

**THE CLINICAL AND
PROJECTIVE USE OF THE
BENDER-GESTALT TEST**

ABOUT THE AUTHOR

Eugene X. Perticone, Ed.D. (Rutgers) has conducted a private practice in psychotherapy and psychological assessment since 1971. A licensed psychologist, he was, for twenty-four years, a professor at the State University of New York at Oswego where he taught graduate courses in projective techniques, clinical assessment, personality theory, and adjustment. He has also worked as a psychologist in schools, was Director of Research and Evaluation for a comprehensive mental health facility, and served as a consultant psychological examiner for the New York State Department of Social Services. He is senior author of *The Mosaic Technique in Personality Assessment: A Practical Guide*, and he has lectured widely on that technique and the Bender-Gestalt Test. A recipient of the Graduate Research Award from the New Jersey Psychological Association, he is a member of the American Psychological Association, a fellow of the Society for Personality Assessment, a member of the Society for Clinical and Experimental Hypnosis, and he has been certified as an Approved Consultant by the American Society of Clinical Hypnosis.

THE CLINICAL AND PROJECTIVE USE OF THE BENDER-GESTALT TEST

By

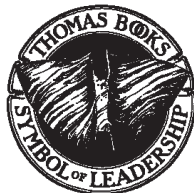
EUGENE X. PERTICONE, ED.D.

*Professor Emeritus
State University of New York, College at Oswego
Oswego, New York*

Foreword by

John B. Ruskowski, Ph.D.

*State University of New York, College at Oswego
Oswego, New York*



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FOREWORD

Carl Jung (1954) wrote, "Theories in psychology are the very devil. It is true that we need certain points of view for orienting and heuristic value, but they should always be regarded as mere auxiliary concepts that can be laid aside at any time" (p. 7). While we will always construct theories and test hypotheses in order to better understand the intricate workings of the mind, we must also remember that it is the human being, and not the theory itself, that is the goal of our understanding. Jung's statement seems to be warning us not to let our theories and our empirical derivations restrict our vision or our understanding of the true richness of any individual's experience. In the present volume, *The Clinical and Projective Use of the Bender-Gestalt Test*, Dr. Perticone opens a fresh, and eminently practical new window which enables the clinician to build upon the rich empirical history of this instrument. He offers an expanded view of the measure's potential utility, complementing familiar approaches with additional, projective applications that offer a highly efficient, useful, yet probing method for deepening one's understanding of the personal psychological experience of the test-taker.

Perhaps a reflection of our increasingly legalistic times, the literature in personality appraisal, for the past twenty years or so, has shown a strong bias toward refining or developing theoretical models and establishing empirical bases for the defensibility of tests and assessment practices. To be sure, strides have been made in those areas as well as in the areas of culture and gender fairness. An unfortunate effect, however, is that there has been a dearth of truly groundbreaking work in projective approaches to personality appraisal that has been both conceptually sophisticated and practical. Yet the blending of these two elements is precisely what Dr. Perticone has achieved in the present volume.

"Bender-Gestalt" and "groundbreaking work" are terms that have rarely been closely linked since Elizabeth Koppitz' (1964) book was published over thirty years ago. After all, clinicians already know the

Bender-Gestalt, don't they? Most are certainly familiar with empirically-based applications of this test in screening for neurological impairment and emotional difficulties. However, for those who are willing to accept that all behavior, including test-taking behavior, is psychologically meaningful, Dr. Perticone's clinical reasoning and case examples enable the reader to see and appreciate the untapped richness that is always present in the Bender-Gestalt. Furthermore, by adding Free-Association and Selective-Association phases to the task, additional data are elicited which, when integrated with the material generated by the Traditional approach, make it strikingly clear that very specific information about adjustment and personality is encoded in one's reproductions of the Bender-Gestalt designs and in the spontaneous and elicited verbalizations that are associated with them.

