



IN THE next contribution Sidney Levy sets forth the possibilities of using figure drawings of the human form as projective productions worthy of interpretation along with other projective and psychometric data.

Figure drawing is clearly only in its infancy and lacks even that degree of standardization which may be said to characterize certain of the other projective methods. Nevertheless, as Dr. Levy indicates, figure drawings in the hands of the skilled clinician provide a rich source for personality study and evaluation. In his approach to interpretation Levy stresses the importance of the notion of body image and of the distortions that occur in it as significant psychological constructs around which to organize certain kinds of clinical data of frequent occurrence in personality investigation.

There seems little question that in the period which lies immediately ahead figure drawing as a projective procedure will come to earn greater acceptance among clinicians who seek an additional basis for their inferences about personality.



Figure Drawing as a Projective Test

Sidney Levy¹

INTRODUCTION

"The profession of psychology is much like living, which has been defined by Samuel Butler as 'the art of drawing sufficient conclusions from insufficient premises.' Sufficient premises are not to be found, and he who, lacking them, will not draw tentative conclusions, cannot advance." [116, page 22]

THE clinical psychologist who analyzes drawings is in the challenging situation of arriving at sufficient conclusions from insufficient premises. In order to avert cynicism and disillusion it is well to emphasize that the technique of analyzing drawings is

¹ Although the author assumes sole responsibility for the contents of this chapter, many individuals have contributed to this work both directly and indirectly. Chief among them are Karen Machover, whose name is pre-

without sufficient experimental validation, rarely yields unequivocal information, and frequently misleads the unwary into plausible misstatements about the personality of the person whose drawings are being studied. Many of these statements are similarly true of the Rorschach Test and other projective techniques, but drawing analysis is especially vulnerable to misuse for a number of reasons. Since there is no complicated scoring system to master and no long apprenticeship to serve, the drawing test is an especially attractive instrument for the impulsive or reckless individual.

Notwithstanding all these negative statements, I regard drawing analysis as so fruitful and economical a source of information about personality that I believe the practice of prefacing other more complicated techniques of personality assessment with the "drawing-a-person" technique is a defensible clinical practice.

The amount of information that can be secured from this projective technique varies with the skill and experience of the psychologist and from subject to subject. As for the reliability and validity of judgments based upon drawing analysis, there is inadequate information available. The incomplete and inadequate experimentation in this area by myself and others, however, is promising enough to warrant continued exploration of the merits and limitations of drawing analysis. What is more, the lack of adequate information about validity does not negate the clinical utility of this technique. We are concerned here with a phenomenon that has been skillfully exploited by psychologists in the area of intelligence and aptitude testing where a number of tests, each with a low or undetermined index of validity, when combined with other tests of insufficient validity, yield acceptably valid results. For example, in the Army Air Force, selection of student pilots was made on the basis of a battery of eighteen tests, the validity of any one of which was so low that selection made on

eminently associated with this technique and whose word-of-mouth influence has been basic and pervasive; Murray Krim has contributed substantially to a review of related research; Dr. Herbert Zucker, who in personal discussions presented a penetrating analysis of basic assumptions and limitations of the technique; Dr. David Wechsler, who during the course of case presentations contributed illuminating insights; Dr. Elsie Toller, who checked the author's diagnostic statements against much of her clinical material; and Professor Brian E. Tomlinson, who supplied the original stimulus to clinical research.

the basis of a single test gave results which were little better than chance [66]. But when the eighteen tests were combined into a single battery, the validity of the total battery was .60. When information yielded by the drawing test is congruent with the results secured from other techniques, the clinician's confidence is fortified.

The drawing procedure may be regarded as a situational test in which the subject is presented with a problem, and in his efforts to solve it he engages in verbal, expressive, and motor behavior. This behavior, as well as the drawing itself, is observed by the clinician, and hypotheses are then tested against other available information.

ASSUMPTIONS

The material presented in this chapter has been empirically derived. Those interested in theoretical concepts and rationale will find it necessary to seek elsewhere [102]. There are certain basic assumptions about figure drawing, however, which may be made explicit. It is assumed that every aspect of behavior has some significance. Gestures, facial expressions, doodling, seemingly adventitious motor movements, all have meanings that may or may not be accessible to interpretation. While the drawing study is in progress, the subject is behaving as well as drawing. He makes verbal comments, indulges in facial expression, may play with the paper or pencil, shake his legs, bite his fingernails, and so on. Any observable behavior is appropriate material for the clinical psychologist. As Hutt says, "One has only to recall the recent studies of Allport and Sherif, the unique work of Werner, the ever-widening research program in graphology, the new approach through autokinetic and myokinetic tests supplied by such researchers as Sexton and Mira, and the complex phenomena observed in the Mosaic Test by Kerr and Wertham to realize that behavioral processes offer significant leads to the enrichment of personality theory and personality diagnosis." [79].

Some clinicians have said to me that "it is not cricket" to use the behavior of the subject as part of the drawing analysis. The drawing test is not a parlor game or a stunt, but a serious procedure, the purpose of which is to arrive at an understanding of the individual being studied. The clinician, however, is interested in the patient, not in the drawing per se. It is therefore entirely

reasonable to use whatever data emerge from the experiment which are helpful in describing and understanding the subject's personality.

Some observers believe that each drawing is largely a matter of chance, training, or skill. This is one possible point of view, but projective psychology assumes that no behavior is accidental; all behavior is determined. The determinants, however, are usually multiple and of varying degrees of accessibility, thus complicating the task of analysis.

