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THE UNIVERSITY OF ALBERTA

VERBAL FANTASY IN THE HOUSE-TREE-PERSON TECHNIQUE

by

KIMBERLEY ANNE WOLFF

C

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

SCHOOL PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL 1986

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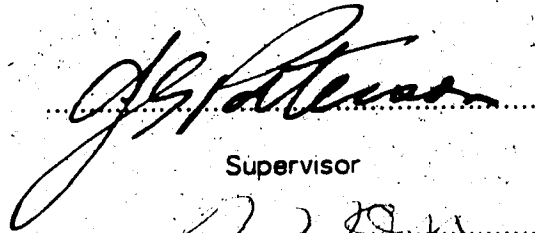
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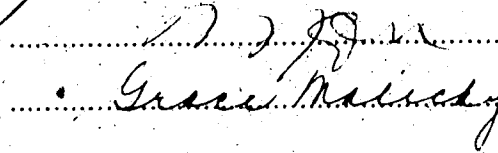
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled VERBAL FANTASY IN THE HOUSE-TREE-PERSON TECHNIQUE submitted by KIMBERLEY ANNE WOLFF in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION in SCHOOL PSYCHOLOGY.


.....

Supervisor


.....

Date Sept/86

DEDICATION

To my parents, who instilled in me the desire to learn, and the courage and perserverance to meet new challenges.

Abstract

This study investigated the usefulness of a thematic apperceptive approach as opposed to an interrogative approach in conjunction with the House-Tree-Person Technique.

The subjects were 24 Grade Four students from a suburban school. All of the children were identified as having no serious emotional or behavioral adjustment problems and were between the ages of 9 years 1 month and 10 years 10 months.

For the present exploratory study, the author used a counterbalanced design. The H-T-P chromatic phase was administered individually to each subject. Following the drawing phase, each student in Group A was asked to tell a story about each picture and then administered the Children's Revision Post Drawing Interrogation Form (Jolles, 1956). The students in Group B followed a similar format except that after the drawings were secured, they were administered the Interrogation Form and then asked to tell a story about each picture. The resulting stories and Interrogation Form responses were scored using the Roberts Apperception Test for Children (McArthur & Roberts, 1982) scoring procedures as a guideline. All students who participated in the study were given the Verbal subtest of the Canadian Cognitive Abilities Test, Form 3, Level B.

The author plus two independent judges rated the protocols obtained from the subjects. SPSSx Reliability Analysis was used to determine the reliability of the raters and the ratings were averaged for each subject. The research hypotheses were tested with Analysis of Variance.

The results indicated that subjects of above average verbal ability told stories with a greater number of themes than subjects of low to average verbal ability with respect to the Adaptive Scales. The results also indicated that the students who were previously administered the apperceptive format, gave a greater number of themes on the Clinical Scales - Interrogative format than did those subjects who were administered the interrogative format first. However, no significant differences were obtained

between the groups in terms of the stories providing a greater number of themes than the structured interrogation form. As well, no significant differences between male and female subjects were found.

It was concluded that verbal fantasy in conjunction with the House-Tree-Person Technique yields information which is clinically ~~useful~~ with all projective techniques, this technique should always be included as ~~a part of~~ a larger, more ~~comprehensive~~ battery. The limitations of the study were discussed, and guidelines for further ~~research~~ were suggested.

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Table of Contents

Chapter	Page
I. Introduction	1
A. Importance of Area	1
B. Related Research	3
C. Proposed Study	4
D. Delimitations and Limitations	5
Delimitations	5
Limitations	6
E. Definitions	6
F. Organization of the Study	7
II. Review of the Literature	8
A. Historical Development of Projective Techniques	8
B. Theoretical Framework	9
C. Expressive Methods	11
D. Construction Procedures	13
E. Standardization of Projective Techniques	15
F. Related Research	17
Apperceptive Methods	17
Expressive Methods	18
III. Design and Methodology	22
A. The Subjects	22
B. Instruments	23
House-Tree-Person Projective Technique	23
Roberts Apperception Test for Children	24
Canadian Cognitive Abilities Test	25
C. Procedure	26
D. Hypotheses	27

Hypothesis One	27
Hypothesis Two	27
Hypothesis Three	28
Hypothesis Four	28
E. Evaluation of the Data	28
IV. Results	29
A. Hypothesis One	29
B. Hypothesis Two	33
C. Hypothesis Three	39
D. Hypothesis Four	44
V. Discussion	49
A. Hypothesis One	49
B. Hypothesis Two	49
C. Hypothesis Three	50
D. Hypothesis Four	51
E. Clinical Implications	51
F. Recommendations for Future Research	52
G. Conclusion	55
References	56
Appendix A Parent Letter	61
Appendix B Standardized Instructions	62
Appendix C Scoring Procedures	64
A. Adaptive Scales	64
Reliance on Others	64
Support-Other	65
Support-Child	66
Limit Setting	66

Problem Identification	67
B. Resolution Scales	67
Resolution 1	67
Resolution 2	67
Unresolved	68
C. Clinical Scales	68
Anxiety	68
Aggression	68
Depression	69
Rejection	69
Atypical Response	70
Maladaptive Outcome	70
Appendix D Children's Revision Post-Drawing Interrogation Form	71
Person	71
Tree	72
House	73
Appendix E Apperceptive Format Rating Form	75
A. Adaptive Scales	75
B. Resolution Scales	75
C. Clinical Scales	75
Appendix F Interrogative Format Rating Form	76
A. Adaptive Scales	76
B. Resolution Scales	76
C. Clinical Scales	76

List of Tables

Table	Page
Table 1: Analysis of Variance Summary for Adaptive Scales	29
Table 1a: Mean Tables - Adaptive Scales	30
Table 2: Analysis of Variance Summary for Clinical Scales	31
Table 2a: Mean Tables - Clinical Scales	32
Table 3: Analysis of Variance Summary for Adaptive Scales - Apperceptive Format - IQ Effects	34
Table 3a: Mean Tables	34
Table 4: Analysis of Variance Summary for Adaptive Scales - Interrogative Format - IQ Effects	35
Table 4a: Mean Tables	35
Table 5: Analysis of Variance Summary for Clinical Scales - Apperceptive Format - IQ Effects	36
Table 5a: Mean Tables	36
Table 6: Analysis of Variance Summary for Clinical Scales - Interrogative Format - IQ Effects	37
Table 6a: Mean Tables	37
Table 7: Analysis of Variance Summary for Resolution Scales - Apperceptive Format - IQ Effects	38
Table 7a: Mean Tables	38
Table 8: Analysis of Variance Summary for Adaptive Scales - Apperceptive Format - Order Effects	39
Table 8a: Mean Tables	39
Table 9: Analysis of Variance Summary for Adaptive Scales - Interrogative Format - Order Effects	40
Table 9a: Mean Tables	40
Table 10: Analysis of Variance Summary for Clinical Scales - Apperceptive Format - Order Effects	41
Table 10a: Mean Tables	41
Table 11: Analysis of Variance Summary for Clinical Scales - Interrogative Format - Order Effects	42
Table 11a: Mean Tables	42

Table 12: Analysis of Variance Summary for Resolution Scales - Apperceptive Format - Order Effects	43
Table 12a: Mean Tables	43
Table 13: Analysis of Variance Summary for Adaptive Scales - Apperceptive Format - Sex Effects	44
Table 13a: Mean Tables	44
Table 14: Analysis of Variance Summary for Adaptive Scales - Interrogative Format - Sex Effects	45
Table 14a: Mean Tables	45
Table 15: Analysis of Variance Summary for Clinical Scales - Apperceptive Format - Sex Effects	46
Table 15a: Mean Tables	46
Table 16: Analysis of Variance Summary for Clinical Scales - Interrogative Format - Sex Effects	47
Table 16a: Mean Tables	47
Table 17: Analysis of Variance Summary for Resolution Scales - Apperceptive Format - Sex Effects	48
Table 17a: Mean Tables	48

I. Introduction

Children's drawings provide an excellent vehicle for establishing rapport in the psychological testing situation. The request to draw a picture is seen as minimally threatening yet maximally absorbing. In addition to serving the purpose of an 'ice breaker', drawings serve as a means by which subjects may project their inner world. Often children are more comfortable communicating initially through their drawings, rather than through verbal interview techniques. To take the drawings and have children create stories about the drawings provides a further glimpse into their inner selves.

Projective drawings have had a place in the psychologist's assessment battery for over three decades. The term projection was introduced into the psychological literature by Sigmund Freud. He defined it as "a process of ascribing one's own drives, feelings, and sentiments to other people, or to objects in the outside world, as a defense against becoming aware of these threatening qualities in oneself" (Kleinmuntz, 1967, pp. 259-260). Projective techniques attempt to channel this information in such a fashion that the information can be used for the assessment of personality. Projective techniques are amorphous and ambiguous so that the subjects can respond in any way they choose. The House-Tree-Person (H-T-P) technique was designed by Buck initially as part of an intellectual test battery (Buck, 1947). When David Wechsler introduced his Intelligence scale, Buck salvaged his drawing test from the battery and refined it into the projective technique as it is known today (Hammer, 1958).

A. Importance of Area

The primary purpose of this study is to compare the Children's Revision Post-Drawing Interrogation Form with a thematic apperceptive format in the use of the H-T-P technique. Anastasi (1961) acknowledged the H-T-P technique as providing 'useful leads' when considered with other information about the individual case. However, she further stated that the lengthy administrative and scoring procedures described by Buck

(1948) are supported by inadequate data and questioned the utility of such procedures. Buck (1981) has suggested that the Post-Drawing Interrogation phase of the H-T-P is comparable to the Thematic Apperception Test, the difference being that the stimuli in the H-T-P are created by the subjects themselves. If Buck's intention was to provide a parallel to the Thematic Apperception Test in the Post-Drawing Interrogation Phase perhaps the method used to elicit information should be an apperceptive approach rather than a direct questioning method. Koppitz (1968) states that if children tell spontaneous stories about their drawings, then the stories represent wishdreams and can be considered valid for the purpose of analysis. Information provided by the child via direct questioning is questionable in Koppitz's opinion because children sometimes give responses which they think would please the examiner (Koppitz, 1968, pp.77-78). Because the uniqueness of a projective technique lies in its subjectivity, one would assume that the less structured and less objectified a technique is, the more subjective and truly projective the technique would be. The use of a structured interrogation form would presumably objectify the technique and perhaps even channel the information away from the subject's true thoughts. In addition, by employing a structured interview form, one would have to question whether the technique can still be considered as truly projective. This study is designed to compare the effectiveness of the Post-Drawing Interrogation Form with a thematic apperceptive format in identifying 'problems' in elementary school children.