While clinicians can often sense that more is being communicated by an individual's test-taking behavior than is consciously intended, it is sometimes difficult to grasp and to organize these potential meanings. In his presentation of the projective use of the Bender-Gestalt, Dr. Perticone brings together his own extensive clinical experience, a rich understanding of personality dynamics, and his astute powers of observation. To these, he adds his remarkable ability to organize and express his procedures and methods for arriving at insights in an extremely cogent and practical way. The result is a truly valuable guide that will enable the skillful clinician to glean many useful projective hypotheses from the Bender-Gestalt record and to broaden his or her thinking about the potential applications of this familiar and ubiquitous instrument.

The Clinical and Projective Use of the Bender-Gestalt Test will not be the primary reference book for those practitioners who are constantly called upon to show statistical "proof" of their findings in order to validate their methods. This is a resource for people who work with people, where, Jung cautions, our theories may be the starting point, but must not be allowed to constrain the scope of our exploration. The uniqueness of each individual demands understanding rather than mere classification, and in the approach illustrated in this volume, the clinician's own knowledge of human dynamics and his or her skills of observation come to the fore. Dr. Perticone courageously discusses the roles of unconscious processes and clinical intuition in arriving at projective hypotheses. Yet, as a safeguard against mere conjecture masquerading as insight, he repeatedly returns to the principle of

internal consistency and the use of collateral sources of information as means of supporting, elaborating, revising or discarding hypotheses.

This is a volume that will be appreciated by virtually anyone involved in personality appraisal, whether an experienced user of the Bender-Gestalt or a clinician-in-training. The reader will find Dr. Perticone's presentation of the expanded use of this instrument to be both stimulating and worthwhile. Veteran users will be able to add to the depth and richness of their findings based upon administration of the Bender, with little additional investment of time. Those who are just learning to appreciate the principles and subtleties of projective psychology will not find a more straightforward, clearly articulated introduction to fundamental concepts of projection in general and the projective use of the Bender-Gestalt Test in particular. The ample descriptions and discussions of interpretive features of the Bender drawings are further supplemented with over eighty selected illustrations.

It is gratifying to see this significant, new work in projective assessment which truly challenges and enables diagnosticians and psychotherapists to expand their present knowledge and practice in the use of the Bender-Gestalt. At the same time, this work helps to redirect attention toward both the importance of, and the possibility of, understanding the unique experience of each human being. Dr. Perticone invites readers to suspend preconceived notions about perceived limitations of the Bender-Gestalt, about projective assessment generally, and about the role of unconscious processes, while he guides them through a provocative, persuasive, and highly practical exploration of this "well-known" test.

JOHN B. RUSKOWSKI

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- Koppitz, E. M. (1964). *The Bender-Gestalt Test for young children*. New York: Grune & Stratton.

¹Jung, C. G. (1954). *The development of personality*. Copyright 1954 by Princeton University Press. Renewed 1984.

PREFACE

In the thirty-five years during which the author has used the Bender Visual-motor Gestalt Test in his clinical practice, he has consistently been impressed by its fruitfulness in providing a range of important information about a test subject and by its convenience as a diagnostic tool. It is extremely easy to administer, it takes a relatively short amount of time to complete, and it may be used alone or it can readily be included in any test battery. More importantly, in his clinical practice, it has not only been used as a measure of perceptual-motor development and competence, but as a convenient and wonderfully helpful means of assessing personality dynamics and functioning. It is the latter application that this book will emphasize.

The Bender Visual-motor Gestalt Test has long been used as a projective method, and numerous articles, chapters, and even longer works have been written about its value in this regard. In the current book, the attempt is made to (1) describe a method to increase the scope of the test subject's performance so that both verbal and nonverbal behaviors may be observed and (2) demonstrate an approach to generating clinically useful hypotheses about what the observed behaviors may signify about the person as an active and experiencing being.