Some clinicians interpret each drawing as a projection of the body image or self-concept. While this is frequently the case, it is not necessarily so. I have concluded that a drawing may be a projection of self-concept, a projection of attitudes toward someone else in the environment, a projection of ideal self-image, a result of external circumstance, an expression of habit patterns, an expression of emotional tone, a projection of the subject's attitudes toward the examiner and the situation, an expression of his attitudes toward life and society in general. It is usually a combination of all of these. Furthermore, the drawing may be a conscious expression or it may include deeply disguised symbols expressive of unconscious phenomena. The only definitive statement that can be made is that the clinician must avoid an arbitrary, naïve, or dogmatic approach to the "draw-a-person" technique.

THE BASIC PROCEDURE

Equipment.—The basic procedure consists in presenting the subject with a moderately soft pencil and blank paper approximately 8½ by 11 inches in size. The paper should be placed in a pile within arm's reach so that the subject may select the sheet and place it in any position he prefers. There should be an adequate flat desk surface and sufficient illumination. The individual must be comfortably seated, with sufficient room for arms and legs. At this point it seems appropriate to caution against the frequently observed practice of permitting the subject to be seated along the side of a desk so that it becomes necessary for him to twist his body and shoulders. It is also undesirable to use a surface area so limited that the subject cannot rest his arms upon it. It is desirable to permit the subject to assume his usual state of relaxation so that any physical tensions may be assumed to be endogenous.

Directions.—The examiner says: “Will you please draw a person.” This will usually result in a number of questions, such as “The whole person?” “What kind of person?” and in many protestations about the artistic ineptitude of the subject. In response to the class of questions relating to the kind of drawing, the examiner should limit himself to a very general statement, such as “Draw whatever you like in any way you like.” This may be repeated in an effort to encourage and stimulate the subject, but no more specific directions should be given. In response to expressions of doubt about the artistic competence of the subject, the examiner may say: “That’s all right; we’re not interested in how well you draw as long as you draw a person.” This may be repeated and rephrased, but may not be made more specific.

At this point the subject may respond in any one of a number of ways. For example, he may draw a complete person, an incomplete person, a cartoon, a “stick” figure, a stereotype, or an abstract representation of a person. Or he may express continuing reluctance. Each of these kinds of behavior yields information about the individual and is not to be regarded as wasteful of time. The clinician is just as much interested in the subject’s behavior preliminary to and during the drawing as he is in the resulting artistic production. If the subject continues to be reluctant, the examiner may use whatever skills, techniques, or persuasion are available to him without giving any additional specific information. The fact that artistic talent is not important and that “whatever you do is all right” should be stressed. I have used this procedure with more than five thousand individuals and have faced only four adamant and persistent refusals to draw a person.

If the subject draws an incomplete figure, he is asked to take another sheet and draw a complete one. (The examiner must remember to number each sheet consecutively.) A word of explanation is necessary about what is meant by a “complete figure.” A figure that includes the major part of any of the four major areas of the body is acceptably complete. The four areas of the body are the head, the torso, the arms, and the legs. If any *one* of these areas is *completely* omitted, the figure is incomplete. If only a part of an area is omitted, however—for example, the hands or the feet or one of the facial parts—the drawing is acceptably complete.

If the subject draws a cartoon, "stick" figure, stereotype, or abstract representation, he is asked to select an additional sheet and to draw a person; but stereotypes, cartoons, etc. (as the case may be), are not acceptable, and the instructions are repeated until a satisfactory figure drawing results.

The examiner now has in his possession one or more consecutively numbered drawings, at least one of which is an acceptably complete figure. If this figure is a male, the examiner now says: "This is a male figure; now please draw a female." If the first figure is a female, the examiner now says: "You drew a female figure; now please draw a male." The reactions of the subject may vary in ways similar to those previously described, and the examiner's responses are appropriate.

Observations.—This aspect of the technique consists in recording descriptive and interpretive statements about the subject's behavior and drawing.

BEHAVIOR

The behavior of the subject may be described with respect to its orientative, verbal, and motor aspects. He is presented with a somewhat unstructured situation. How does he orient himself? Does he express an acute need for more direction, and, if so, is this need expressed directly and verbally or indirectly through expressive movements and motor activity? Does he venture comfortably and confidently into the task? Does he express doubts about his ability, and, if so, does he express these doubts directly or indirectly, verbally or through motor activity? Is he insecure, anxious, suspicious, arrogant, hostile, negative, tense, relaxed, humorous, self-conscious, cautious, impulsive? The astute clinician will be able to form a fairly illuminating impression of the subject as a result of his preliminary behavior.

ANALYSIS OF THE DRAWING

There are many ways to approach the drawings. After a review of the literature Krim [89] concluded that drawing interpretation divides itself logically into three parts: namely, formal, graphological, and psychoanalytical (content analysis). This is one useful approach to the drawing.

After considerable trial and error I have evolved a technique of

analysis based upon the Drawing Analysis Record Form [93]. (See Figure 24.) This serves the double purpose of focusing the clinician's attention upon meaningful aspects of the drawing and providing him with uniformly recorded data that facilitate the application of research techniques. There is nothing sacrosanct about this record form, however, or the procedure based upon it. It is expected that each clinician will feel free to proceed in the way that is most comfortable and productive for him.

In the following paragraphs the steps in analysis are described, along with other relevant information and drawings. The drawings are not presented as proof of the interpretive principles described but are included solely for *illustrative* purposes.

FIGURE SEQUENCE

Does the subject draw the male or female figure first? Of 5,000 adult subjects examined, 87 per cent drew their own sex first. Of sixteen overt homosexuals, thirteen drew the opposite sex first. These two facts suggest that it is usual for an unselected group of people to draw their own sex first, and that it is usual for a selected group of homosexuals to draw the opposite sex first. This obviously does not mean that every individual who draws the opposite sex first is a homosexual. The experienced clinician knows how dangerous it is to apply normative generalizations to an individual. If a subject draws the opposite sex first, however, the clinician should be interested in exploring the reason for this atypical procedure. I have found the following explanations for some of the cases cited above in which the first figure drawn was of the opposite sex: sexual inversion, confusion of sex identification, strong attachment to or dependence on parent of opposite sex, strong attachment to or dependence on some other individual of opposite sex. There are probably other explanations as well. Subjects will occasionally verbalize their indecision by asking such questions as: "Which sex shall I draw first?" The clinician should consider the possibility that the subject who raises these questions may be indicating confusion as to his own sexual role. Figures 16A, 16B, and 16C were drawn by overt homosexuals, and Figure 16D by an individual who has had both homosexual and heterosexual experience.