The use of projective drawings in clinical practice is widespread. Wade, Baker, Morton, and Baker (1978) state that the Draw-A-Person Test currently ranks seventh among tests considered important in clinical practice. H-T-P drawings have been demonstrated to have the ability to discriminate between abused and normal children (Blain, Bergner, Lewis & Goldstein, 1981). Wohl and Kaufman (1985) find projective drawings both diagnostically and therapeutically useful in the therapy of children from violent homes.

There is much controversy surrounding the use of projective drawings in the clinical setting. Research has shown that projective techniques have questionable validity and reliability and therefore the utility of such instruments could be considered questionable. One psychologist has even gone as far to say that the use of projective drawings in the clinical setting is unethical (Martin, 1983). Despite many negative findings, the clinical use of projective drawings continues to be high. Surveys have shown that projective drawings rank in the top among tests considered important in clinical practice (Wade, Baker, Morton, & Baker, 1978, Brown & McGuire, 1976, Piotrowski & Keller, 1978).

B. Related Research

Buck chose the items House, Tree, and Person because of their familiarity to subjects of all ages. Buck (1948) also found that these objects were more willingly accepted than others for drawing, and these objects stimulated more frank and free verbalizations than did other items. Hammer (1958) cites many examples of research supporting Buck's choice of items for the test.

The themes generated by subjects in the drawings of the House, Tree, and Person are selected from the subject's past experiences. As with the Thematic Apperception Test, these themes are reflective of the subjects' own needs. The House, being a place of dwelling, tends to arouse associations relating to homelife and intra-familial relationships. The drawing of the Tree tends to reflect deeper and more unconscious feelings in the subject. Clinical experience has shown that the subject is more at ease in attributing negative traits and attributes to the Tree than to the Person because the former is less 'close to home' (Hammer, 1958). The Person is usually seen as the subjects' conscious view of themselves and their relationship with their environment.

If Buck intended the Post-Drawing Interrogation phase of the H-T-P to be comparable to the Thematic Apperception Test (TAT), it would be helpful to look at the latter test. The TAT consists of twenty pictures of varied content, and includes pictures that are lent to fantasies concerning most areas of importance in the subject's life. Karon (1981) states that the use of alternate stimuli (pictures) is not of great importance, the key issue is the stories generated by the pictures. The stimuli should be sufficiently structured to suggest the area of interest, but not so structured to the extent that the variability of response is reduced. One of the drawbacks identified with using 'relevant' stimulus pictures is that the subject may be alerted to structured stimuli and may reveal only conscious fantasies (Karon, 1981, Lesser, 1961). By using stimuli produced by the subject, this concern is eliminated as any 'structure' is imposed by the subject.

C. Proposed Study

It is the author's hypothesis that the stories generated by children in response to their own drawings can provide a greater number of themes regarding their present concerns, than information obtained solely through the use of a structured interrogation form. To test this hypothesis, the author looked at a class of Grade Four students from a suburban school. The children were divided by sex and systematically assigned to one of two groups. Both groups were administered the Chromatic phase of the H-T-P with a choice of eight coloured wax crayons. The author is aware that Buck intended the Achromatic phase to precede the Chromatic phase, but for this exploratory study only the Chromatic phase was employed. This variation from standardized procedure was chosen for a number of reasons. In the present study, the author was investigating only the verbal phase of the H-T-P; features in the drawings were not scored or used for interpretation. Secondly, young subjects generally find the chromatic phase of the H-T-P more interesting. Research has shown that chromatic drawings are more emotionally rousing, and therefore, should give more colourful thematic responses (Payne, 1948).

The standardized instructions to cue the students to draw the pictures are outlined in Appendix B.

After the children completed the three drawings, Group A students were asked to tell a story about each of the pictures. The standardized instructions that were used are similar to those used with the TAT. After the stories were collected, the author asked the standard questions from the Post-Drawing Interrogation Form. Group B students followed a similar format except that the order of presentation of the verbal phase was reversed (Interrogation Form followed by stories).

Each student who participated in the study completed the verbal portion of the Canadian Cognitive Abilities Test, Form 3, Level B (Nelson, 1981). Research has shown that the level of intelligence is positively correlated with richness of thematic content (Rubin, 1963).

According to information presented in the Roberts Apperception Test for Children Manual (McArthur & Roberts, 1982), no differences were noted in the quality of thematic content between male and female subjects. In her review of the literature, Haworth (1966) found that, in general, sex differences have not been found to be of great importance in normative data obtained from children. It is this author's hypothesis that similar results will be obtained in this present study.

D. Delimitations and Limitations

Delimitations

For the present exploratory study, the author chose a class of Grade Four students. This grade was selected because the students have been exposed to creative storytelling in their Language Arts program. As well, the author has found this age group to be generally compliant in following the directions to draw pictures and 'make up' stories about their pictures. The H-T-P Chromatic phase was utilized in addition to the

Post Drawing Interrogation Form and thematic apperceptive format of storytelling. The Interrogation Form and stories were analyzed according to the scoring guidelines as described in the Roberts Apperception Test for Children Manual (McArthur & Roberts, 1982). Consultation with the school counsellor confirmed that none of the subjects were classified as having serious emotional or behavioral problems.

Limitations

The author utilized a single class of twenty-four students for the present study. Given that only one grade level was used, the age range of the subjects is restrictive. A further limitation involved the fact that the subjects were from a relatively normal population.

E. Definitions

apperception Intergration of a percept with the individual's past experience and current psychological state.

fantasy A connection between conscious mental ability and unconscious wishes which is tapped through projective techniques.

projective techniques These techniques provide generally vague, ambiguous stimuli and require the subject to respond with his or her own constructions. The individual's response, since it cannot be attributed to the stimulus itself, is believed to reflect the individual's basic personality makeup.

thematic apperceptive technique Any task which requires story interpretations of pictures or simple scenes.

thematic content Content that relates to a certain theme or themes (ie. family, school).

F. Organization of the Study

The content of the five chapters of this thesis includes the background, procedures, and the results of this investigation. The content of Chapter One provides a general introduction and overview of the study. In this chapter, the problem, a description of the instruments used, and the scope and limitations of the study, and a list of definitions relevant to this study are presented. Chapter Two is a presentation of a selected review of relevant literature. It begins with a brief presentation of the literature surrounding the projective techniques followed by a review of the literature supporting the use of the drawing and apperceptive techniques. The assumptions generated in this literature review provide a basis from which this study was generated. The content of Chapter Three is a review of the hypotheses generated and the experimental procedures employed in this study. In Chapter Four, the analyses of the data obtained from this study are presented. Chapter Five is a discussion of the findings and the limitations of the study. Finally, implications for further research are presented.

II. Review of the Literature

The concept of projection was first introduced to psychological literature by Sigmund Freud. Freud originally used the term to connote psychopathology. Some time later he revised the definition to encompass normal aspects of personality as well. This elaboration resulted in the assumption that projection was not only a defense mechanism, but also an individual's style of interpreting information from the environment.

But projection is not especially created for the purpose of defense, it also comes into being where there are no conflicts. The projection of inner perception to the outside is a primitive mechanism which, for instance, also influences our sense perceptions, so that it normally has the greatest share in shaping our outer world. Under conditions that have not yet been sufficiently determined even inner perceptions of ideational and emotional processes are projected outwardly, like sense perceptions, and are used to shape the outer world, whereas they ought to remain in the inner world.

(Freud, 1919, pp.107-108)

Projective techniques are set apart from other assessment techniques by virtue of the fact that the tasks presented are relatively unstructured. The manner in which the individual perceives and interprets the stimuli, or the structure the individual imposes on the situation, is said to reflect the fundamental aspects of psychological functions. Based on this assumption, the underlying hypothesis of projective techniques is that the stimuli serve as a canvas upon which the individual projects idiosyncratic attitudes, strivings, motivation, fears and conflicts as well as many other aspects of 'self'.

People tend to view their environment in an anthropomorphic manner, with projection operating as the mechanism which affects their anthropomorphic perceptions. Projective techniques serve as a vehicle in which the subject discloses information which in ordinary life experience never becomes projected externally, but remains enclosed in the personal life of the individual (Zubin, Eron & Schumer, 1965, p.7).

A. Historical Development of Projective Techniques

The use of projective techniques was originated by Carl Jung in the late nineteenth century. Jung developed a one-hundred word free association test to aid in diagnosing mental illness (DuBois, 1970).

Early in the twentieth century, Hermann Rorschach, a student of Jung's, elaborated on a suggestion of Binet and Henri that a series of inkblots could be used in the investigation of visual imagination. The interpretation of the responses was based on the hypothesis that the subject's perception, rather than imagination, was involved. The interpretation process was further refined by Rorschach's attempt to relate responses to intelligence and psychiatric diagnosis in that he categorized the responses according to form, detail, and shading characteristics. The Rorschach Ink Blot test became popular in North America in the early 1930's, and is now one of the most widely used projective techniques (DuBois, 1970).

Although projective techniques were in use since the end of the nineteenth century, they were not labelled as such until Frank applied the term to a technique he developed in 1939. He defines projectives as follows:

A projective method for the study of personality involves the presentation of a stimulus situation designed or chosen because it will mean to the subject not what the experimenter has arbitrarily decided what it should mean (as in most psychological experiments using standardized stimuli in order to be 'objective') but rather it must mean to the personality who gives it, or imposes upon it, his private idiosyncratic meaning and organization.

(Frank, 1965, p.13)

B. Theoretical Framework

Projective techniques are not based in a particular theory as no encompassing concept or psychological theory of personality was available at the time projective techniques were first developed. Even though a general theory for projective techniques does not exist, Abt (1950) proposed a functional holistic theory for the interpretation of such techniques. He maintains that behavior is purposeful and goal directed and in order to understand it, a holistic approach is necessary. His interpretive process draws heavily upon psychoanalytic and gestalt thinking and he believes that the methodology behind projective techniques is unique and cannot be evaluated by standard methods:

I am of the belief that projective tests have developed from a climate of opinion so radical from that which made possible other personality assessment procedures that their validity and reliability can never be established in the same ways. To demand this of projective methods is to require something that simply cannot be met.

