (Eds.), *Diagnostic Psychological Testing*, International Universities Press, New York, 1968.
69. Reitan, R. M., "Psychological deficit," *Ann. Rev. Psychol. Rev.*, 13:415-444, 1962.
70. Rorschach, H., *Psychodiagnosics*, 5th ed., Hans Huber, Bern, 1921.
71. Rosenthal, D. (Ed.), *The Genain Quadruplets: A Study of Heredity and Environment in Schizophrenia*, Basic Books, New York, 1963.
72. Sattler, J. M., and Theye, F., "Procedural, Situational and Interpersonal Variables in Individual Intelligence Testing," *Psychol. Bull.*, 68:347-360, 1967.
73. Schneidman, E. S., "The Case of El: Psychological Test Data," *J. Proj. Tech.*, 25: 31-154, 1961.
- 74.____ , "The Logic of El: A Psychological Approach to the Analysis of Test Data," *J. Proj. Tech.*, 25:390-403, 1961.
75. Schubert, J., "Rorschach Protocols of Asthmatic Boys," *Brit. J. Proj. Psychol & Pers. Study*, 14:16-22, 1969.
76. Shakow, D., "The Nature of Deterioration in Schizophrenia," *Nerv. & Ment. Dis. Monogr.*, 70:1-88, 1946.
77. Silver, A. W., "TAT & MMPI Psychopath Deviant Scale Differences between Delinquent and Nondelinquent Adolescents," *J. Consult. Psychol*, 27:370, 1963.
78. Simpson, R., "Study of the Comparability of the WISC and WAIS," *J. Consult. & Clin. Psychol.*, 34:156-158, 1970.
79. Singer, M. I., "Comparison of Indicators of Homosexuality on the MMPI," *J. Consult. & Clin. Psychol*, 34:15-18, 1970.
80. Sullivan, P. F., and Roberts, L. K., "Relationship of Manifest Anxiety to Repression-

Sensitization on the MMPI," *J. Consult. & Clin. Psychol*, 3.3:763-764, 1969.

81. Tallent, N., "Clinical Psychological Testing: A Review of Premises, Practices and Promises," *J. Proj. Tech. & Pers. Ass.*, 29:418- 435, 1965.
82. Tyler, L., "Psychological Assessment and Public Policy," *Am. Psychol*, 25:264-266, 1970.
83. Waite, R. R., "The Intelligence Test as a Psychodiagnostic Instrument," *J. Proj. Tech.*, 25:90-102, 1961.
84. Walker, A. M., Rablen, R. A., and Rogers, "Development of a Scale to Measure Process Changes in Psychotherapy," *J. Clin. Psychol.*, 16:79-85, 1960.
85. Wanderer, Z. W., "Validity of Clinical Judgments Based on Human Figure Drawings," *J. Consult. & Clin. Psychol*, 33.143-150, 1969.
86. Wechsler, D., *The Measurement and Appraisal of Adult Intelligence*, 4th ed., Williams & Wilkins, Baltimore, 1958.
87. Weiner, I. B., *Psychodiagnosis in Schizophrenia*, John Wiley, New York, 1966.
88. Werkman, S. L., and Greenberg, E. S., "Personality and Interest Patterns in Obese Adolescent Girls," *Psychosom. Med.*, 29: 72-79, 1967.
89. Wiggins, J. S., "Strategic Method, and Stylistic Variance in the MMPI," *Psychol. Bull*, 59:224-242, 1962.
90. Woll, J., "Traditional and Contemporary Views of Psychological Testing," *J. Proj. Tech. & Pers. Ass.*, 27:359-369, 1963.
91. Ziegler, F. J., Kriegsman, S. A., and Rodgers, D. A., "Effect of Vasectomy on Psychological Functioning," *Psychosom. Med.*, 28:50-63, 1966.
92. Zulliger, H., *The Behn-Rorschach Test*, Hans Huber, Bern, 1956.

Notes

[1] *Research in Clinical Assessment*, edited by E. I. Megargee,⁵⁷ is illustrative of a number of volumes that deal persuasively with problems in validating clinical methods and describe approaches that may be made to such problems. It is beyond the scope of this chapter to consider in detail the multiplicity of procedures and concerns that characterize these studies.

[2] I am indebted to Mr. John Hamilton, graduate student from the University of Chicago, who spent many hours summarizing reports of studies done since 1960. The bibliography is intended to provide a representative sample of studies directly and indirectly related to an understanding of the psychological examination. In addition to the sampling of the last decade, basic references are also included.

[3] *Physician's Guide to Psychiatric Tests*, a monograph prepared by Schering in 1965, is such a manual.

[4] This has been a source of difficulty in courtrooms. The psychologist may be asked what the defendant has seen, for example, a bat. The defense attorney may point out that he, too, sees a bat. "Does this make him crazy, too?" he will ask. This is why expert testimony in the courtroom should be an opinion based on the psychological data, not a reporting of the psychological data itself. After all, it is evident that similarity of content, or even exact equivalence, between prisoner and defense attorney establishes only that the men may share communal experiences.

[5] There are a number of scoring systems that have been elaborated by workers with the Rorschach. The scores mentioned above are patterned primarily after Rorschach⁷⁰ and Beck.⁴ Other systems used in this country are Klopfer, Hertz, Piotrowski⁶⁰ and Rapaport, to mention the most prominent ones. It is not my concern here to involve the reader in a discussion of the variations of systems. No system is capable of reflecting all the nuances of all the responses one gets.

[6] Murray, Beliak, Henry, Tomkins, and Stein are but a few of the individuals who have worked to develop rationales for scoring and interpretation.

[7] One needs only to survey the field of world literature to see that this technique of analysis is a frequent occurrence. Dostoevsky, Henry James, Dickens, and Ibsen have all been studied

psychologically by the content of their writings and the literary style that they employ.

[\[8\]](#) An equivalent psychological study was done on her husband to evaluate him for therapy.

[\[9\]](#) Actually she did not burst out. She gave the response in no way significantly different from the way she communicated her other responses.

[\[10\]](#) Again it should be noted that L. K. perceives the significant elements of the story and grasps the basic mood of the picture. The TAT Manual describes 3GF, "A young woman is standing with downcast head, her face covered with her right hand. Her left arm is stretched forward against a wooden door."

[\[11\]](#) There is always a legitimate concern about cultural bias of such scales when used with groups who may differ significantly from the standardization group. In this instance S. M. has been in Chicago for 40 years, so that he is not as alienated from standardization groups as he might have been if he were from the rural South of the 1930s. Nevertheless, one must exercise caution.

[\[12\]](#) Hammer has an entire volume devoted to *The Clinical Application of Projective Drawings*