In this book, the author demonstrates the importance of the parallel communications that are constantly being presented by the test subject, both verbally and nonverbally. Guidelines are provided to assist the psychological examiner in recognizing such communications and interpreting them dynamically. In addition, the author suggests that each of the individual Bender-Gestalt designs has the *potential* to symbolize a specific area of internal or external experience and that the symbolism may be anticipated, again potentially, to be similar for many, or even most, of the subjects who take the test. This is not to imply, however, that the symbolic pull of the designs is necessarily exactly as suggested for every test subject or that the designs may not hold additional symbolic meanings for certain individuals as well.

Nevertheless, the symbolic interpretations that are offered have proven to be so practically helpful and accurate in clinical work that it is believed they warrant consideration by those examiners who wish to get more out of a technique that is already being used, but with a different focus of attention. Also of interest is the fact that the method being advocated has been taught by the author to numerous psychologists-in-training as well as to many professionals already in the field, in both cases with very gratifying results. It is because of the successful application of this particular projective approach by those who employ it that it was decided to present the rationale and method in book form.

It is sincerely hoped that the personality assessment concepts that are presented will be considered with an open mind. Above all, the reader is encouraged to experiment with the expanded use of the Bender-Gestalt Test to see firsthand the wealth of interpretive material which will be made available to the astute clinical observer.

The detailed examples and "case presentations" that are used to illustrate the concepts and techniques of the expanded testing approach to be described are simulations of the kinds of responses and behaviors that are typically encountered in the clinical context. This book is essentially designed to be instructional in its organization and content. It is not intended to be a collection of case studies.

EUGENE X. PERTICONE

ACKNOWLEDGMENTS

The author wishes to express his gratitude to the many teachers and colleagues who have contributed so much to the development of his appreciation for the utility of projective psychology in clinical practice. The extent to which this frame of reference has helped him to understand people, to develop empathy for them, and to be of practical assistance when it was sought has been very great indeed.

Special thanks are extended to Leonard Blank, Ph.D., my clinical instructor and mentor at Rutgers-The State University, who skillfully taught the importance of carefully observing the living person, and not just his or her test responses, and to appreciate the indirect and subtle messages that are unconsciously communicated by the individual in the assessment situation.

Thanks also are due to Kay Sperry Showers who long ago stimulated the author to consider a potentially broader utility for the Bender-Gestalt Test and who demonstrated both its accuracy and value in personality assessment applications.

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**THE CLINICAL AND
PROJECTIVE USE OF THE
BENDER-GESTALT TEST**

Part 1

**QUANTITATIVE AND QUALITATIVE
PERSPECTIVES ON
THE BENDER-GESTALT TEST**

Figure 1

The Bender-Gestalt Designs. Reproduced from *A Visual Motor Gestalt Test and Its Clinical Use* by Laretta Bender, copyright and distributed by the American Orthopsychiatric Association, Inc. Reproduced by permission.

Chapter 1

INTRODUCTION

A BRIEF RETROSPECTIVE

In 1938, Lauretta Bender published a monograph in which she described a framework and rationale for interpreting the attempts made by subjects to reproduce a series of sequentially presented geometric line drawings (Figure 1). The test was easy to administer, required relatively little time to complete, and enabled the examiner to observe directly the unique manner in which the task was carried out. Additionally, it resulted in a permanent visual record which facilitated analysis and categorization of the test subject's perceptual-motor responses.

That this pioneering work has been of practical as well as theoretical significance is attested to by the fact that the test which now bears Bender's name has become one of the most widely-used clinical measures of its type, with assessment applications having been demonstrated in a number of distinct, but interrelated areas of perceptual-motor functioning. Of course, Bender's method and the various applications that have been devised for it have subsequently been the focus of considerable research activity. Some studies have investigated the ability of the test to distinguish between various clinical and nonclinical groups while other studies have attempted to ascertain and operationalize performance standards that could be correlated with specific age or maturational levels. For summaries of both the clinical populations that have been researched and the efficacy of the various scoring and interpretive criteria that have been utilized, the reader is referred to the excellent reviews to be found in Tolor and Schulberg (1963) and Tolor and Brannigan (1980).