(Abt, 1950, p.64)

Anastasi (1961) sees projectives as fitting best within the framework of psychoanalytic theory, although the influence of Gestalt theory has contributed to the

interpretation of such techniques. Despite the association she makes with these conceptual frameworks, Anastasi does not view projectives as having a need to be evaluated from these particular theories. She states that "a procedure may prove to be practically useful or empirically valid for reasons other than those initially cited to justify its introduction" (Anastasi, 1960, pp.564-565).

Hammer (1958) follows a theoretical orientation based on elaboration of psychoanalytic theory. Hammer sees people as viewing the world in an anthropomorphic manner; the core of the anthropomorphic view of the environment being the mechanism of projection. Hammer's concept of projection is similar to Freud's expanded definition of projection. A person may have distorted views of the environment and these distortions come to light via the use of projective techniques.

Wagner (1971) has proposed a personality theory derived from an analysis and subsequent synthesis of projective test data called *Structural Analysis*. There are two basic structures in Structural Analysis; the Facade Self and the Introspective Self. The former is the more overt aspect of personality, the side of the self which consists of automatic attitudes and action tendencies and constitutes basic reality contact. The latter is the covert aspect of personality which harbours fantasy.

Projective techniques can be grouped into five categories:

- (1) *Associative techniques* in which the subject must respond to a stimulus by giving the first word, image or percept that occurs to him;
- (2) *Construction procedures* requiring the subject to create or construct a product, such as a story;
- (3) *Completion tasks* such as completing sentences or stories;
- (4) *Choice or ordering devices* calling for the rearrangement of pictures, recording of preferences and the like;
- (5) *Expressive methods* such as drawing which differ from construction procedures in that the subject's style or method is evaluated as well as the finished product.

(Anastasi, 1961, p.566)

For the purpose of this thesis, only expressive and construction procedures will be viewed in more depth.

C. Expressive Methods

Expressive methods of projective assessment take into account the production of the projective protocol in addition to the characteristics of the finished product. As well as having value as diagnostic instruments, expressive methods of assessment can also serve as therapeutic devices. The drawings produced by subjects are not necessarily a realistic portrayal of the environment, but instead an expression of the subjective response to, and personal interaction with, their perception of reality.

Groth-Marnat (1984) believes that drawings cannot be interpreted without the clinician's belief in the unconscious. Without this belief, projective testing and interpretation is 'useless'. With a belief in the concept of the unconscious, the logical assumption is that this unconscious can reveal itself in symbolic form, through drawings, to the individual's conscious mind. Because people tend to view the world in an anthropomorphic manner, they can project their unconscious feelings, conflicts, attitudes and reactions onto anything outside of themselves. Expression through drawing is one technique of bringing into awareness unconscious feelings, attitudes and reactions through the use of symbolic representation. In interpreting drawings, Groth-Marnat (1984) cautions that features relating to specific personality traits must not be overinterpreted; what is significant psychologically appears throughout other test data as well, and will be reflected in the person's current life style.

The use of drawings in psychological evaluation was first popularized by Goodenough in 1926. Her Draw-A-Man Test was the first published drawing test to assess children's intelligence. Florence Goodenough developed a standardized scoring procedure for evaluating the intelligence of children from their drawings of a man (Lanyon & Goodstein, 1982). A mental age was obtained based on the assumption that

the details included in the drawings were direct results of a child's intellectual level of functioning. Harris published a new version of the test in 1963 having the child draw a man, woman and self. Both Goodenough and Harris maintain that children's figure drawings are mainly an intellectual task and cannot be used as projective techniques to infer personality characteristics or underlying conflicts (Groth-Marnat, 1984).

In using the Goodenough Draw-A-Man Test to determine the I.Q. of young clients, clinicians found that individual drawings provided clinical information that was unrelated to intellectual level. Children of the same mental age would often produce unique and individualized drawings that appeared to reflect their personality. As a result of this discovery, Karen Machover expanded Goodenough's scoring methods to include guidelines for evaluating personality variables. Thus, human figure drawings were incorporated into the routine clinical assessments of adults and children alike (Machover, 1949). Machover was the first to analyze human figure drawings as a measure of the projected self (Klepsch & Logie, 1982).

Many researchers have attempted to devise scoring systems for projective drawings. Elizabeth Koppitz developed the first refined scoring system for evaluating children's drawings. In a validation study, she found that the emotional indicators on Human Figure Drawings were able to discriminate between well adjusted children and children attending a guidance clinic (Koppitz, 1966).

At the time Machover was investigating the use of human figure drawings as tools for personality assessment, John Buck was refining the House-Tree-Person for use as a projective technique. Jolles later expanded this technique to include three separate administration procedures using achromatic pencil drawings, chromatic crayon drawings, and an interrogation phase. Interpretation of the House-Tree-Person is based upon the drawings themselves as well as the information elicited from the interrogation phase.

D. Construction Procedures

Construction procedures require more controlled intellectual activities on the part of the subject. By telling a story in response to a stimulus, the individual is bound by certain conventions regarding grammatical expression, logical organization, unity of content, and congruence with all the elements in the stimulus (Anastasi, 1961). Interpretation of such procedures is usually based upon a qualitative content analysis rather than analysis of a quantitative nature. The former is usually more fruitful in terms of supplying clinical information than formal scoring methods.

The use of pictures to tap deeper levels of personality functioning arose out of Binet and Simon's use of pictures to stimulate verbal responses from which intellectual development was assessed (Rabin, 1981). Morgan and Murray (1935) further developed this technique in an attempt to discover covert and unconscious tendencies of normal persons. The TAT was first described by Morgan and Murray in 1935. The technique was based on the fact that when people attempt to interpret complex social situations, they are likely to tell as much about themselves as they are about the phenomena on which attention is focused. The pictures were designed to present subjects with situations where the subjects could reveal their own formulations of the situations and the private meanings which they attached to them. Although it is not an everyday occurrence, the telling of stories about pictures is not that much different from the tasks required of a person in interpreting social interactions (Henry, 1959). Clinical interpretation of the TAT takes place within the overlapping frameworks of intellect and emotion (Henry, 1959). Henry proposed that individuals interpret reality to conform with the 'reality' they expect, and therefore, they see in their world and within themselves only what they want and are able to see. Additionally, they respond to their 'reality' in terms of their own feelings and beliefs. Murray's suggestion of interpretation is twofold: firstly, each event is analyzed from the forces emanating from the hero, and secondly, from the forces emanating from the environment.

The Children's Apperception Test (CAT) was developed in order to fulfill the assessment needs of young children. Anthropomorphized animals were used since the authors believed that young children saw animals as preferred identification figures (Haworth, 1966). A later revision, the CAT-H, depicted human figures. Kagan (1960) describes Murray's suggestions for interpretation from the viewpoint of the clinician interpreting children's protocols. He states that children under age nine or ten years of age usually produce stories with a concrete, descriptive approach while older children are able to tell more elaborate stories involving motives and feelings. In the interpretation of children's protocols there is the assumption that the character which children perceive as having the most similarity to themselves is regarded as the hero figure. This figure's attitudes, motives and actions have a closer affiliation with the child's own strivings than do the attributes of other thematic figures. If the child perceives only minimal similarity to the thematic figures, the attributes given to those figures are likely to be a poor measure of the child's motives. In effect, all pictures are not necessarily equally revealing of the child's personality. This identification with the child's own motivation is better facilitated when the figure or figures are similar to the child with respect to age, sex and potential behavioral repertoire. However, the interpretation process may be further hindered if there is excessive similarity in physical appearance between the child and the hero figure. This factor may remove the fantasy element and the child may suppress anxiety-arousing material. For this reason, Bellak chose animal figures for the CAT; being under the assumption that excessive similarity between the child and the hero figure might interfere with the generation of conflict related themes.

In analyzing the stories produced in response to the CAT, Haworth (1966) found that the stories of latency age children were generally rich, creative, and imaginative. Despite the use of fantasy in their stories, these children appeared to have an overall awareness of reality and of the reasonable limits within which fantasy can be allowed.

Haworth found in her review of the literature surrounding developmental trends in children that by ages nine to ten, children have achieved considerable maturity in all aspects of functioning. At this age they are able to meet parental expectations, in that they are reasonably dependable and responsible. Accurate grammar forms have usually become an automatic part of language functioning and visual motor skills have reached a fair degree of accuracy. The basic mastery of the fundamentals of reading and writing are normally achieved, as well as a reasonable integration of personal problems and social demands. At this age level the child is operating at the "peak of childhood, the time when the accumulated experiences are operating for the most satisfactory and satisfying adjustments" (Haworth, 1966, p. 61).

In the research conducted with children and apperception methods, there has been little evidence to indicate that sex differences are present. As a result of this, norms for apperceptive tests for children do not usually differentiate between male and female subjects.

E. Standardization of Projective Techniques

Implicit in the term 'standardization' is the connotation of accuracy and replicability of most aspects of the testing situation. Instructions to the subject, presentation of the stimuli, and the recording of the responses can be relatively easy to control. The actual scoring of the responses, followed by the interpretation of the same, is more difficult to control. This latter point has received considerable attention from researchers in the field. MacFarlane and Tuddenham (1951) recognize the problems of standardizing a projective technique in their comment "we have not developed research tools that adequately handle complex problems of interacting variables that projective tests are believed to tap" (p. 52).

In their discussion of the history of projective techniques, Zubin, Eron and Schumer (1965) state that projective techniques evolved out of those tests which were

used to measure intelligence. These techniques were adapted to measure personality and along with their evolution was a movement away from the rigorous framework demanded by intelligence and achievement tests. Responses of the projective protocols were not scored as right or wrong, and there was also more freedom in scoring. As a result of this, many scientific values achieved in the field of intelligence tests were abandoned. Clinicians moved away from quantifying and standardizing the responses on projective protocols in order to preserve the qualitative, idiographic essence of projective techniques. The assumption behind this trend was that by quantifying and enumerating responses, there was the implication that the responses had an ordinal value which may be a gross understatement of clinical relevance (Zubin, Eron & Schumer, 1965).

A large part of the difficulty with standardizing projective techniques lies in the fact that there is no universal scoring system for any one technique. Karon (1960) states that, for the TAT, there is no scoring system available which is both useable in the clinical setting and sufficiently inclusive to be clinically relevant. He further states that clinical validity needs to be established for each clinician as the measuring instrument is not the technique itself, but an interaction between the technique and the interpreter.