FIGURE 16A



FIGURE 16B



FIGURE 16C

FIGURE 16. Figure Drawings by Overt Homosexuals

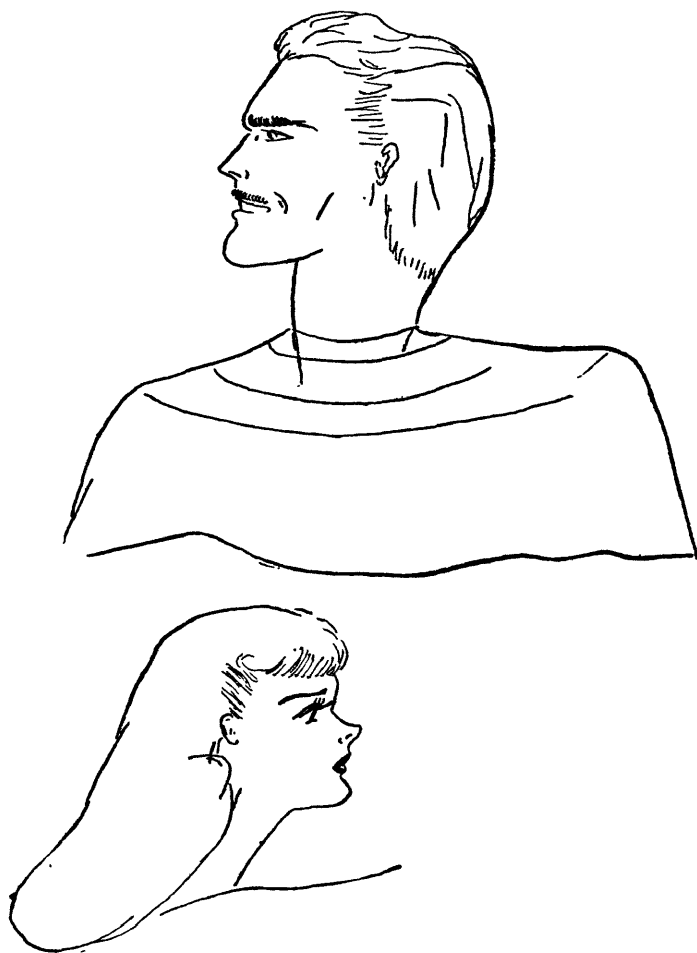


FIGURE 16D

FIGURE 16 (Cont.). Figure Drawings by Overt Homosexuals

FIGURE DESCRIPTION

I have found that by simply describing each figure illuminating insights are enticed into consciousness. The following are examples of descriptive statements:

Figure 16A. "This is a muscular female ballet dancer in a toe-dancing position with her left foot pointing and extending horizontally from the body."

Figure 16B. "This looks like a male acrobatic figure in a half-crouching position similar to that assumed by dancers before they receive their partner. He is apparently unclothed except for tights, and the facial features are omitted."

Figure 19A. "This is a very unusual drawing of a large-eyed, long-haired, fancifully clothed, and bearded individual. He is not a contemporary, and his appearance is very immature despite the beard and clothing."

Figure 19B. "This is a drawing of a woman with a stern expression. She is very ornately dressed. Her oval-shaped face is very prominently outlined, and her full mouth has a rather serious expression."

Figure 22A. "This is a very small, dowdy woman with a prominent nose and receding chin. She seems to be self-conscious."

Figure 22B. "This is a grim, tight-mouthed man wearing a high hat, formal attire, and carrying a cane."

It is interesting to note that the person who drew Figures 22A and 22B protested: "I have never been able to draw anything, I just don't know how to draw." Later, while discussing her father, John, she described him as follows:

A very stern man who loved to go out dressed up. He was always meticulous about himself and insisted upon doing the right thing at the right time and criticized other people who do things for the fun of it or because they just want to. Margueritte (Figure 22A) is a young girl who really does not look the way she is pictured to be. But that's the way John makes her feel. John made her feel as though her evening gown were a house dress. She hesitated to accompany him to functions for fear of being criticized.

It is interesting to observe that, in spite of her protestations about lack of drawing skill, the two figures she drew convey with astonishing clarity and economy her feelings about herself and her father.

It is the experience of most clinicians that even untutored and unskilled individuals, including young children, draw figures that convey expressive ideas. The precise way in which this is used by the clinician cannot be specifically formulated. The technique of studying the drawing for a few moments in order to describe the attitudes and feeling tones conveyed by it has proved productive in undefined ways. Perhaps the clinician's mind-set is so structured that the threshold for responding to subliminal cues is lowered. But this is speculation. The fact is that drawings do vary in their expressive aspects, and that recognition and conscious formulation of these differences seem to facilitate further interpretation.