QUANTITATIVE AND QUALITATIVE INTERPRETATION

As might be expected, reliability and validity issues have been of central importance in many of the studies that have been published to date. Relatively fewer papers have attempted to demonstrate the ways in which Bender-Gestalt¹ performance can contribute to the clinician's understanding of the specific personality processes that are characteristic of the individual test subject or how those processes are related to his or her subjective experience or to the external manifestations of that experience, e.g., interpersonal behavior, ego-defensive operations, etc.

The present writer wishes to make clear that he acknowledges the value of the various quantitative systems that have been devised for categorizing and interpreting Bender-Gestalt performance. The developmental scoring system of Koppitz (1964; 1975), for example, has been shown to be a highly effective means of assessing perceptual-motor readiness for learning in school age youngsters, and is probably one of the more widely-used applications of the test at this time. Similarly, the demonstrated efficacy of the Bender-Gestalt Test in eliciting signs that may be indicative of neurological impairment or brain dysfunction (Klatskin, McNamara, Shaffer, & Pincus, 1972; Koppitz, 1962; Kramer & Penwick, 1966; Lacks & Newport, 1980) makes it highly likely that it will continue to be included in diagnostic batteries that are used when the presence of organicity is suspected in either children or adults.

In the present work, however, an attempt is made to show how qualitative analysis may be employed to complement, and not replace, the quantitative approaches to assessment that are presently emphasized in clinical work. The term *qualitative*, in this case, refers to the examiner's systematic observation and interpretation of the manner in which the test subject expresses his or her uniqueness, both verbally and nonverbally, in all aspects of the response to the test. This contrasts sharply with the more formal approaches to Bender-Gestalt interpretation in which the clinician's primary task is to calculate the quantitatively defined degree of accuracy (or inaccuracy) achieved by the test subject in the reproduction of the nine designs in order that a diagnostic classification can be made.

RATIONALE FOR THE QUALITATIVE APPROACH

In the qualitative approach, clinical attention is directed not only to any inaccuracy occurring in the reproduction of a design that may constitute a scoreable error,² but also to *what the error itself seems to communicate about the test subject*. To illustrate, Figure 2.1 and Figure 2.2 show reproductions of Bender-Gestalt Design A by two different individuals. In each case, it readily may be seen that an error in size has occurred. Using a developmental scoring system such as that of Koppitz (1964), for example, each test subject can be assigned an error tally of one point that eventually will become part of an aggregate score for all the errors that occur in the reproductions of the nine Bender-Gestalt Designs. Once this quantitative determination has been made, i.e., ascertaining the presence or absence of an operationally defined error, the examiner's task with Design A may be considered to be complete.

Figure 2.1

Figure 2.2

Qualitatively, however, the interpretative work has just begun. This is because the examiner now shifts to the projective frame of reference that assumes that *no psychological event occurs capriciously or accidentally, but on the contrary is the specific and meaningful outcome of a number of interacting events or conditions that already have occurred or are presently occurring within the psyche*. Included here are prior-existing drive-states, affects, and various defensive operations, albeit internal or unconscious ones. For the examiner trained to think in terms of the qualitative approach, the assumption in the case of either of the reproductions shown in Figure 2.1 and 2.2, therefore, will be that the error that has been made is in some way meaningful and that it reflects a subjective experiential state or personality dynamic present within the individual at the time the drawing was made.

Why, the examiner may speculate, was it the circle (or alternatively, the square) in particular that was made disproportionately large?

After all, there are two discreet elements that comprise the gestalt of Design A, and presumably either could have been the recipient of the extra energy required to increase the size of that element. Furthermore, what might the circle (or alternatively, the square) consciously or unconsciously symbolize for the test subject that would render it worthy of such increased energy expenditure? Or, if these questions are considered together, what drive, feeling, or attitude might the test subject be attempting to convey by enlarging one part of the design and, in effect, diminishing the relative size of the other? The present author has found that the seeking of answers to such questions can lead to very relevant and useful information about a test subject's psychodynamics that would not be revealed by the assigning of the error score alone.