Palmer (1970) suggests that concrete scales for which behavioral criteria might be established could be developed. These scales could be validated by usual statistical processes, and the presence of such scales would not prevent the clinician from making additional clinical inferences. Semeonoff (1973) views attempts at standardization of projective techniques by normal statistical procedures as being doomed to failure. Reliability studies are useful if one is attempting to measure an enduring function, but there is little in human behavior that is enduring. Ray (1974) concurs with this opinion in that scores obtained from a technique on one occasion do not necessarily correlate with scores obtained from the technique when it is administered at a later date. Because projective techniques are sensitive to mood fluctuations or situational responses, they

do not fit neatly within the criterion of test-retest reliability. With respect to validity studies, Semeonoff feels that the manuals should present more corroborative evidence of the validity of the inferences drawn. With projective techniques, case material is more appropriate than an experimental approach. Kline (1983) raises objections on the grounds of reliability and validity of projectives. He feels that these problems could be countered by objective marking schemes and careful multivariate analysis. However, one is reminded of Karon's comment on the use of marking schemes and would have to question the possibility of such marking schemes ever coming into existence.

F. Related Research

The author was unable to locate any studies which were directly related to the present investigation. In light of this finding, only those studies which bear an obtuse connection to the investigation will be discussed in the following sections.

Apperceptive Methods

Rubin (1963) conducted a study which investigated differences in the production of themes in response to TAT cards between subjects grouped according to intellectual ability. He found that subjects of a lower level of intellectual ability produced a smaller number of themes when compared with subjects of a higher level of intellectual ability. In addition to the higher I.Q. groups producing a greater number of total themes, Rubin found that these particular subjects had a tendency to use a greater number of achievement, dominance and affiliation themes in TAT stories than did subjects of lower intellectual ability. This finding is not surprising to most clinicians as lower levels of intellectual ability are generally accompanied by a deficit in verbal adeptness.

Haworth (1966) refers to a study conducted by Kaake which indicated that children in higher I.Q. groups produced greater thematic content and less enumerative content on the CAT than did lower I.Q. groups. Kaake concluded that the CAT was

better utilized with higher I.Q. subjects. Given these findings, Kaake questioned the usefulness of the CAT for personality evaluation of an intellectually slow group. The subjects used in Kaake's study were between six and seven years old. Haworth (1966) referred to a similar study conducted by Ginsparg which concluded that subjects of lower I.Q. are limited in their ability to express ideas freely or dynamically.

A study was conducted by Simson (cited in Haworth, 1966) with German girls between the ages of eight and ten. In his study, he investigated the usefulness of a variation of the H-T-P in conjunction with the CAT. His procedure required the subjects to first draw pictures of a house, man, woman, and then a picture of their own choice. Following the drawing phase the subjects were administered the human form of the CAT. Finally, the subjects were required to tell stories about each of the drawings. Simson's hypothesis was that by combining the CAT and the drawings, greater freedom and more spontaneous production of themes would result. His reasoning was that not all problem areas would be tapped for an individual child in an apperceptive technique only and the inclusion of drawings might uncover additional dynamic areas. A pilot study requesting the child to tell stories about the drawings immediately following the drawing phase did not lead to 'useful' stories. Therefore, the administration of the CAT was inserted between the drawing phase and storytelling phase. His observations confirmed his hypothesis in that themes appeared in the stories told to the drawings which were not touched upon in the CAT.

Expressive Methods

Very little research is available with respect to the verbal phase of the H-T-P. Jolles (1983) made an attempt to clarify the questions posed in the Interrogation Form but did not support his interpretations of the questions nor the various responses which might be obtained with related research. It would appear that this interpretive guide is only a reflection of Jolles' hypotheses and not based in sound research. In light of the

limited amount of research available with respect to the present study, this section will also include related research on the graphic phase of the H-T-P as well as Human Figure Drawings (HFD's).

Verbal Phase of Expressive Techniques

Diamond (1954a) proposed a variation of Buck's H-T-P which he labelled as the 'Verbal H-T-P'. In his study, he asked the subjects to write a story in which there were three characters; a House, Tree, and Person. All of the characters were to have real personalities, the power of speech, and the ability to communicate with one another. The subjects included two distinct age groups, college and eighth-grade level, with a fairly equal representation of males and females. The stories obtained from the subjects were rated on various aspects of thematic content. Diamond found significant differences with respect to the kinds of themes produced by the two age groups. Significant differences were also noted with respect to male and female subjects. Diamond concluded that results from a Verbal H-T-P should be studied in relation to the clinician's experience with the graphic H-T-P including the verbal phase. It was also concluded that more research was needed in the area.

In a follow-up study, Diamond (1954b) investigated specific symbolic aspects of the House and Tree. In a counterbalanced design, subjects wrote two stories; one involving a House and Person, one involving a Tree and Person. Following the completion of the stories, the subjects identified 'personality traits' for the House and Tree using a 50 item adjective checklist prepared by Diamond. Results of the study indicated that the House and Tree have distinctly different characteristics.

Graphic Phase of Expressive Techniques

In a validation study, Koppitz (1966) demonstrated that the 30 Emotional Indicators of HFD's differentiated between the HFD's of psychiatric patients and the HFD's of outstanding pupils with good social and emotional adjustment. In a related study conducted by Sturner, Rothbaum, Visintainer, and Wolfer (1980), it was discovered that Emotional Indicators on children's HFD's were able to discriminate ($p < .001$) between those subjects that were prepared for venipuncture and those who were not.

In their investigation of the ability of the H-T-P to detect child abuse, Blain, Bergner, Lewis, and Goldstein (1981) were able to identify specific items on children's H-T-P's which were able to discriminate between abused and normal children. Cowden, Deabler and Fearmster (1955) found that the H-T-P was a useful technique by which to predict a psychiatric patient's readiness for discharge from hospital. Vernier, Whiting and Meltzer, (1955) found that features in the House drawing in H-T-P's were able to differentiate between two groups of TB patients; those who leave hospital against medical advice, and those discharged with maximum hospital benefits. Since a battery of tests was administered routinely upon admission as part of the admittance program, the results could signal those patients who were likely to leave against medical advice and therefore preventive measures could be implemented. In their research on the differences between H-T-P's of deaf and hearing children, Davis and Hoopes (1975) suggested that further research with the H-T-P be directed toward the objectification of qualitative features rather than the development of a checklist of single details.

In their investigation into the effects of the order of tests in a battery, Cassel, Johnson and Burns (1962) found no statistically reliable differences were obtained in the means of the Wechsler-Bellevue II, the H-T-P, and the WRAT among the order of presentation nor the ordinal position of each test. It was concluded that the order of presentation of the tests in the battery made no difference to the overall results of any

one specific test. In this study, all possible combinations of the three tests were administered, however, no subject received more than one administration of the battery. It should be noted that there was no inclusion of an apperceptive technique in the battery.

In an attempt to validate the H-T-P for use with children, Jolles conducted a series of four validation studies (Jolles, 1952a, 1952b, Jolles & Beck, 1953a, 1953b). Conclusions reached from these four studies suggest that: children tend to draw their own sex, the phallic tree is more common among younger children and is related to psychosexual disturbance, the psychological centre of the page is to the left of the geometric centre, horizontal placement varies with age and the drawn whole, a tendency to place the whole on the left indicates emotional expression, to the right, intellectual control and age is a factor in vertical placement. Sloan (1954) criticized these studies as being characterized by a lack of clear, logical statements concerning the concept of validation. He questioned whether these studies were an attempt to confirm the hypotheses of the H-T-P directly or whether the studies were to confirm Buck's hypotheses on H-T-P's with adults as to their validity when applied to children.

Despite their limitations, projective techniques are still widely used in the clinical setting. Drawings tend to tap deeper levels of personality than the verbal techniques such as the Rorschach and TAT (Hammer, 1953). Harris (1963) sees drawings as being more useful for psychological analysis when teamed with other available information about the child. Bellack (1975) maintains that batteries for personality assessment should include apperceptive techniques combined with expressive techniques in order to obtain a well-rounded picture of the subject's personality.

III. Design and Methodology

The content of Chapter Three deals with a description of the sample, the strategy and technique of data collection, and the procedure involved in conducting the study.

A. The Subjects

For the purposes of this exploratory study, a single class of grade four students from Elmer S. Gish School in St. Albert, Alberta was utilized. The children's ages ranged from 9 years 1 month to 10 years 10 months, with a mean age of 9 years 9 months. Of the twenty-four students who participated in the study, thirteen were male and eleven were female.

A letter was sent to the parents (Appendix A) of all the children in the class giving a brief explanation of the study and requesting permission for their child's participation in the study. Permission to have their children participate in the study was granted by all parents.

Although the sample for the present study was not a randomly selected sample of elementary school children, the subjects were divided by sex and systematically assigned to Group A and Group B. Each subject was given an identification number from one to twenty-four with all even numbered subjects making up Group A, and all odd numbered subjects making up Group B.

The class selected for the present study was considered to be from a 'normal' population. Some of the children receive part-time resource room instruction for learning problems; some receive part-time enrichment classes for the gifted. None of the children involved in the study were involved in counselling for emotional or behavioral problems; however, this does not rule out the possibility that some children may have been experiencing mild emotional problems which were not identified by the school counsellor or classroom teacher. The classroom teacher and the school

counsellor rated the students as having no *serious* emotional problems, as the presence of such problems might bias the sample in a small group.

B. Instruments

House-Tree-Person Projective Technique

The House-Tree-Person (H-T-P) is a projective technique designed to aid clinicians in obtaining information concerning an individual's personality dynamics (Buck, 1981). In conducting the standardization studies, Buck found it impossible to correlate specific indicators in the drawings with specific personality traits. In the interpretation of projective drawings, it is suggested by Buck to use a gestalt approach to analysis rather than basing the interpretation on specific indicators.

In administering the H-T-P, the subject is requested to draw a picture of a house. Although the emphasis is not placed on artistic ability, the subject is asked to draw "as good a house as you can" in order to avoid a stereotypical reproduction. Upon completion of the house drawing, the subject is further requested to draw a tree, and finally a person. After two sets of drawings have been secured (achromatic and chromatic), the clinician administers the Post-Drawing Interrogation Form.

In her review of the H-T-P, Haworth describes the Interrogation Form as being highly redundant and repetitive. She further states that many of the questions do not appear to yield useful clinical data, while some questions appear to lead the subject in a definite direction by their wording. Haworth has found that her administrations of the H-T-P Interrogation Form to children have generally yielded information lacking in meaningful material. Despite her criticisms, Haworth regards the H-T-P as "a rewarding clinical technique with both adults and children" (p. 1241).