COMPARISON OF FIGURES

Virtually everybody is able to draw two figures that differ from each other in some ways. The particular ways selected (consciously or unconsciously) by a subject are usually informative with respect to psychosexual attitudes. For example, in Figure 17A the male figure is much smaller and less mobile and has shorter arms than the female shown in Figure 17B. That is a descriptive statement of the differences between the two drawings. One possible interpretative statement based upon these objective differences is that the male is a smaller, more passive individual than the female. This interpretation is based upon the following elements: the woman's stance, posture, and arms suggest activity, whereas the male figure's posture, arms, and hands convey the impression that he is not in motion, that he is standing, with his hands in his pockets, watching. From this we may proceed a step further away from the objective drawing to the interpretation that the subject sees the man as inactive (passive), introverted, whereas the female appears to him as active, extroverted. That this is the general feeling conveyed by these drawings can easily be verified in ways similar to the technique used by me. This pair of drawings was presented to five clinicians with a request that they describe each of the figures as succinctly as possible. From the five statements made about the male (all five agreed in the essential characterization), the descriptive words that appeared with most frequency were tabulated. Words implying spectatorship rather than active participation (observer, on-looker, thoughtful, watching) occurred in each of the five de-

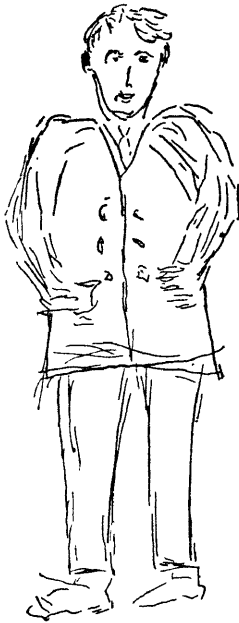


FIGURE 17A

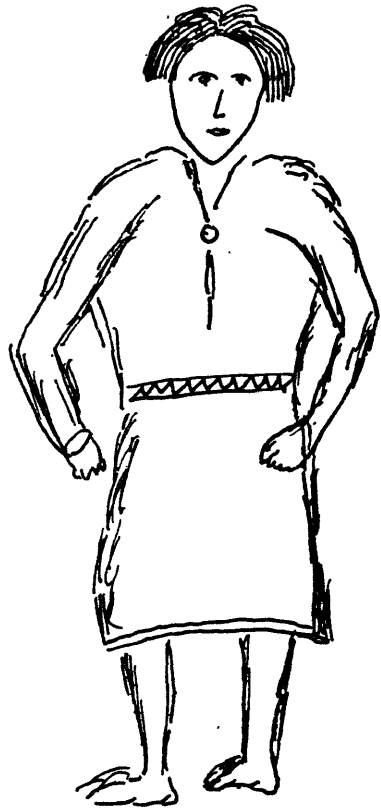


FIGURE 17B

FIGURE 17. Drawings of a Male Figure and of a Female Figure

scriptions. Words implying passivity or dependence (less competent, dependent, feels small) occurred in four of the descriptions.

Descriptive words implying activity (aggressive, protective, active) appeared in all of the statements about the woman; and the implication of extroversion (takes care of others, not self-centered, motherly, competent) appeared in all the statements. When the five statements were boiled down into one descriptive passage about each figure, the following descriptions resulted. "Figure 17A is that of a somewhat retiring, sensitive, dependent,

thoughtful, idealistic, introverted, gentle individual." "Figure 17B is that of a competent, energetic, active, protective, generous, firm person who is accustomed to taking charge." These two statements, with sexual identification omitted, were presented to five other clinicians with the request that they match each statement with the drawing to which it seemed to apply. In every case the former statement was matched with the male figure and the latter with the female.

There are other factors in each drawing to support these characterizations. Hands and arms are the parts of the human body that "do things," establish contact (shake hands), punish, or defend. In the male drawing the arms are relatively short (limited contact possibilities), pressed close to the body, and the hands are placed in the pockets. In this position there is no suggestion of readiness for activity, attack, manipulation, aggression, or other forms of contact.

The woman's arms are rather long, bent away from the body, with hands outlined. They are in a position from which it is quite easy to establish contact with people or objects. The kinesthesia expressed in the position of the arms suggests activity, whereas arms resting along the sides of the body with hands in pockets imply a lack of muscular tension, ergo passivity. The hair in the female drawing is sketched in single, firm strokes and gives the over-all impression of energy. What kind of woman wears her hair in this way? Observe that the man's hair is not drawn from the center of the head away from the body (as is the woman's), but is drawn from the head *toward* the body for the most part. In my experience with figure drawings stroking toward the body is suggestive of introversive tendencies, whereas stroking away from the body is often associated with extroversive tendencies.

Observe the difference in size. What is the usual association with respect to relative size? Is not the adult bigger and more competent than the child? Observe the differences in detail. The figure given the most care and detail is usually the one in which there is a larger investment of libidinal energy. In these drawings the male figure has two rows of buttons, a carefully knotted tie, clearly sketched eyebrows and features. The face is very carefully outlined. The interpretation may be made that the subject is identifying with the male figure, that his attention is directed toward himself (introverted), and that the female figure incor-

porates his apperception of women, which may be assumed to be derived from his relationship with his mother or mother surrogate.

The fact that the woman as well as the man is somewhat carefully detailed, with belt and neckline outlined, suggests that the subject who drew these figures is a somewhat compulsive individual with some regard for detail and order. The way in which the outline of the male figure is traced and retraced—the jacket is drawn and then redrawn to correct proportion—reinforces the interpretation of compulsiveness and orderliness. Thus by comparing the man-woman drawings the following interpretative statements may be made about the male subject who drew them: “S is an introverted, thoughtful, compulsive, sensitive, passive individual; a spectator rather than a man of action; has a need for nurturance and support and expects to receive these from a maternal figure.”

SIZE

The relationship between the size of the drawing and the available space may parallel the dynamic relationship between the subject and his environment or between the subject and parent figures. If the drawing is a projection of self-concept, then the size is suggestive of the way the subject is responding to the environmental press. If the self-concept figure is small, the hypothesis may be formulated that the subject feels small (inadequate) and that he is responding to the demands of the environment with feelings of inferiority. If the figure is large, then the subject is responding to environmental press with feelings of expansion and aggression. These interpretations may be made only after it is established that the drawings are projections of self-concept.