By approaching the interpretation of the Bender-Gestalt Test from *both* quantitative *and* qualitative perspectives, the psychological examiner obtains a more complete picture of the test subject as a real and unique individual, as well as a member of a clinical or normative reference group. Thus, not only may the individual be diagnosed as being perceptually impaired, for example, but inferences may be drawn about how this person feels, what significant conflicts are being experienced, whether interpersonal contact is sought or avoided, and whether or not the perceptual impairment may be the result of emotional, rather than organic, factors. Hypotheses of this type are, of course, of special interest to clinicians who hope to do more to help the individual than simply render an opinion as to which clinical group or maturational level he or she should be assigned.

This book, then, emphasizes the importance of the psychodynamic factors that may have an influence on both the test subject's perception of the separate stimulus figures and his or her ability to reproduce them accurately. These psychodynamics are largely unconscious and may be symbolically expressed through even the most subtle distortions in the reproductions. Unfortunately, since the records of maturationally normal subjects beyond the age of eleven typically yield a zero error score, according to the commonly used tabular systems, many examiners curtail their clinical observation and inferential reasoning and ignore the many nonscoreable, but nevertheless revealing, features that are actually present in the design reproductions and can be understood as expressions of the individual's psychodynamics.

From this perspective, then, it is possible to interpret every record,

even when no scoreable errors have been made. Viewed in this way, the Bender-Gestalt Test can be considered a *general measure of personality functioning*. It can be employed, as Lerner (1972) points out, as a tool that assists the examiner to understand what the test subject is experiencing and then to infer how he or she may behave in other life situations. Utilized in this way, the Bender-Gestalt becomes a means of assessment that can be exploited effectively in a much wider role than is commonly the case. In the practice of psychotherapy, for instance, it becomes a rapid and surprisingly revealing source of hypotheses concerning the client's personality functioning that can be tested at any time during a treatment session and that can be used in the initial planning of tactics and strategies that will be appropriate for the more long-term treatment plan.

ENDNOTES

1. In this book, *Bender Visual-motor Gestalt Test*, *Bender-Gestalt Test*, or simply *Bender-Gestalt* will be used interchangeably.
2. Although various scoring systems have been suggested for assessing the accuracy of Bender-Gestalt reproductions (e.g., Pascal & Suttell, 1951; Clawson, 1962; Lacks, 1984), the *errors* referred to in this book will be defined by the operational criteria specified by Koppitz (1964).

Chapter 2

THE PSYCHODYNAMIC PERSPECTIVE

THE EXAMINATION EXPERIENCE

When approaching any testing situation, it may be assumed that stimulus generalization is occurring. That is, the test subject brings to the testing moment an extensive history of other experiences of having been evaluated. Evaluation of academic readiness often begins prior to entry into kindergarten, for example, and for the remainder of the child's school life, informal testing is routinely conducted year after year, in one classroom after another, in order to assess the extent to which the curriculum has been mastered. In addition, the child eventually is subjected to formal or psychometrically-based schoolwide testing programs that have been designed to determine achievement levels, academic aptitude, vocational interests, etc. Later in life, tests will be required in nonacademic settings as well, as when applying for a driver's license or in connection with some job applications.

Besides those formal occasions that are clearly recognized as "testing" situations, there are other encounters that are not necessarily defined as "being tested," but which are nevertheless experienced as such. A child being asked by a parent to display his or her hands after washing so that their degree of cleanliness may be determined is just one of the many examples of one's performance being evaluated with which most readers should be familiar.