Roberts Apperception Test for Children

The Roberts Apperception Test for Children (RATC) is a projective technique designed for school-aged children. A set of 27 stimulus cards depicts common situations in children's lives. Of this set, only 16 cards are administered to a given child. Responses are scored on a number of scales measuring adaptive and maladaptive functioning. After nearly twenty years of development with a clinical population, the RATC was standardized on a sample of 200 well-adjusted children. A stratified sampling procedure was used to ensure equal representation of children with respect to sex and age (McArthur and Roberts, 1982).

Two types of reliability studies were conducted; interrater agreement and split-half reliability. The authors report doctoral-level and master's-level raters as having 89% and 84% agreement respectively (McArthur & Roberts, 1982, p. 76). Split-half reliability reveals reliability coefficients from .44 to .86 using the Lord and Novick estimate and from .48 to .86 using the Spearman-Brown estimate across the twelve scales (McArthur and Roberts, 1982, p. 77).

McArthur and Roberts (1982) report the findings of convergent and discriminant validity tests to provide evidence that the scales reflect the personality dimensions that they were intended to measure (p. 77). In comparison with other apperception tests, the RATC elicited "a significantly lower percentage of stereotyped responses than either the CAT or TAT" (McArthur and Roberts, 1982, p.87). As well, the incidence of nonsituationally related stories was lower with the RATC. The RATC was found to discriminate between a well-adjusted and clinical population with the exception of 3 Clinical Scales - Anxiety, Aggression and Depression. The authors explained the nonsignificant differences between the two groups in that the clinical sample was heterogeneous; individual differences would be obscured in the averaging of the scores. They stress that it is the departure from average scores that are clinically meaningful and nonsignificant results do not mean that the measures are insensitive to the differences in

individual children (McArthur & Roberts, 1982).

For the purposes of this study, the author used the RATC rating form as it stands, but in the analysis of the data, the groupings of scales were altered slightly. The Clinical Scales were left unchanged, as were the Adaptive Scales with the exception of the Resolution indicators. These indicators were grouped into a separate category entitled 'Resolution'. A separate category was used for the Resolution indicators as it was found that the Interrogation Form could not be scored for 'Resolution' due to the nature of the direct questioning method. Because the major hypothesis of this thesis was to investigate the differences between the Interrogation Form and an apperceptive method, the author did not want the absence of Resolution indicators on the Interrogation Form to influence the results of the data analysis.

Canadian Cognitive Abilities Test

The Canadian Cognitive Abilities Test (CCAT) evolved from the Lorge-Thorndike Intelligence Test Series. The test consists of three parallel batteries (Verbal, Non-Verbal, and Quantitative) and eight different but overlapping levels (A-H). In devising this test, items were reviewed to eliminate biased content and also to ensure that the items were appropriate for Canadian students. The CCAT purports to measure the individual's ability to use and manipulate symbols (Wright, 1982, p.6).

The Verbal battery consists of four subtests: Vocabulary, Sentence Completion, Verbal Classification, and Analogies. This battery is similar in form and content to other measures of verbal ability or scholastic aptitude.

The score that the students obtain on the CCAT is given meaning by relating it to either their chronological age or to their school grade group. Five types of norms are provided for the interpretation of scores: (1) standard scores by age, (2) percentiles by age, (3) stanines by age, (4) percentiles by grade, and (5) stanines by grade (Wright, 1974). The standard age score is a normalized score scale, in which the average score

for each age group on each test is set at 100, with a standard deviation of 16. For any age group, a given numerical value has the same meaning in terms of standing relative to the group. The Standard Age Score (SAS) is somewhat similar to IQ scores.

The Technical Notes for Form 3 report Kuder-Richardson Formula #20 reliability estimates of .932 for the Verbal Battery, Level B (1984). Correlation between Standard Age Scores on the CCAT Verbal Battery and Grade-Equivalent Scores on the Canadian Test of Basic Skills, Elementary Multilevel Battery is reported to be .84 for Grade 4. Correlation with the Stanford Binet Intelligence Scale is reported to be .72 for the 9 to 11 year age group.

C. Procedure

Prior to individual interviews with the students, the class was briefed about the nature of the study and what was required of them during the interviews. The interviews were conducted during school hours in the school's conference room and commenced with the standardized instructions (Appendix B) requesting the child to draw a picture of a house. Blank sheets of 8 1/2 by 11 paper were provided as well as a set of eight coloured crayons. Upon completion of the first drawing, the student was requested to draw a picture of a tree, and finally a picture of a person. Following the drawing phase of the interview, the students in Group A were asked to tell three stories; one story for each picture. After the stories were collected, the students were asked the questions from the Post Drawing Interrogation Form. The students in Group B followed similar instructions except that the order of presentation was reversed for the verbal phase (Interrogation Form followed by stories). A counterbalanced design was chosen in order to increase the sensitivity to statistical analyses. In such a design, subject differences do not exist except for changes that may have occurred in the subjects during the period required to carry out the investigation. The students who participated in the study demonstrated a high level of enthusiasm and co-operation.

Each student who participated in the study was given the Verbal battery of the CCAT, Form 3, Level B.

The students were placed in 'IQ groups' according to the criteria outlined in the GCAT manual (Wright, 1982). Given the distribution of scores in the present study, four separate groups were identified: Very High (SAS = 128 and above), Above Average (112 - 127), Average (88 - 111), and Below Average (72 - 87). Given that the mean IQ of the class was above the CCAT mean (class mean = 110.3) and the limited number of subjects at the lower end of the scale, it was decided to regroup the students into two groups: Low to Average (72 - 111) and Above Average (112 and above).

After the data were collected, two independent raters in addition to the author rated the stories and Interrogation Forms for the number of themes. In order to ensure standardized scoring, the system used for scoring the themes followed the format used by the RATC (Appendix C).

D. Hypotheses

Hypothesis-One

Information provided in the apperceptive format will contain a greater number of themes than the information provided in the interrogative format.

Hypothesis Two

Students identified as having high verbal ability will generate stories having a greater number of themes on the Adaptive Scales than those students identified as having low to average verbal ability.

Hypothesis Three

The order of presentation of the two formats (apperceptive and interrogative) will not affect the number of themes given by a student.

Hypothesis Four

There will be no differences in the number of themes given between male and female subjects.

E. Evaluation of the Data

The purpose of the statistical analysis was to determine if a thematic apperceptive technique was significantly better than an interrogative technique in terms of obtaining thematic content on the Verbal Phase of the H-T-P. The subject's ratings from each judge were summed over each category and each format type (ie. one score for the Adaptive Scales for all three stories). The data obtained from the raters were analyzed utilizing *SPSSx* Reliability Analysis. This analysis calculates a variety of coefficients which evaluate the reliability of additive scales. Results of this analysis indicated alpha coefficients at, or above .96 across all scales on both the apperceptive format and interrogation format. Given these results, the ratings for each category were averaged for the three raters.

SPSSx Analysis of Variance was used to test the significance of the hypotheses. ANOVA was chosen because it is a robust test and moderate deviations from the assumptions seem to have little effect on the validity of the conclusions reached (Spatz & Johnston, 1981). The level of significance for an acceptable difference in testing the research hypotheses was set at, or less than, .05.

IV. Results

A. Hypothesis One

The first hypothesis stated that the information provided in the thematic apperceptive format would contain a greater number of themes than the information provided in the interrogative format. In the null form, this hypothesis states that, for any subject, the difference in the number of themes between the two formats would be zero. This hypothesis was tested using three-way analysis of variance with repeated measures on one factor, the results of which are summarized in Tables 1 and 2.

Table 1

Analysis of Variance Summary for Adaptive Scales

Between Subject Factors: A = IQ
B = Order
C = Sex
Within Subject Factors: D = Format

SOURCE	SS	df	MS	F Ratio	p
A	10.082	1	10.082	4.451	.052
B	3.459	1	3.459	1.527	.236
C	2.107	1	2.107	.930	.350
error	33.98	15	2.265		
D	4.642	1	4.642	1.622	.222
AD	3.544	1	3.544	1.238	.283
BD	1.445	1	1.445	.505	.488
CD	6.803	1	6.803	2.377	.144
ABCD	.001	1	.001	.000	.989
error	42.926	15	2.862		

The F Ratios are not significant.

Table 1a

Mean Tables - Adaptive Scales

IQ a = Low to Average IQ

IQ b = Above Average IQ

Group A = Apperceptive / Interrogative

Group B = Interrogative / Apperceptive

SOURCE	APPERCEPTIVE	INTERROGATIVE
IQ a	2.333	2.545
IQ b	3.944	2.583
Group A	3.167	2.167
Group B	3.182	3.000
Male	2.564	2.769
Female	3.967	2.300
IQ a / Group A / Male	1.667	2.667
IQ a / Group A / Female	3.833	1.000
IQ a / Group B / Male	2.250	3.250
IQ a / Group B / Female	2.000	2.500
IQ b / Group A / Male	2.444	2.667
IQ b / Group A / Female	4.500	2.000
IQ b / Group B / Male	4.000	2.333
IQ b / Group B / Female	5.000	4.000

Table 2

Analysis of Variance Summary for Clinical Scales

Between Subject Factors: A = IQ
 B = Order
 C = Sex
 Within Subject Factors: D = Format

SOURCE	SS	df	MS	F Ratio	p
A	3.375	1	3.375	2.398	.142
B	8.828	1	8.828	6.272	.024*
C	.630	1	.630	.448	.514
error	21.111	15	1.407		
D	1.136	1	1.136	.294	.595
AD	.149	1	.149	.039	.847
BD	7.531	1	7.531	1.952	.183
CD	7.284	1	7.284	1.888	.190
ABCD	2.893	1	2.893	.750	.400
error	57.889	15	3.859		

* The F Ratio is significant at the .05 level.