A word is in order about the meanings of “large” and “small.” The average drawing of a full figure is approximately seven inches long, or two thirds of the available space. More important than absolute size is the impression conveyed by the relationship between the figure and the surrounding space. If the *impression* of smallness is conveyed in a self-concept drawing, then the interpretation may be made that the subject feels small (inferior) or lost (rejected).

If it has been determined that the drawings are not self-con-



FIGURE 18A



FIGURE 18B

FIGURE 18. Aggressive and Punitive Male and Female Figures

cept figures, two other possibilities must be considered: namely, the drawing is a projection of ideal self-image (wishful image) or is a projection of parent image. In the latter case a large drawing indicates that the parent is strong, capable, dependable, or is threatening, aggressive, punitive. Which of these interpretations is appropriate usually becomes obvious in the context. For example, in Figure 17B, previously described, the mother figure, which is large, implies strength, competence, and dependability. On the other hand the figures in Figures 18A and 18B, which are equally large, may be interpreted as being threatening, aggressive, and punitive.

If the drawings are interpreted as being projections of ideal self-image, then a large drawing may be interpreted to mean that the subject is reacting to feelings of inadequacy with compensatory fantasizing. Figures 20A, 20B, and 20C are the male drawings of three sixteen-year-old boys, all of whom are seventy-four inches tall. Figure 20A is the drawing of a weak, ineffectual individual who "talks big"—that is, who compensates for inferiority feelings with fantasy. Figure 20B is the drawing of an adolescent who feels inadequate and who responds to his feelings by withdrawal and inferiority. He frequently becomes "ill," fails in school, and is very dependent and docile. Figure 20C is the draw-



FIGURE 19A

FIGURE 19. Drawings of Immature Male Figure and Ornately Dressed Female Figure

ing of an adolescent who feels competent and independent and does not resort to either fantasy or inferiority as a main mechanism for adjustment.

LOCATION

There are five general placement possibilities. The drawing may be placed in the upper half, the lower half, the left side, the right side, or the center of the sheet.

Children whose drawings are placed in the upper half of the



FIGURE 19B

FIGURE 19 (Cont.). Drawings of Immature Male Figure and Ornately Dressed Female Figure



FIGURE 20A



FIGURE 20B

FIGURE 20. Figure Drawings of Adolescent Boys

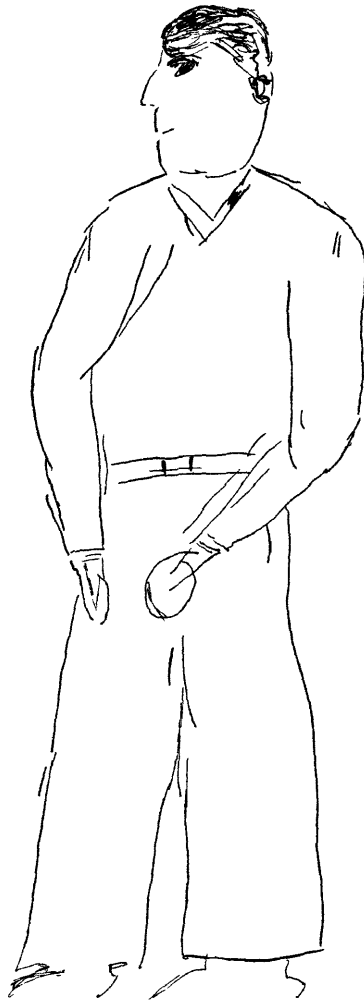


FIGURE 20C

FIGURE 20 (Cont.). Figure Drawings of Adolescent Boys

sheet usually have rather high standards of achievement, for the attainment of which they constantly strive. Adults whose figures are placed in the upper half of the page frequently are those who feel unsure of themselves ("up in the air"). Those whose drawings are on the left side of the page are frequently self-con-

scious or introverted. Those whose drawings are placed at the bottom of the page seem to be more stable, firmly rooted, calm. Occasionally depressed or defeated individuals will do likewise. Those whose figures are carefully centered are usually self-directed, adaptive, and self-centered. In my experience, drawings rarely occur on the right side of the page. In the few instances where this has been observed, varying interpretations have been made. The only common factor seemed to be in the direction of negativism or rebelliousness.

What has been said of other dimensions of analysis may be said of location. No interpretation should be made out of context or without fitting it into the pattern delineated by the total configuration of interpretive statements.

MOVEMENT

Almost all figure drawings suggest some kind of kinesthetic tension, ranging from rigidity to extreme mobility. A drawing that is suggestive of much activity is frequently produced by those individuals who have a strong impulse toward motor activity. The restless individual, the man of action, the hypermanic, produce drawings that contain considerable movement. Figures that convey the impression of extreme rigidity are frequently produced by individuals with serious and deep-seated conflicts over which a rigid and usually brittle control is maintained. Occasionally the drawing will be that of a seated or reclining individual, in which case it is frequently indicative of low energy level, lack of drive, or emotional exhaustion. If a drawing is a mechanical kind of figure completely lacking in kinesthetic implications, the analyst should be alert for other signs of psychosis. Figures 21A and 21B are mechanical and lifeless and were produced by a schizophrenic.

DISTORTIONS AND OMISSIONS

A distortion or omission of any part of the figure suggests that conflicts may be related to the part so treated. For example, voyeurists frequently omit the eyes or close them. (See Figure 18B.) Individuals with sexual conflicts will omit or distort the areas associated with sexual parts. Infantile individuals with oral needs usually draw enlarged breasts. In a study of World War II leg amputees I found that the lower parts of the body were frequently omitted. (See Figure 23.) Remarks, erasures, shading,

and reinforcement are all in the same direction as distortions and omissions and should be explored for possible relationships to conflict areas.