In any event, it appears that the circumstance of being tested is a recurrent one that, in most cases, is likely to be experienced as anything but neutral. That is, how a person is categorized and/or responded to by others as a result of an evaluation procedure is often associated with specific emotional side effects. And while these may be neutral or even pleasant for some, observation suggests that for many persons the occasion of being tested results in some degree of

tension and even anxiety. It is common, for instance, for certain individuals to suffer autonomic symptoms in anticipation of a test, while in some cases anxiety actually becomes so great that blocking will occur to the extent that the individual may actually be unable to perform, or may perform at a level well below that of which he or she is otherwise capable. Sarason, S. B., Davidson, K. S., Lighthall, P. P., Waite, R. R., and Ruebush, B. K. (1960), in their study of both general and test anxiety in children, conclude that the occasion of being tested is often noxious because it represents the prior experience of having been evaluated, for example, by parents, in other types of situations, and that such evaluations have frequently been associated with feelings of rejection, guilt, loss of self-esteem, or other threats to psychological security.

In light of such considerations, it seems reasonable to assume that stimulus generalization is also likely to occur when one is administered the Bender-Gestalt Test, and that some degree of psychological threat undoubtedly will be experienced by the test subject. It also follows that in response to such threat, both conscious and unconscious defenses will be mobilized in order to deal with the anxiety that can be expected to accompany it. To put it another way, the occasion of being examined with the Bender-Gestalt, as with any similar psychological assessment technique, provides an opportunity for the examiner to observe not only the test subject's specific productions when he or she is asked to copy the designs, but also to observe the qualitatively significant behaviors and performance characteristics from which can be inferred the person's experience of anxiety and the defenses that are being used to manage it.

THE STRIVING SELF AND PERSONALITY PROJECTION

Strivings that have been described as being central to the functioning of all human beings involve not only efforts to preserve physical safety, but also to maintain the perception of personal adequacy or self-esteem (Combs & Snygg, 1959). Whether considered to be rooted in biology, learned experience, or a combination of these factors, the relevant point is that all individuals continuously strive to satisfy both of these motives which may be described respectively as the need for security and the need to obtain the approval of self and/or others.

The position taken by the present author is that needs such as those identified above are incredibly strong and can be assumed to play some part, directly or indirectly, in virtually all goal-directed behavior. The presence of these needs is often easily recognized even by the casual observer as, for example, when one is watching the behavior patterns of children who are interacting in play, whether it be competitive or noncompetitive in nature. At other times, the external manifestations of such ego-strivings will be less obvious except in those instances where the observer has been trained to anticipate their existence and so remains specifically alert for the signs from which their presence may be deduced. As noted in an earlier work (Perticone & Tembeckjian, 1987), this is the type of process that underlies the efforts of the psychodynamically-oriented counselor or psychotherapist who constantly monitors not only the *literal content* of a client's verbalizations, but considers the *symbolic implications* of the words and phrases being used, as well as the numerous nonverbal communications and gestures that are so often laden with disguised personal meaning.

AN EXPANDED APPROACH TO THE BENDER-GESTALT TEST

In the material that follows, a three-phase technique for the administration of the Bender-Gestalt Test will be presented. The purpose of this approach is to obtain information beyond that commonly sought, in the quantitative scoring methods with which many examiners are already familiar, by including two additional phases that will emphasize the projective or qualitative perspective discussed above. By doing this, the Bender-Gestalt becomes a multidimensional assessment tool through which meaningful hypotheses may be generated about the individual's personality dynamics *as well as* his or her psychoneurological integrity and/or maturational level. The three phases of the expanded test administration are discussed in the next chapter under the headings of *The Traditional Procedure*, *The Free-Association Procedure*, and *The Selective-Association Procedure*.

Chapter 3

THE MULTIPHASE ADMINISTRATION

THE TRADITIONAL PROCEDURE

The first step in the administration of the expanded Bender-Gestalt follows guidelines similar to those that have been suggested by previous writers. Naturally, if a standardized scoring system is to be used for which quantitative norms are provided, for example, when using The Developmental Scoring System of Koppitz (1964), the specific directions for administration that are provided by the respective author should be followed exactly.