Table 2a

Mean Tables - Clinical Scales

IQ a = Low to Average IQ
 IQ b = Above Average IQ
 Group A = Apperceptive / Interrogative
 Group B = Interrogative / Apperceptive

SOURCE	APPERCEPTIVE	INTERROGATIVE
IQ a	2.000	2.697
IQ b	2.778	3.222
Group A	2.444	3.778
Group B	2.364	2.091
Male	1.974	3.077
Female	2.967	2.833
IQ a / Group A / Male	.667	3.778
IQ a / Group A / Female	3.833	3.167
IQ a / Group B / Male	2.000	2.500
IQ a / Group B / Female	2.167	1.000
IQ b / Group A / Male	3.000	3.889
IQ b / Group A / Female	2.667	4.000
IQ b / Group B / Male	2.222	2.333
IQ b / Group B / Female	3.500	2.000

This method of analysis was chosen over a simple one-way ANOVA, as the factors that needed to be analyzed for this hypothesis (apperceptive format vs. interrogative format) are dependent measures and could not be analyzed separately.

The results of the present study were unable to support the hypothesis that the use of a

thematic apperceptive format would yield information with a greater number of themes than a format utilizing a direct questioning method. The significant difference found in Table 2 will be discussed under the section 'Hypothesis Three'.

B. Hypothesis Two

The second hypothesis stated that those students identified as having a high verbal ability would provide stories with a greater number of themes than those students identified as having low to average verbal ability. In the null form, the hypothesis states that for any subject, the difference in the number of themes between high verbal ability students and low to average verbal ability students will equal zero. This hypothesis was tested with one-way analysis of variance, the results of which are summarized in Tables 3 to 7.

Table 3

Analysis of Variance Summary for Adaptive Scales
Apperceptive Format - IQ Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	14.897	1	14.897	4.603	.044*
Error	67.963	21	3.236		

* The F Ratio is significant at the .05 level.

Table 3a

Mean Tables

GROUP	MEAN	STD DEV
Low to Average IQ	2.333	1.535
Above Average IQ	3.944	2.009

Table 4

Analysis of Variance Summary for Adaptive Scales
Interrogative Format - IQ Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	.008	1	.008	.005	.947
Error	37.644	21	1.793		

The F Ratio is not significant.

Table 4a

Mean Tables

GROUP	MEAN	STD DEV
Low to Average IQ	2.546	1.293
Above Average IQ	2.583	1.379

Table 5

Analysis of Variance Summary for Clinical Scales
Apperceptive Format - IQ Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	3.472	1	3.472	1.482	.237
Error	49.185	21	2.342		

The F Ratio is not significant.

Table 5a

Mean Tables

GROUP	MEAN	STD DEV
Low to Average IQ	2.000	2.071
Above Average IQ	2.778	.757

Table 6

Analysis of Variance Summary for Clinical Scales
Interrogative Format - IQ Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	1.583	1	1.583	.527	.475
Error	63.064	21	3.003		

The F Ratio is not significant.

Table 6a

Mean Tables

GROUP	MEAN	STD DEV
Low to Average IQ	2.697	1.859
Above Average IQ	3.222	1.610

Table 7

Analysis of Variance Summary for Resolution Scales
Apperceptive Format - IQ Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	2.493	1	2.493	3.051	.095
Error	17.159	21	.817		

The F Ratio is not significant.

Table 7a

Mean Tables

GROUP	MEAN	STD DEV
Low to Average IQ	2.091	1.221
Above Average IQ	2.750	.452

The hypothesis was supported by the data, when using an apperceptive format on the Adaptive Scales only, in that children of above average verbal ability told stories with a greater number of themes than children of low to average verbal ability. These findings suggest that it is more effective to use a thematic apperceptive format with students of high verbal ability and a direct questioning format with students of low to average verbal ability in determining adaptive functioning.

C. Hypothesis Three

The third hypothesis stated that there would be no difference between Group A and Group B students; in effect, the order of presentation of the two formats does not affect the number of themes generated in either the apperceptive format or the interrogative format. This hypothesis was tested with one-way analysis of variance, the results of which are summarized in Tables 8 to 12.

Table 8

Analysis of Variance Summary for Adaptive Scales
Apperceptive Format - Order Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	.001	1	.001	.001	.986
Error	82.859	21	3.946		

The F Ratio is not significant.

Table 8a

Mean Tables

GROUP	MEAN	STD DEV
Apperceptive / Interrogative	3.167	1.982
Interrogative / Apperceptive	3.182	1.991

Table 9

Analysis of Variance Summary for Adaptive Scales
Interrogation Format - Order Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	3.986	1	3.986	2.486	.130
Error	33.667	21	1.603		

The F Ratio is not significant.

Table 9a

Mean Tables

GROUP	MEAN	STD DEV
Apperceptive / Interrogative	2.167	1.115
Interrogative / Apperceptive	3.000	1.414

Table 10

Analysis of Variance Summary for Clinical Scales
Apperceptive Format - Order Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	.038	1	.038	.015	.904
Error	52.620	21	2.506		

The F Ratio is not significant

Table 10a

Mean Tables

GROUP	MEAN	STD DEV
Apperceptive / Interrogative	2.444	1.493
Interrogative / Apperceptive	2.364	1.676

Table 11

Analysis of Variance Summary for Clinical Scales
Interrogative Format - Order Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	16.331	1	16.331	7.098	.015*
Error	48.317	21	2.301		

* The F Ratio is significant at the .05 level.

Table 11a

Mean Tables

GROUP	MEAN	STD DEV
Apperceptive / Interrogative	3.778	1.690
Interrogative / Apperceptive	2.091	1.300

Table 12

Analysis of Variance Summary for Resolution Scales
Apperceptive Format - Order Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	1.349	1	1.349	1.548	.227
Error	18.303	21	.872		

The F Ratio is not significant.

Table 12a

Mean Tables

GROUP	MEAN	STD DEV
Apperceptive/Interrogative	2.667	.651
Interrogative/Apperceptive	2.182	1.168

Results of the analysis showed significant differences on the Clinical Scales - Interrogative format for Group A (apperceptive format first, interrogative format second). This would suggest that a direct questioning method elicits a greater number of themes when the subject has had a previous administration of an apperceptive format to elicit information about the same stimulus.

D. Hypothesis Four

The fourth hypothesis stated that there would be no difference in the number of themes between male and female subjects. This hypothesis was tested using one-way analysis of variance, the results of which are summarized in Tables 13 to 17.

Table 13

Analysis of Variance Summary for Adaptive Scales
Apperceptive Format - Sex Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	11.119	1	11.119	3.255	.086
Error	71.741	21	3.416		

The F Ratio is not significant.

Table 13a

Mean Tables

GROUP	MEAN	STD DEV
Male	2.564	1.624
Female	3.967	2.111

Table 14

Analysis of Variance Summary for Adaptive Scales
Interrogation Format - Sex Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	1.245	1	1.245	.718	.406
Error	36.408	21	1.734		

The F Ratio is not significant.

Table 14a

Mean Tables

GROUP	MEAN	STD DEV
Male	2.769	1.092
Female	2.300	1.567

Table 15

Analysis of Variance Summary for Clinical Scales
Apperceptive Format - Sex Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	5.566	1	5.566	2.482	.130
Error	47.092	21	2.243		

The F Ratio is not significant.

Table 15a

Mean Tables

GROUP	MEAN	STD DEV
Male	1.974	1.475
Female	2.967	1.527

Table 16

Analysis of Variance Summary for Clinical Scales
Interrogative Format - Sex Effects

SOURCE	SS	df	MS	F Ratio	p
Between Groups	.335	1	.335	.110	.744
Error	64.312	21	3.063		

The F Ratio is not significant.

Table 16a

Mean Tables

GROUP	MEAN	STD DEV
Male	3.077	1.504
Female	2.833	2.032

Table 17

Analysis of Variance Summary for Resolution Scales
Apperceptive Format - Sex Effects

SOURCE	SS	df	MS	F Ratio	<i>p</i>
Between Groups	1.245	1	1.245	1.420	.247
Error	18.408	21	.877		

The F Ratio is not significant.

Table 17a

Mean Tables

GROUP	MEAN	STD DEV
Male	2.231	.927
Female	2.700	.949

The results of the present analysis confirm the research hypothesis in that no significant differences were noted between male and female subjects.

V. Discussion

The purpose of this thesis was to investigate the possibility that an apperceptive approach in response to H-T-P drawings might yield data with a greater number of themes than an interrogative approach. Twenty four Grade Four subjects were administered the chromatic phase of the H-T-P, followed by the administration of the Interrogation Form and the request to tell a story about each picture. The subjects were divided into two groups on the basis of Standard Age Scores on the Verbal subtest of the Canadian Cognitive Abilities Test, Form 3, Level B. The experimental design was counterbalanced and the results were analyzed statistically using a three-way analysis of variance with repeated measures on one factor as well as a one-way analysis of variance.

Four hypotheses were tested. The results of this study did not support the first research hypothesis, did support the second research hypothesis, disproved the third research hypothesis, and supported the fourth research hypothesis. These results will be discussed separately for each hypothesis as follows.

A. Hypothesis One

This analysis was intended to examine whether or not information provided in the apperceptive format would contain a greater number of themes than the information provided in the interrogation format, as suggested by Koppitz (1968). The results of the current analysis did not support such a contention.

B. Hypothesis Two

This analysis was intended to examine whether or not those students identified as having high verbal ability would provide stories with a greater number of themes than those students identified as having low to average verbal ability. The results of the current analysis partially support this hypothesis. Those students in the Above Average

I.Q. group produced a greater number of themes on the Adaptive Scales than those students in the Low to Average I.Q. group. Haworth (1966) cites results from a study which found that as the intellectual level of a subject increased, the number of descriptive or enumerative stories decreased while the number of interpretive stories increased. In the present study, stories which were purely descriptive or responses which simply enumerated were not scored. Thus, responses of this type received scores which were lower overall than responses which were more interpretative in nature.

The results of the present study also concur with the results obtained by Rubin (1963) in that those subjects identified as having higher verbal ability produced a greater number of total themes on the Adaptive Scales. Rubin states that in his study, those subjects of higher I.Q. produced a greater number of achievement, dominance, and affiliation themes than did the subjects of lower intellectual ability.

C. Hypothesis Three

This analysis was intended to examine whether or not the order of presentation of the two formats would affect the number of themes generated. Cassel, Johnson and Burns (1962) found that no statistically reliable differences were obtained in the means of each test, nor was there a difference according to the presentation of the H-T-P, Wechsler-Bellevue and Wide Range Achievement Test. The results of the present study indicate that the order of presentation does appear to affect the amount of thematic content on the Clinical Scales - Interrogation Form when the apperceptive format has been previously administered. This is similar to the findings of Simson (Haworth, 1966) in that a previously administered CAT enhanced the stories produced in response to drawings. This effect was not noted when the stories told about the drawings were requested immediately following the drawing phase.