Head Region.—This is usually drawn first. Most individuals' concept of self is focused in the head and face. If the head is markedly enlarged, the subject may either be very aggressive,



FIGURE 21A

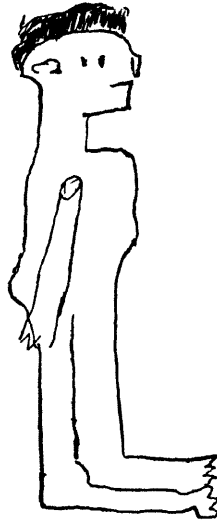


FIGURE 21B

FIGURE 21. Figure Drawings of Schizophrenics

have intellectual aspirations, or have head pains or other somatic symptoms. If the head and face are dimmed out, the subject may be extremely self-conscious and shy. If the head is drawn last, the possibility of severe disturbance in interpersonal relationships should be explored. If the head is very clearly drawn in contrast with a vaguely sketched or rejected body, the individual may habitually resort to fantasy as a compensatory device or may have feelings of inferiority or shame about his body parts and function.

The hair is given a great deal of attention and care by narcissistic or homosexual individuals. Hair on the face (beard or mustache) is usually associated with a striving for virility by those who have feelings of sexual inadequacy or doubts about

masculinity. The mouth may be portrayed by a straight line, a curved line, an oval, and sometimes with teeth. If teeth are included, the subject may be orally aggressive and sadistic; other characteristics associated with this stage of development should be looked for. If the mouth is indicated by a single line, the individual may be verbally aggressive. If the mouth is oval or full and open, the subject may be an oral erotic, dependent individual. If the lips on the male are full and sensuous, the subject may be effeminate or homosexual.

If the eyes are very large and if those of the male figure have lashes, the subject is almost surely a homosexual. If the eyes are large in outline but the pupils are omitted or absent, the subject is expressing guilt in relation to voyeuristic tendencies. If the eyes are large and have the quality of staring, the clinician should investigate the possibility of paranoid trends.

The nose may portray a social stereotype or may be interpreted as a phallic symbol. If the nose is hooked or broad and flared, the subject is expressing rejection and contempt. If the drawing is a projection of self-concept, then these feelings are directed toward the self. If the drawing is a projection of non-self-concept, then these feelings are directed toward others. If the nose is especially large, it is usually associated with feelings of sexual impotency. Male involuntional melancholics usually draw extremely large noses. Adolescents who are aggressively attempting to establish their male role almost invariably draw large noses.

The chin is a social stereotype for strength and determination. If a self-concept drawing has an enlarged chin, it may be an expression of strong drive, aggressive tendencies, or compensatory feelings for weakness and indecisiveness. If the chin is enlarged in a non-self-concept drawing, the subject is expressing feelings of inadequacy in the face of determined, aggressive, strong individuals.

The ear is rarely detailed. If it is enlarged or emphasized, the clinician should explore the possibility of organic damage in the auditory area, or auditory hallucinations in a paranoid individual, or a hearing disability.

The neck separates the head from the body and may be regarded as the link between intellectual control and id impulses. A long neck may suggest that the subject is having difficulty in controlling and directing instinctual drives. A long neck may

also indicate somatic symptoms in this area. Individuals who have difficulty in swallowing, globus hystericus, or psychogenic digestive disturbances may draw figures with extremely long necks. Schizoid or schizophrenic individuals frequently draw figures with an exaggerated neck. (See Figures 21A and 21B.) If there is marked difference in the male and female neck, with the female being considerably longer, the subject may be an effeminate, dependent, orally passive individual.

Arms and Hands.—The arms and hands are the contact and manipulatory organs of the body. If the hands are hidden, the subject is expressing contact difficulties or feelings of guilt for manipulatory activities (masturbation). If the hands are shown but are exaggerated in size, this may be interpreted as compensatory behavior for feelings of manipulatory insufficiency, contact difficulties, or inadequacy. If the hands have considerable shading, then the subject may be expressing anxiety with respect to manipulation or contact activities. If the arms are pressed close to the body, the subject may be expressing passive or defensive feelings. If the arms are extended away from the body, the subject may be expressing externally directed aggressive needs. If fingers, fingernails, and joints are carefully sketched, the subject is either compulsive or is expressing difficulties with relation to body concept (as in early schizophrenia). Closed fists suggest repressed aggression.

Other Parts of the Body.—If the legs and feet are drawn first and given considerably more attention than the rest of the body, the subject may be expressing discouragement or depression. If the hip and buttocks of the male figure are rounded and larger than they should be or given an unusual amount of attention, the subject may have strong homosexual trends. If the trunk is rounded or wasp-waisted, a similar interpretation may be made. If the elbow joints and other articulatory regions are delineated, the subject is either a compulsive individual, in which case this trait will be manifested in many other ways, or he is a dependent, uncertain individual who needs familiar perceptual cues for reassurance. If internal anatomy is drawn, the subject is almost surely schizophrenic or manic. If the body is vaguely or bizarrely drawn (Figures 21A and 21B), the subject may be schizophrenic. The treatment of the feminine figure should be carefully observed. Is the drawing a representation of a child, a



FIGURE 22A



FIGURE 22B

FIGURE 22. Figure Drawings Showing Self-consciousness and a Grim, Tight-mouthed Male

dream girl (Petty model), a maternal figure? What parts of the female body are emphasized? If the breasts are extremely enlarged and carefully drawn, the subject may be expressing strong oral dependent needs. If the arms and hands are long and prominent, the individual may be expressing the need for a protective mother figure. If femininity in the female figure is indicated through the use of superficial or symbolic details, the subject may be expressing severely repressed oedipal feelings. If the shoulders and other masculine indicators in the male figure are exaggerated, the subject may be expressing his own insecurity with respect to masculinity.