The present author proceeds in precisely that manner for test subjects below the age of ten. For older subjects, the following approach to administration is employed:

Assuming that adequate rapport has already been established, the test subject is given a sheet of 8 1/2 x 11 inch white paper that is unlined. (Mimeograph paper or paper with a similar surface texture is excellent for the purpose.) A sharpened Number Two pencil equipped with an eraser is also provided. Extra sheets of paper should be available on the table or other working surface and in easy reach of the person being tested. The test subject is then told that nine cards will be placed before him or her, and that each bears a design that is to be copied on the paper that has been provided. The examiner proceeds by placing the neatly stacked stimulus cards immediately above the paper, with Design A faceup at the top, saying:

Here are the designs you are to copy. Make yours look just like the ones you see on each of these cards.

The test subject is allowed to reposition the cards if desired and to uncover the succeeding card as each drawing is completed. Questions that are raised should be answered only in general terms or by repeating the relevant portion of the original directions. For example, if asked, "Can I make them bigger?" or, "Do I need to draw all the

dots?" the examiner may respond by pointing to the cards and saying, "Make yours look just like these." If the test subject inquires, "Can I use more than one piece of paper?" the response might be, "That's up to you." As much as practical, in other words, the examiner maintains ambiguity concerning the test subject's response choices for anything beyond the directions that were originally administered.

The examiner should generally remain silent while carefully observing the test subject's behavior that includes not only the drawing process, but all other verbal and nonverbal expressions as well. These are recorded as they occur whether they appear to relate specifically to the drawing process or not. The total time required to finish the nine designs is also noted and recorded. Upon completion of all the drawings, a testing-of-the-limits procedure may be employed at the examiner's discretion. Ordinarily this is done if (1) there is doubt about the test subject's awareness of errors or unusual features that have occurred in the reproductions or (2) it seems desirable to ascertain whether or not the test subject can reproduce the designs more accurately. However, unless there is such a clinically appropriate reason for doing so, an inquiry following this part of the test procedure is not advocated.

THE FREE-ASSOCIATION PROCEDURE

With the completion of the first phase of the administration, the examiner removes the paper on which the designs have been drawn and puts it aside, thanking the test subject for having cooperated. The pencil and extra sheets of paper are also removed at this time. The examiner then collects the nine cards and places the stack face down on the table with Design A uppermost. The test subject is then told:

Now I have something else for you to do. I will again show you the designs, but this time I want you to use your imagination and tell me what each one reminds you of, or what it might represent.

The examiner hands Card A to the test subject and says:

For example, what does this design make you think of? What does it remind you of?"

If the test subject expresses uncertainty as to how to proceed, the examiner encourages with words such as:

Just use your imagination. When you do, the design will remind you of something. Go ahead. What comes to mind when you look at the design? What does it look like?

Having administered the directions, the examiner waits for the response which, when forthcoming, should be written down verbatim. The position in which the card is held should be noted for the respective associations. A notation should also be made of the test subject's initial reaction time, that is, the time elapsed between the presentation of the stimulus card and the response which is made to it. In this connection, the term *response* refers to the communication of the association itself, and not to preliminary remarks such as, "Oh, this is interesting," or, "Hmmm. Let me think about this one."

If only a single response is given for Card A, the examiner may ask, "Anything else?" This often leads to further associations that, if given, are to be recorded. If the test subject fails to provide an association to a particular design or says something like, "It doesn't remind me of anything," the examiner should encourage a further effort. Gently saying, "Use your imagination and just tell me whatever comes to mind," is often sufficient to elicit a response or to overcome the resistance to communicating a thought or image that, although not spoken, nonetheless may have been experienced.

At times, the test subject's specific associations will be vague or they may otherwise seem to be incomplete. In other instances, the examiner may intuit that a response has some clinically relevant implication or significance that would be worth exploring further. On occasions such as these, a cautious inquiry should be conducted. Examples of the inquiry procedure are demonstrated in the following interchanges:

(Associations to Card 7)

Subject: Reminds me of a carton with some milk. It's bulged on the bottom, and the one on the left is tipping over.