D. Hypothesis Four

This analysis was intended to examine whether or not there would be differences in the number of themes generated by male and female subjects. The results of the present study suggest that there is no difference the amount of thematic content produced by male and female subjects.

E. Clinical Implications

The focus of the present study was centered around the investigation of the possibility of an apperceptive approach with the H-T-P used as a means of eliciting a greater number of themes from children than by using the Post-Drawing Interrogation Form. Although the types of themes generated, and the possible clinical significance of such themes was not examined, the author has speculated about the clinical implications of an apperceptive H-T-P which may be of assistance to other practitioners.

In her own practice, the author has found that certain questions on the Post-Drawing Interrogation Form yield information which is more clinically useful and consistent with the concerns of young clients. The questions about the 'Person' which are most useful to the author are: P1 - Is that a man, a woman, a boy, or a girl?, P2 - How old is he/she?, P3 - Who is he/she?, P4 - Who is that?, P15, What does that Person need most?, and P16 - Has anyone ever hurt that Person?. Those questions concerning the 'Tree' which are most useful: T3 - About how old is that Tree?, T4 - Is that Tree alive?, T12 - Is any wind blowing in this picture?, T17 - Is that a healthy Tree?, T18 - Is that a strong Tree?, T20 - Has anyone ever hurt that Tree?, T21 - What does that Tree need most?, and T23 - Significance of unusual details. Those questions concerning the 'House' which are most useful: H2 - Is that your House?, H3 - Would you like to own that House?, H11 - Has anyone ever hurt that House?, H14 - What does that House need most?, and H16 - Occupants of each room.

It would be interesting to conduct an item analysis with respect to the questions posed in the Interrogation Form in order to ascertain which questions are 'necessary' in order to secure the themes identified on the rating scale. One may find that clinicians can make the most productive use of their time in the assessment setting by administering the H-T-P drawing phase, an apperceptive approach, and a select few of the questions posed on the Interrogation Form. Haworth (1965) has suggested that many of the questions on the Interrogation Form are redundant and repetitive, thus, such an investigation would perhaps 'weed out' these types of questions.

In gathering the data for the present study, the author found that those students in the lower range of verbal ability tended to produce stories which were one or two sentences in length. These findings are generally consistent with the author's own clinical practice. With this group of students, the author has found that a richer sample of clinical information can be obtained by using selected questions from the Post-Drawing Interrogation Form. These findings are consistent with those reported by Ginsparg and Kaake (cited in Haworth, 1966).

When working with children who are of at least average ability, the author has found it useful to administer both the apperceptive format and selected questions from the Post-Drawing Interrogation Form. Occasionally, the types of themes generated by the two approaches are different from each other, and provide a greater wealth of information from which to form hypotheses concerning diagnoses. Clearly more research in this area is warranted.

F. Recommendations for Future Research

The results of this study suggested that an apperceptive format with the H-T-P could have some usefulness with children of high verbal ability with respect to eliciting a greater number of themes. However, there are limitations within the study which hinder the generalizability of the present results to clinical practice, and further research is

needed.

The size of the sample for the present study was small (N=24). An increase in the size of the sample would perhaps offer increased statistical significance and therefore greater generalizability. Additionally, a larger sample size would facilitate the analysis of not only the number of themes generated by the subjects, but also the types of themes. Enumerating themes suggests that a greater number of themes are 'better' in a clinical sense when it is more likely that the types of themes have more clinical relevance.

Further investigation in this area could include the analysis of the individual themes contained within the scales examined (Adaptive, Clinical, and Resolution). Future investigations could also discriminate between House, Tree and Person themes, as the present study analyzed the additive effects of these three 'characters'. It may be that the different drawings provoke stories differing in the type of thematic content. Such investigations may yield results which support the hypothesis that an apperceptive technique does yield more clinical information than an interrogative approach.

The task of standardizing a reliable procedure in which to evaluate the clinical significance of thematic content in projectives is an area which has much need for further research. It is the opinion of many researchers that this is a question which will remain unanswered for an indefinite period of time. A particular area which is in need of further research is the answer to the question "Do 'normal' children produce similar themes?". Additionally, "are the themes produced actually related to 'real' problems?". The investigation of such research questions is certainly confounded by the fact that clinical interpretation of thematic content is subjective, as well as unique to each interpreter.

Another area of research which may yield information clinically useful to clinicians is an investigation into the correlation between features in the drawings and thematic content in the stories and Post-Drawing Interrogation Form. This investigation

could be taken one step further by exploring the similarities and /or differences of stories told in response to RATC cards, and stories told in response to H-T-P drawings. One may find that the drawings provoke themes differing from the themes generated by RATC cards.

The present study was concerned with a restricted age group spanning only twenty two months. The study could be replicated with a different age group in order to determine if similar results are obtained with children at different stages of development. If the subjects of the present study are considered to be in the late latency stage of development, it is to be expected that children at developmental levels prior to, or after, the latency period would generate vastly different stories. Haworth (1966) describes children in the late latency period of development as being at the "peak of their childhood experience" and it could be hypothesized that this would have some effect on the production of fantasy.

Although the results of the present study did not yield significant results with respect to the amount of thematic content produced by male and female subjects, sex differences may be apparent when analyzing the types of themes generated by male and female subjects. Diamond (1954a) found that sex differences were significant when examining the types of themes produced by the subjects in his study.

The present study attempted to determine the role of verbal ability with respect to the number of themes produced in response to H-T-P drawings. However, the present study utilized a single class of subjects and there was a limited number of subjects at the lower end of the scale with respect to verbal ability. This study could be replicated using a larger sample of children with equal distribution at all levels of verbal ability.

The present investigation used a relatively normal population of children, free from serious emotional or behavioral problems. This study could be replicated with a clinical population in order to determine if similar results would be obtained.

G. Conclusion

There is a vast area available for the development and investigation of a 'H-T-P Apperceptive Phase' with the objective of providing the clinician with useful clinical information about young clients. Many researchers have considered the interpretation of the projective protocol to be as much as an art as a science. Given this opinion, projective techniques should always be a part of a larger, more comprehensive battery when drawing clinical inferences about clients.

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Appendix A

Parent Letter

Dear Parents:

I am a university student working on a Master's Degree in Education, under the direction of Dr. John Paterson. I have chosen to do a thesis project on "Children's Drawing and Storytelling". For this project, I will require the assistance of your child.

I will be conducting individual interviews at E.S. Gish School during school hours. Each child will be required to draw three pictures, tell a story about each picture, and answer questions about the pictures. After all the interviews have been completed, those students who participated will be required to take a short survey of their verbal ability.

Participation in this project is voluntary and your child is free to withdraw at any time during the course of the project. I hope that all children in the class will participate, as best results will be obtained with full class participation.

If your child has your permission to participate in my project, please sign the form below and return it to Mrs. Tiffen or Mrs. Bergman as soon as possible. If you have any questions, please feel free to contact me at my office (432-3746) or by leaving a message at Gish School (459-7766). Thanking you in advance for your co-operation.

Kim Wolff

_____ cut here _____

My son/daughter has my permission to participate in the study being conducted by Kim Wolff as partial fulfillment for her Master's Degree in Education.

Parent / guardian signature

Appendix B

Standardized Instructions

The student and the examiner were seated at a table at a 90 degree angle from each other. A stack of 8 1/2 by 11 paper as well as a set of eight coloured wax crayons were at the student's disposal. The student was given the instructions:

I want you to draw a picture of a house using the crayons on the table. This is not a drawing test but I want you to make it the best house you can.

Following the completion of the house drawing, the student was requested to draw a picture of a tree and a person, following the same instructions.

After the student had completed the three drawings, the students in Group A were asked to tell a story about each picture. The student was given the following instructions:

I want you to tell me a story about each picture. Please tell me what is happening in the picture, what led up to the scene and how the story ends. Use your imagination and remember that there are no right or wrong answers for this picture.

If the student appeared not to understand the directions, the examiner added:

I want you to tell me a story that has a beginning, middle and end.

After the stories were collected, the examiner administered the Post-Drawing Interrogation Form, prefaced by the instructions:

Now I want to ask you some questions about these pictures.

While the Post-Drawing Interrogation Form was being administered, the pictures were set out in front of the student for reference.

The students in Group B followed a similar format except that the presentation of the verbal phase was reversed. Following the drawing phase, these students were administered the Post-Drawing Interrogation Form and then asked to tell stories about the pictures.

After the individual interviews were completed, the Verbal subtest of the CCAT, Form 3, Level B was administered following the instructions outlined in the Examiner's Manual (Wright, 1982).

Appendix C

Scoring Procedures

The scoring procedures have been adapted from the Roberts Apperception Test for Children (McArthur & Roberts, 1982) with minor revisions made to facilitate the scoring of the House-Tree-Person Technique.

Each sequence (House, Tree or Person) is scored separately on all rating categories. Place a checkmark in the box for any scale which applies to each sequence. If a particular rating does not apply, the corresponding box is left blank. Thus, it is possible to have multiple scores for each sequence. If a particular scale is mentioned more than once in any give sequence, place just one checkmark in the box. A sequence which is purely descriptive would receive no scores.

An exception occurs for the scales of Support-Other and Support-Child. If both types of support are present, in a sequence, choose the one that provides the most clinical information.

Note that there are four (4) possible ways to score the ending of a sequence: Resolution 1, Resolution 2, Unresolved or Maladaptive Outcome. Select *one* outcome for each sequence that best describes the salient interaction between characters.

A. Adaptive Scales

Reliance on Others

This is scored when a character:

1. Reaches out to a significant other for aid in handling an internal psychological event.
2. Reaches out to a significant other to handle an external problem.
3. Reaches out to a significant other to complete a task the child is unable to do himself or herself.
4. Asks permission to do an activity.
5. Asks for approval or material objects.

Common Themes

1. Asking a question
2. Asking for help
3. Asking for money
4. Asking to go play
5. Asking to get something
6. Asking for permission
7. Calling a doctor
8. Calling police
9. Calling for parent
10. Going to teacher
11. Praying
12. Seeking praise
13. Yelling for parent

Support-Other

This is scored when a character:

1. Fulfills a dependency wish by giving an object or doing something requested.
2. Gives understanding, acceptance, comfort or love.
3. Believes in a person's feelings, ability or behavior.
4. Gives advice which encourages individuals to meet the demands of a given situation.

