III. PERSONALITY RESEARCH AND PSYCHOPATHOLOGY AS RELATED TO CLINICAL PRACTICE

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The purpose of this paper is to present some of the contrasting principles and theories of personality research and psychopathology and relate them to clinical practice. An attempt will be made to show the role of systematic research as an integrating influence between these three fields.

Clinical psychology today is an admixture of procedures borrowed from personality research, psychopathology, and psychometrics and beliefs and intuitions derived from personal experience and practice. The clinical psychologist has had the time to systematize his knowledge, formulate his principles. He has not even been able in many instances to realize how little is known about the problems that face him, and because of the pressure of practical necessity has often had to arrive at sufficient conclusions from insufficient data.

There is, however, a considerable amount of knowledge available in the various compartmentalized branches of psychology and psychopathology which could ease the day-to-day burden of the clinician materially. As an example, the problem of amnesia might be cited. Nowhere else is there greater contrast between the global impressionistic approach of the clinician and the more analytic approach of the laboratory. To be sure, the systematic laboratory research has been largely aimed at implanted impersonal memories. But a recent attack on the problem of amnesia accompanying electroshock therapy with the tools provided by the laboratory has succeeded in reducing the global memory loss into its components (27). It was possible to demonstrate, despite clinical impression to the contrary, that memories are not completely obliterated. Although the recall and saving methods of measuring retention failed to show any signs of retention, recognition memory showed only slight losses. Furthermore, in the course of this research an old clinical variable emerged from obscurity—the feeling of familiarity for previously experienced events. After electroshock therapy, patients show a diminution in this feeling. This loss of familiarity may at least in part explain the effectiveness of the therapy. The word association technique for investigating old personal memories instead of the artificially implanted memories of laboratory procedures was also utilized and showed similar results. How much further light the field of normal learning could cast when applied to such problems can only be guessed at. The field of perception offers another instructive example. In the past the stimulus and its systematic variation has been the chief concern of the experimentalist, while the personality characteristics of the subject were relegated to the background. A considerable amount of relevant information, however, has been provided on the attitudes and characteristics of the subject and their influence on perception. Thus Eison (10) showed that a hallucinatory-like phenomenon (perception without apparent stimulus) could be established in
normal individuals through sensory conditioning. But this conditioned response could be finally eliminated or extinguished only if the subject was informed of the nature of his "hallucination." More recently, Bruner (3) and his co-workers at Harvard have attacked the visual perceptual process itself to determine the relation between the perceptual process in recognizing a word and the associative process in responding to it. They found, in conformity with the hunches of many clinicians, that the stimulus word itself rather than the response word was the important element in the word association test. Stimulus words which require long reaction time or which give rise to deviant responses also require longer time to be recognized tachistoscopically. In this way, a new type of word association technique came into being. In order to eliminate the need for a tachistoscope and its disturbing stress-features for patients, the novel idea of typing each stimulus word on one page with thirteen carbon copies was utilized by White (24). The number of blurred carbon copies which the patient had to go through before recognizing the word was taken as a measure of his associative difficulty with regard to the word in question.

Other examples of the application of systematic research may be taken from the fields of psychotherapy and somato-therapy. Instead of depending upon the global estimates of therapeutic outcomes, psychologists have begun to use systematic research in comparative studies of different psychotherapeutic approaches. By utilizing the word association technique, Keet (15) recently succeeded in demonstrating in a miniature counseling situation that unguided catharsis alone is not as effective in eliminating blocking during the counseling hour as is guided interpretation.

In the somatotherapies, the importance of thiamin in mental functioning was demonstrated on such tests as the Porteus Maze Test. A withdrawal of thiamin was followed by a drop in test performance (20). The nature of the improvement following lobotomy operations has also been subjected to systematic psychological investigation. By a fortuitous combination of limited cortical ablation and adequate preoperative and postoperative psychological testing it was possible to demonstrate that much of the personality deterioration following the usual blind lobotomy operation is unnecessary. By reducing and localizing the amount of tissue interfered with, successful reduction of the psychosis was accomplished without any demonstrable psychological losses (8).