Examiner: You said, "bulged on the bottom." Explain that.

Subject: Bulged . . . Because it's ready to explode . . . Because it can't stand up anymore.

In this example, it was decided to inquire as to the test subject's choice of the word, *bulged*, since its meaning was not clear to the examiner. In an attempt to clarify it, the subject attends less to the definition of the word, and projects instead the experience of tension or impulse that seems to be on the verge of being released.

(Associations to Card 3)

Subject: This looks like a tipped-over Christmas tree [spoken in a whisper].

Examiner: It looks like it's tipped over?

Subject: Yes. I guess I feel very sad when I look at it.

Here, it was thought that the association of the tree being tipped over, combined with the subdued nature of her verbal communication with the examiner, might symbolically express some experience of importance to the test subject. That this appears to be the case is supported by the personal reference made concerning the individual's affective experience.

Clearly, there can be no absolute rule as to when a test subject's response warrants inquiry. For the examiner experienced in assessing projection as it occurs in the testing situation or in the process of counseling, that determination will probably be made with relative ease. For the examiner less experienced in principles of projective psychology, an effort should be made to remain alert to the occurrence of vague language, the use of words with multiple meanings, e.g., punning words, or the use of words that are likely to be emotionally evocative for most people. In such cases, inquiry may be helpful since it provides opportunity for elaboration that can clarify the consciously intended meaning of the test subject's communication, and also because it forces the individual to encounter the potentially significant material that might otherwise be sidestepped. When such an encounter is precipitated by the examiner's inquiry, several highly dynamic and interrelated processes are likely to be observed:

1. Further symbolic material may be presented.
2. Emotions may be expressed or otherwise revealed, e.g., through autonomic activity.
3. Defensive operations may become much more apparent thereby making it easier for the examiner to gauge the degree of threat that is being experienced as well as the nature and effectiveness of the defenses used to cope with that threat.

While a case is being made for the importance of the inquiry in the second phase of the Bender-Gestalt administration, it is probably better to underemphasize this procedure than to overemphasize its use until sufficient experience has been accrued by the examiner. This is because it is crucially important to minimize the risk of establishing a set in the test subject's mind as to what type of association to the stimulus figures might be considered appropriate.

THE SELECTIVE-ASSOCIATION PROCEDURE

In the second, or Free-Association, phase of the test administration, the examiner's intent is to elicit verbal associations to the Bender-Gestalt designs in a manner that allows the test subject considerable freedom to respond on the basis of his or her unique perceptions and dynamics. For this reason, directions are given in as general or ambiguous a fashion as possible so that the subject will know how to proceed, but not what content to produce.

In the third, or Selective-Association, phase, however, the purpose is to provide the opportunity for further personality projection, but this time with the examiner exercising more influence over the direction of the test subject's associations. To accomplish this, the examiner says to the subject:

That was fine. Now we will do the final portion of the test.

The examiner then arranges the nine stimulus cards face up before the test subject in three rows of three each and says:

I would like you to use your imagination again. This time I want you to look carefully at all of the designs and tell me which one you like the best.

The examiner observes to be sure that all of the designs are being considered. When a response is given, either verbally or by pointing, the examiner records the number of the stimulus card and any comments that are made and continues:

Now look at all of the designs again, but this time tell me which one you like the least.

Once again, the test subject's total behavior pattern is observed, and the response is recorded when given. The examiner then says:

Now really stretch your imagination and tell me which one makes you think most of your mother.

After the response and any accompanying comments have been noted, the examiner asks:

And which design makes you think most of your father?

When a record of the ensuing response is made, the examiner continues:

And which one makes you think most of yourself?

While the test may be concluded following the response to this question, the examiner instead may choose to elicit further associa-