Common Themes

1. Agreeing with a person
2. Comforting
3. Congratulating
4. Discussing
5. Forgiving
6. Giving a present or a reward
7. Giving praise
8. Going to kiss
9. Giving medicine
10. Helping
11. Helping to build or make something
12. Helping with homework
13. Liking or loving someone
14. Making friends or being nice to someone
15. Helping someone up, picking someone up
16. Being proud of someone
17. Taking care of someone
18. Telling a child it is all right
19. Trying to cheer someone up
20. Trying to protect child
21. Understanding

Support-Child

This is scored when a character:

1. Shows appropriate response of self-confidence, assertiveness, self-reliance, perseverence, delay of gratification or ability to set limits for self.
2. Experiences general positive feelings, enthusiasim or happiness.

Common Themes

1. Feeling good, happy, glad
2. Having a good day
3. Having a good dream
4. Getting something done
5. Enthusiasim
6. Looking forward to something
7. Pride in work or accomplishment
8. Liking or loving
9. Making friends
10. Trying to solve or figure out
11. Wanting to be like a parent

Limit Setting

This is scored when a child describes:

1. Appropriate limit setting and/or constructive discussion.
2. Child being made to correct wrongdoing.
3. Withholding of a child's need or pleasure.
4. Restriction of activity.
5. Verbal or reasonable physical discipline.
6. General undefined punishment.

Common Themes

1. Cleaning up
2. Explanation of what the child did wrong
3. Getting grounded
4. Getting punished
5. Having to do extra homework
6. Having to pay for something
7. Having to stay after school
8. Having to stay in room
9. Having to do extra chores
10. Not being able to have friends over
11. Not getting allowance
12. Punishing, scolding
13. Sending to bed
14. Showing the child the correct way to do something
15. Telling the child not to do something again
16. Withholding meal or dessert

Problem Identification

This is scored when a character:

1. States a problem.
2. Confronts an obstacle.
3. Experiences contradictory or oppositional feelings or behavior within self or between persons.
4. Shows difficulty in meeting social or environmental work expectations.

Common Themes

1. All the characters wanting to do something different
2. Inability to decide or make up mind
3. Inability to do homework
4. Confusion
5. Not knowing someone was there
6. Disasters such as fire or earthquake
7. Not wanting to do something
8. Doing something wrong
9. Doing bad in school, failing a test, failing school
10. Father losing job
11. Getting lost
12. Getting bad news
13. Telling parents a problem
14. Having a hard time
15. Having a big assignment
16. Having a problem
17. Having to move
18. New person in school
19. Something spying on someone
20. Telling a lie
21. Wondering about something

B. Resolution Scales**Resolution 1**

This is scored when a child:

1. Tells a story that jumps from a problem situation to a sudden conclusion, leaving out mediating resolution.
2. Describes unrealistic, wish fulfillment, happy ending.
3. States problem suddenly no longer exists.

Resolution 2

This is scored when characters show resolution without explanation of the process or without working through the problem. It includes descriptions of:

1. Constructive resolution of internal feelings.
2. Constructive outcome to external problem situation.
3. Harmonious solution to conflicted interpersonal relationship.

Unresolved

This is scored if the child states:

1. A problem with no action taken to handle problem; emotional reaction left hanging.
2. Inability to handle problem situation.

C. Clinical Scales

Anxiety

This is scored when a child:

1. States apprehension, uneasiness or fearful concern.
2. States self doubt about capacity to cope as a reaction to an external threat.
3. Experiences apprehension about internalized concern...
4. States feeling guilty, sorry or apologetic.
5. States themes of illness, death or accident.

Common Themes

1. Nonviolent accidents, broken bones, bumped head, skinned arm or leg
2. Fear
3. Apologizing
4. Apprehension
5. Shame, embarrassment
6. Bad dreams
7. Concern, worry
8. Death or dying
9. Fainting
10. Falling down
11. Guilt
12. Being sick, headache or heart attack
13. Being startled, shocked or surprised
14. Unconsciousness

Aggression

This is scored when a child describes:

1. Feeling angry.
2. Physical attacks.
3. Verbal Attacks.
4. Destruction of objects.
5. Constructive realization of anger.

6. Verbal attacks.

Common Themes

1. Abuse
2. Attack
3. Anger, even if no action taken
4. Beating up
5. Breaking, destroying
6. Burglarizing
7. Chasing
8. Fighting
9. Grabbing
10. Ganging up on
11. Harassing
12. Hating, feeling hostile
13. Pushing, punching
14. Resentment
15. Threats
16. Smearing
17. Tantrums

Depression

This is scored when a child describes:

1. Sadness, unhappiness, sorrow or crying
2. Giving up; inability to function as expected or inability to function fully
3. Physical manifestations of depression such as fatigue or apathy

Common Themes

1. Boredom
2. Crying
3. Daydreaming
4. Disappointment
5. Disgust
6. Grieving, mourning
7. Misery
8. Pity
9. Sadness, sorrow
10. Fatigue

Rejection

This is scored when a child describes:

1. Significant others physically separate from child
2. Child leaving significant others
3. Needs being refused by self or others

4. Prejudice or racial discrimination
5. Child feeling jealous of love given to another person
6. Dislike of another person

Common Themes

1. Breaking up relationship, divorce
2. Dislike
3. Feeling left out
4. Going away
5. Hurting someone's feelings
6. Ignoring someone
7. Jealousy
8. Not having friends
9. Not wanting to play
10. Prejudice
11. Separation

Atypical Response

This is scored when a child states:

1. Distortion of stimulus figure
2. Distortion of theme or emotion
3. Blatant denial of obvious aspects of picture
4. Illogical story using primary process thinking
5. Homicidal or suicidal ideation or action
6. Death of main character
7. Obvious child abuse (physical, sexual or neglect)

Maladaptive Outcome

This is scored if, in the conclusion of the story, the child describes:

1. Characters acting inappropriately
2. Characters contributing further unresolved conflict
3. Characters being defensive (e.g., denial, phobia, hysterical conversion)
4. Characters using withdrawal or autocratic resolution
5. Characters acting out, manipulating or deceiving
6. Characters being destructive
7. Main or minor character dying

Appendix D
Children's Revision Post-Drawing Interrogation Form

Person

P1. Is that a man, a woman, a boy, or a girl?

P2. How old is he/she?

P3. Who is he/she?

P4. Who is that?

P5. What is he/she doing?

P6. Where is he/she doing it?

P7. What is he/she thinking about?

P8. How does he/she feel? Why?

P9. Of what does that Person make you think?

P10. Is that Person well?

P11. Is that Person happy?

P12. What is the weather like in this picture?

P13. Of which person you know does this person remind you? Why?

P14. What kind of clothing is this person wearing?

P15. What does that person need most?

P16. Has anyone ever hurt that person?

(If so:) a. How?

b. How old was that person when it happened?

P17. (If sun not drawn, have subject do so.) Suppose that sun were some person you know-who would it be?

Tree

T1. What kind of tree is that?

T2. Where is that tree?

T3. About how old is that tree?

T4. Is that tree alive?

T5. A. (If subject says tree is alive:)

a. What is there about that tree which makes you think it's alive?

b. Is any part of the tree dead? Which part?

c. What do you think caused it to die?

B. (If subject says tree is dead:)

a. What do you think caused it to die?

b. Will it ever be alive again?

T6. Does that tree look more like a man or a woman to you?

T7. If that tree were a person, which way would that person be facing?

T8. Is that tree by itself or in a group of trees?

T9. Looking at that tree, does it seem above you, below you, or about even with you?

T10. What is the weather like in this picture?

T11. What kind of weather do you like best?

T12. Is any wind blowing in this picture?

T13. Show me which way the wind is blowing.

T14. What sort of wind is it?

T15. (If sun is not drawn, have subject do so.) Suppose this sun were some person you know-who would it be?

T16. Of what does this tree make you think?

T17. Is that a healthy tree?

T18. Is that a strong tree?

T19. Of which person you know does this tree remind you?

T20. Has anyone or anything ever hurt that tree? (If so) How?

T21. What does that tree need most? Why?

T22. If this were a person instead of a bird (or another tree or anything else not part of the tree first drawn) who might it be?

T23. Record responses concerning possible significance of scars, broken or dead branches or other unusual details.)

House

H1. Does that house have an upstairs?

H2. Is that your house? (If not: Whose house is it?)

H3. Would you like to own that house? Why?

H4. If you owned that house and could do whatever you liked with it:

a. Which room would you take for your own? Why?

b. Whom would you like to have live in that house with you? Anyone else?

H5. As you look at that house, does it seem to be close by or far away?

H6. Does it seem above you, below you, or about even with you?

H7. Of what does that house make you think?

H8. Is that a happy, friendly sort of house?

H9. What is the weather like in this picture?

H10. Of which person you know does that house make you think?

H11. Has anyone ever hurt that house? (If so) How?

H12. (If sun is not drawn, have subject do so.) Suppose this sun were some person you know—who would it be?

H13. If this were a person instead of a tree (or a shrub, flower or any other object not a part of the house itself) who would it be?

H14. What does that house need most? Why?

H15. Where does the chimney lead to in that house?

H16. (Determine which room is represented by each window and the customary occupants of each room.)

**Appendix E
Apperceptive Format Rating Form**

Subject I.D.#

HOUSE

TREE

PERSON

A. Adaptive Scales

Reliance on Others			
Support-Other			
Support-Child			
Limit Setting			
Problem Identification			

B. Resolution Scales

Resolution 1			
Resolution 2			
Unresolved			

C. Clinical Scales

Anxiety			
Aggression			
Depression			
Rejection			
Atypical Response			
Maladaptive Outcome			

Adaptive Scales Total (House + Tree + Person) =

Resolution Scales Total (House + Tree + Person) =

Clinical Scales Total (House + Tree + Person) =

**Appendix F
Interrogative Format Rating Form**

Subject I.D.#

HOUSE

TREE

PERSON

A. Adaptive Scales

Reliance on Others			
Support-Other			
Support-Child			
Limit Setting			
Problem Identification			

B. Resolution Scales

Resolution 1			
Resolution 2			
Unresolved			

C. Clinical Scales

Anxiety			
Aggression			
Depression			
Rejection			
Atypical Response			
Maladaptive Outcome			

Adaptive Scales Total (House + Tree + Person) =

Resolution Scales Total (House + Tree + Person) =

Clinical Scales Total (House + Tree + Person) =