Clothing.—Most drawings are clothed. If the figures are nude

and the sexual parts prominently displayed, the subject may be expressing rebellion against society (parent figures) or may be consciously aware of sexual conflicts. Individuals in whom there is a large voyeuristic element may draw glorified nude figures. If the self-concept figure is nude and given a great deal of attention, the subject may be expressing body-narcissism. On the other hand, if the self-concept drawing is carefully clothed, the individual may be expressing clothing- or social-narcissism. Both forms of narcissism are found in infantile, egocentric individuals.

Buttons are usually indicators of a dependent, infantile, inadequate personality. If the buttons are drawn along the mid-line, the subject may have somatic preoccupations. If buttons are drawn on cuffs and other equally inconspicuous areas, the subject is probably an obsessive-compulsive individual. The latter will also draw shoelaces, wrinkles, etc.

Pockets, when placed on the breast, are indicators of oral and affectional deprivation and are usually found in the drawings of infantile, dependent individuals. A tie is frequently interpreted as a phallic symbol. If a great deal of care and attention are lavished upon the tie and if the figure is somewhat effeminate, the subject may be a homosexual. A small tie may suggest repressed feelings of organ inferiority. Earrings are frequently drawn by subjects who have sex preoccupations of an exhibitionistic nature. Cigarettes, pipes, and canes are usually interpreted as symbols of striving for virility.

GRAPHOLOGY

The stroking may be described with respect to pressure, direction, continuity, angularity, rhythm. The pressure of the stroke is usually related to the level of energy. Thus an individual with a great deal of drive and ambition will usually draw firm lines. The individual whose energy level is low because of physical or psychic reasons will draw rather light lines. The cyclothymic, unstable, or impulsive individual will show fluctuating pressures.

The direction of the stroke may be vertical or horizontal, determined or undetermined. A marked preference for horizontal movements is frequently associated with weakness, femininity, fantasy living. A marked preference for vertical stroking is often associated with determination, hyperactivity, and assertive masculinity. If the direction of the stroke is determined and unhesitating, the individual may be a secure person with persever-

ance and persistence in working toward goals. Strokes that are indeterminate or vacillating in direction are frequently associated with a lack of the foregoing qualities. Thus vague, insecure individuals who lack opinions and points of view will draw figures in which the stroking has no determined direction. Uninterrupted straight lines are frequently the product of quick, decisive individuals. Interrupted curvilinear lines are often associated with slowness and indecisiveness. Very short sketchy strokes are often associated with anxiety and uncertainty. If the stroking is performed in a free and rhythmic way, the subject may be an unconstricted, responsive individual. If the stroking is constricted, the individual may be a tense, withdrawn, coarcted person. If the outline of the figure is sharp and clear with an unbroken reinforced line, the individual may be expressing his isolation and a need to protect himself from external pressures. Shading is usually an anxiety indicator. If the shading is found in sexual areas, the anxiety may be in relation to sexual function.

Strokes drawn from the page toward the subject may suggest self-involvement, introversion, or anxiety. Strokes drawn from the subject toward the upper part of the sheet may suggest aggression or extroversion. Strokes drawn from right to left are frequently associated with introversion or isolation. When the direction is from left to right, the figure-drawing analyst may look for tendencies toward extroversion, social stimulation, need for support.

At the risk of repetition, the clinician is again cautioned against using any one area of interpretation as reliably diagnostic unless supported by the total patterning of the drawing analysis.

Miscellaneous.—If the subject draws “stick” figures or abstract representations, they may be interpreted as indicative of evasion. This is frequently characteristic of insecure, self-doubting individuals. If the figures are clowns, cartoons, or silly-looking, the subject is expressing his contempt and hostility for people. This is frequently found in adolescents who feel rejected or inadequate. Witches or similar characters are drawn by individuals who are hostile and express their feelings exparatively.

Frequently ancillary material such as lines to represent the ground or a fence to lean on are included. These may be interpreted to express the need for support or succorance. Compul-

sive individuals are very easily recognized by their drawings. They are unable to leave them alone, and they go over and over an area, adding more and more detail. The hysteric, impulsive, unstable individual presents drawings that reveal these qualities in their lack of preciseness and the lack of uniformity of performance.

VARIATIONS OF THE BASIC PROCEDURE

There are many modifications of the basic figure-drawing test. The most extensive and structured is that described by Machover [102]. The reader is referred to this book for a complete discussion of that technique. There are several as yet unpublished techniques that have been found to be productive.

The Rosenberg Draw-a-Person Technique [136]. In this experimental modification of the "Draw-a-Person" Test the subject is given complete freedom to change his completed drawings in any way that he wishes. By using a carbon copy, one may retain the unchanged or original drawings for comparison with the changed copy.

Procedure.—It is felt that the actual wording of the directions is crucial in obtaining optimal results in this technique. At present research is being done to determine the most effective set of directions.

1. The subject uses a stapled set of two sheets with a carbon between them to do his drawing on. Standard directions for the "Draw-a-Person" Test are given, and a modified inquiry is conducted following the Machover technique, with both man and woman drawings. ("What is this person like?" etc.)

2. The examiner then tears off the top sheet of each set of drawings and retains the carbon copy for comparison with the changed copy. He gives the top sheet to the subject and instructs him: "Now you may have complete freedom to change, mark, or mess up, erase, cross out, or do anything you wish with the drawing you made. Feel as free as you like to change the drawing any way you wish. Now go to work on your drawing and make it as different as you would like." Changes are requested on both the male and female drawings in the same way. In some cases the carbon copy is quite lightly reproduced, but observation of the subject during the test will make clear what changes were made. Finally a post-inquiry is conducted asking about the changes made.

Value of This Modification.—In view of the fact that only preliminary work has been done with this technique, I can suggest possible clinical values only.

1. *Index of hostility.* The aggressive, hostile individual may project his feelings against the human figures he has drawn. The degree and type of change may represent hostility against the self or parent figures. This may be similar to the play-therapy techniques in which children may mutilate dolls representing mother or father figures.