It is quite clear that systematic research can be effective in clearing up many clinical problems. It is probably equally true that clinically determined facts and hunches can clarify the directions and goals of much theoretical work. But why do we find so little integration between these two fields? The primary reason for the separation of these two fields has a semantic basis. The terms and concepts used by the two types of workers have grown up independently.

The variables which seem to be important in the differentiation of normal individuals have not proved differential when applied to mental patients. Thus, intellectual levels range from the very lowest to the very highest in the mentally ill. It is only in the group of mentally defective that intelligence seems to be important and, even then, it is not always the most important factor. Personality tests of the type developed in the normal field have helped only as screening techniques. These are at best methods for selecting
An individual who might potentially be in need of help, but are not diagnostic methods in themselves. The one test which has made claims for differentiating abnormal individuals from normal, namely, the Rorschach test, is found to be of rather limited use when applied to the classification of normals. Reeducation and nondirective therapy, which have been useful in student counseling situations and milder types of neurotic manifestations, seem to be of little or no avail in the severe neurotics and in psychotics. What, then, can be hoped for in the way of concepts, variables, and other factors which would integrate the two fields? There is apparently a need for variables and concepts that transcend the boundaries of normal and abnormal. One transcending variable which has been proposed is that of variability (14). The intra-individual variability of a person sometimes gives a much better indication of the degree of psychopathy present than does the level of performance. This holds true not only of some intelligence tests but it holds true also of physiological measures and of other biological and physical measures. Hence, instead of studying the central tendencies alone, it becomes quite important to study the variability of each individual within himself as well as the variability of the groups around their mean.

Another transcending variable that has been found useful is the degree of commonality or conformity. This tendency to behave like others in such situations as the word association test has been found extremely useful in differentiating normals from abnormals. More recently, Eysenck (11) demonstrated that, when Harrower's Multiple Choice Rorschach is utilized, significant information can be obtained not with regard to the exact mental deviation present but with regard to the degree of commonality that the subject exhibits. Thus, by having the subjects rank the various responses to each card in the order of acceptability, it is found that there is a reliable difference between the rank order given by normals and the rank order given by neurotics. This measure of commonality or degree of conformity which a person exhibits can be applied to other tests equally well, and might form the very first step in the clinical standardization of a given test.

Another concept which seems to influence all test performance is the degree of ego-involvement in a given test. Ach (1), in trying to analyze the essence of will, found on introspection that the will act, which was the moment when the individual really made a decision, was a moment filled with the fullest awareness of his own inner self and that man never reached his own inner makeup more closely than at the moment when a decision was made. In an analysis of the recognition process we again find the ego or sense of oneness as an ultimate irreducible element (6). Sorting tests too have been found to depend on intactness of the ego (28). The self disappeared from psychology with the coming of behaviorism. For a time the only ego-involvement that was apparent in psychological experiments was the ego-involvement of the experimenter. There are signs now that the ego and especially ego-involvement are returning to their proper place in an evaluation of human performance. Rosenzweig (21) not long ago conducted an experiment in which the degree of ego-involvement of students working with intelligence test material determined the amount of recall of the material. Any examination of mental patients or of normals that does not take into consideration
the degree of ego-involvement is
doomed to be misinterpreted when the
results are finally evaluated. For ex-
ample, in a recent study of brain-
operated cases a rather extensive series
of controls had to be utilized and the
problem of how to motivate them was
a very difficult one. One possible solu-
tion is to promise the operation to both
groups of patients and hold one group
in abeyance until a sufficient length of
time had elapsed for control purposes.

Finally, a great divergence between
the laboratory and clinic arises from
the fact that in the past the psycho-
metric laboratory has had its chief
interest in individual differences while
the clinic was more interested in indi-
vidual similarities. While the psycho-
metrician was concerned with the de-
gree to which his test scores differen-
tiated, the clinician was concerned with
finding the common elements that exist
between the different patients in order
to classify them properly. This attempt
to transcend the individual differences
and find the underlying similarities
has been called the typological approach.
Essentially, typology is an attempt at
classifying all the like-structured or like-
minded individuals into one group for
the purpose of further study. A type
may be defined as a group of people
who exhibit a degree of similarity which
cannot be explained on the basis of
chance. This is simply a method of
dividing the forest into small clusters
of trees whose common characteristics
can later be studied (25). It is by far
the best method we now have for in-
tegrating objective measurable factors
with case-history material.

Having examined the concepts and
variables which can help in the integra-
tion, let us now examine the areas in
which such integration is now being at-
tempted. The laboratory has discovered
many important laws and regularities
in perceptual phenomena but these laws
and regularities have not yet been ap-
plied to the very rapidly expanding field
of projective techniques. Unfortunately,
Rorschach could not transcend the psy-
chological knowledge of his day. Con-
siderable progress has been made in
the fields of visual perception, psychom-
etrics, test construction and evaluation
since Rorschach's day which has not
yet been incorporated into Rorschach
methodology.

That the percept is dependent not
only on the qualities of the stimulus
but also on the qualities of the responder
has long been a well-known fact. Stud-
ies have indicated that needs and
presses such as prestige, suggestion
(7), hunger (19), economic status (2),
will determine the content of percep-
tion, and size of perceived objects. If
animal responses are given a prestige
value, an increase in number of animal
responses in the Rorschach will occur.
Hungry subjects will perceive more
food responses, and coins of the same
denomination look larger to poor than
to rich children. Bruner and Postman
have utilized recognition time to
tachistoscopic exposure as a measure
of internal needs and values (4). They
found that by selecting words which
were representative of the several val-
ues measured by the Allport-Vernon
Study of Values they were able to
demonstrate that when an economically
minded individual is asked to guess or
recognize the word income he has
much less difficulty with that word and
recognizes it more quickly than an
esthetically minded individual. For
words with esthetic significance the
economically minded man has more
difficulty. These difficulties are revealed
not only by the reaction time itself but
by the false responses or substitute re-
sponses which are given before the word
is fully recognized.
Present-day projective techniques, however, with their stress on attitudinal factors sometimes completely ignore the characteristics of the stimulus and satisfy themselves with the notion that the stimulus need only be ambiguous or unstructured, regardless of whatever else it may be. It is clear that at least in the Rorschach test the stimulus itself needs much more clarification before we can differentiate that which inheres in the stimulus from that which inheres in the responder himself.

Rorschach had regarded his approach as a psychological experiment from the very beginning, but he was not always cognizant of the formal requirements of psychological experiments, nor of some of the contemporary and earlier psychological work. Let us take, for example, the rejection tendency. Many novices gain the impression that rejection is something which the Rorschach discovered and which was unknown before the Rorschach test came into being. Experimenters long before Rorschach had been aware of the importance of the acceptance of a task by the subject in any experiment. Furthermore, psychopathologists have been long aware of the fact that schizophrenics and, to a lesser extent, neurotics will reject tasks or fail to get their egos involved in tasks much more often than would a normal person. Another example of Rorschach performance which has definite psychopathological roots is the tendency to describe the physical contents of the blot, to name its colors or contours, to enumerate its elements or to call it simply an ink blot. Langfeld (18) once performed an experiment with normals and mental patients on “negative set” in which he asked them to look at an object and respond with the first word that came to mind, excluding the name of the object or any part of it. He found that his normals were capable of inhibiting the names of the objects but that the patients could not maintain this negative set. Viewed in this light, it becomes clear why we have color naming, color description, or card description in the mentally ill more than in the normals. Recently, in studying the movement response, Rust (23) discovered that, by holding the rejection tendency constant, the differential power of the scale which attempts to evaluate empathic movement ceases to be important while the other scales in which empathy is not considered still retain their differentiating power. It may be that the empathic movement response is another aspect of the tendency to accept a task and that the schizophrenic who has less ego-involvement also has less empathy and may, therefore, tend to accept less often the task before him. By such considerations of experimental psychopathology and psychology we ought to be able eventually to determine the basic variables operating in the Rorschach test.