2. *Rigidity-plasticity factors.* The loose, labile individual will be willing to change his original drawing, while the rigid person will be unable or unwilling to make any changes.

3. *Dynamic elements* (complexes, etc.). Sexual disturbances, serious concern over different parts of the body, reflections of core conflicts.

4. *Diagnosis of serious maladjustment.* The nature and degree of the changes made may provide a basis of differential diagnosis between moderate and severe emotional disturbances.

Illustrations of the Method.—1. D, aged 29, was hospitalized because of complaints of depersonalization and loss of affect. His woman drawing was that of a voluptuous nude figure, which he promptly changed into a "devil" when asked to make any changes he wished to. He added a devil's horns, cleft feet, tail, hair on the body, and sharply pointed teeth, and when asked in the inquiry about her, called her a "nymph." Further inquiry revealed that he meant "devil." His male figure, a dressed, well-integrated drawing, was converted into a cowboy, with high heels, and boxing gloves on his hands. Possible interpretations: great hostility against women; association of sex with moral sin; concern over masturbation.

2. C, aged 29, a high-school graduate, was receiving treatment at a mental-hygiene clinic because of depression, "mental blanks," and asocial feelings. He was diagnosed as a schizophrenic in remission with some regressive elements still present. His male figure was a somewhat crude drawing and was described as "a businessman, dressed up, clean-cut, walking along . . . a good talker . . . keeps his sex life under control." When asked to change the figure, he converted the businessman into a "devil" with short cropped hair, walking along with his penis exposed, urinating as he walked. In the post-inquiry, "He is walking along

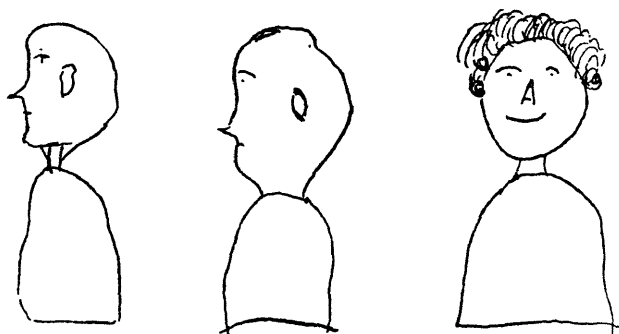


FIGURE 23. Figure Drawings by a Below-the-knee Amputee Veteran

peeing . . . shrewd, that's why he's a devil . . . when no one is around he does things he wants to." The woman drawing was rather primitive, and in the conversion she was changed into "a donkey" and the sexual parts were heavily indicated (vagina, breasts, horns on head). These changes provide vivid indicators of the primitive and probably regressive impulses of the patient, his sexual preoccupation.

*The Draw and Tell a Story Technique.*¹—If the subject is a male, he is asked to draw two men and a woman on a single sheet of paper. If the subject is a female, she is asked to draw two women and a man on a single sheet of paper. The subject is then asked to give each figure a first name and to make up a story involving all three figures. It has been found useful to set a time limit of two or three minutes in order to apply pressure to the subject to tell a story with a minimum of ego direction. The time limit is not actually adhered to; its sole purpose is to apply pressure to the subject.

This technique sets up a triangular situation, and the story that is told will frequently be illuminating with respect to the interpersonal attitudes of the subject, who will impose his idiosyncratic interpretation of the situation. Thus in one case the triangle will recall a sibling theme, while in another oedipal dynamics may be revealed. I have found that young children tend to destroy one of the two equivalently sexed figures. In a recent

¹Sidney Levy: "The Draw and Tell a Story Technique." Unpublished thesis, New York University, 1947.

DRAWING-ANALYSIS RECORD BLANKSubject's Name Sex... Age... Education..... Date ...

1. *Directions for Administering***2. *Observations*****a) Test Behavior:****b) *Sequence:*****3. *Drawing Analysis*****FIGURE 24. Drawing Analysis Record Blank**

Figure 1

Whole

- 1) Descriptive statement, including age, sex, etc.:

- 2) Size: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

- 3) Location:

- 4) Aspect: Full Face—— Left Profile—— Right Profile——
Rear View——
- 5) Movement: Active—— Mild—— Suggested—— Rigid——
Absent—— Extensor—— Flexor——

Details

- 6) List parts omitted:

- 7) List parts distorted or exaggerated:

- 8) List articles of clothing included:

- 9) List ancillary parts external to the figure:

4. *Graphic Analysis*

- 10) Pressure: High—— Medium—— Soft——
- 11) Continuity: Unbroken—— Broken——
- 12) Rhythm: Broad—— Narrow——
- 13) Direction: Varied—— Up—— Down—— Right—— Left——
- 14) Motor movement: Restricted—— Free——
- 15) Amount of detail:
- 16) Preciseness of form:
- 17) Balance:
- 18) Shading

MISCELLANEOUS:

study of World War II amputees,² a recurrent theme revealed sexual insecurity (castration anxiety?). The female figure was frequently described as deserting her former husband or lover and going off with "the other man." In schizophrenics' stories each of the figures goes his own way or one or more of the figures is omitted from the story. (See Figure 23.)

CONCLUSION

Figure-drawing analysis is a useful technique for clinical and research purposes. Although it can be used scientifically, the technique itself has not been scientifically validated. If it is used with the same caution, artistry, and skill that are applied to other clinical instruments, it may frequently prove to be a fruitful and economical source of insights about the personality of the subject. Effective utilization of this technique is dependent upon a thorough understanding of personality dynamics and extensive familiarity with the drawings of large numbers of individuals about whom there is available fairly complete psychological information.

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²Lawrence E. Abt and Sidney Levy: "A Psychological Study of World War II Amputees." Unpublished monograph. New York University, 1947.

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