Another approach which systematic research offers is to substitute for the symptom-like or sign-like scoring of the Rorschach, the Word Association Test, and the TAT more psychometrically oriented scaling devices which try to capture the full clinical flavor of the response and yet put it in a quantitative form (26). The purpose of these scales is to permit an evaluation of all the factors that may have been involved in the formation of the response and not only of those which the Rorschach expert intuitively selects as the most important factors. A distinct differentiation needs to be made between the stimulus variables like chiaroscuro, white space, color, and the interpretation of these factors in terms of form, movement, dimensional structure, sur
face appearance, and colored objects. Until now the confusion between the stimulus itself and its interpretation prevented objectively minded individuals from utilizing present-day Rorschach scoring. This is not to say that present-day scoring is lacking in clinical value; but before these clinical values can be integrated into a unified system they will have to be put in terms of scales that are measurable and integrated with other psychometric procedures.

Instead of attempting to evaluate the multiplicity of factors that enter into each Rorschach response, David M. Levy and the writer are attempting to reduce the components of the Rorschach stimulus. In this way specific tests have been prepared for gauging the movement response, hue (color) response, and shading response (chiaroscuro). By reducing the number of factors in the stimulus and by directing the subject to perform specific tasks such as seeing people in movement, colored objects, texture, or vista, a gradational measure of capacity in these types of response is established for each individual.

A corresponding problem arises when the personality correlates of projective scores are considered. What is meant by anxiety, depression, and how are we to determine objectively the amount of anxiety or depression in a given individual? As far as anxiety is concerned, there is no substitute for the clinical interview. But this clinical interview can be controlled and subjected to scientific evaluation. A recent adaptation of anchored scaling devices for measuring the degree of anxiety before and after topectomy (13) showed a high degree of correspondence with psychiatric ratings. Whether the highly effective interviewing methods developed by Kinsey (16) can be utilized for evaluating degree and incidence of anxiety, depression, and compulsive acts in the general population is a challenging question. If it can be answered in the affirmative, normative data for everyday anxieties, phobias, and compulsions can become available for comparison with a given patient’s complaints and symptoms.

Another tendency at the present time is to develop age norms for all the various measures we now utilize in evaluation of personality. The theory behind this procedure is that the test performance, as well as the personality trait in question, probably develops with age. It might be well to determine the age gradient for both test and trait. Such norms may enable us to state that the given response of a patient, say with regard to form or with regard to movement, is on the level of, let us say, a six-year-old. Dworetzky (9), a student of Claparède, and in this country Klopfer (17) have been interested in the development of such age norms, and recently Rust (23) attempted to develop age norms for the movement response.

One of the primary difficulties of present-day work in psychology is that the greatest attention has been paid to the process of cognition, while the processes of conation and affection have been left primarily to other specialists, namely, psychiatrists and social workers. A recent study by Eysenck (11) comes to the conclusion that perhaps the most important factor in the development of the neurotic is a defect in will. This is not news to many workers in the field because ever since the days of Kraepelin and of Ach (1) the role of will in mental disease has been considered to be important, and Rank (21), too, has stressed the therapeutic implication of will. Unfortunately, religious considerations and philosophic objec-
sions have removed the research in will from its former high level. In this country, motivation, level of aspiration, and similar concepts have taken the place of the older concept of will. In the area of affect we still lack precise tools. Since present-day therapies are primarily affect-centered, psychologists may miss the boat entirely if they do not turn their attention to this field.

One of the important contributions of the future will be in the field of providing statistics for the individual case. At the present time all statistical methods are group oriented. It is high time that provisions were made for individual-centered statistics so that, instead of treating individuals as mere background for group statistics, the situation would be reversed, making the individual the figure and the group the background. Movements in that direction are now quite clear, both in the field of medical statistics and in the field of psychological statistics. The introduction of intra-individual variability is now generally accepted. Factor analysis, though it primarily concerns itself with group considerations, can be very readily developed for consideration of the individual. If we had a series of objective measures on the fifty or more factors that are measurable in a Rorschach performance, we could, of course, make a factor analysis of each individual and determine what were the underlying components that explained his performance. In this way it would be possible to emerge with specific factor scores for each individual independent of the present-day scoring categories. This would be a very expensive procedure, costly in time and energy and in ingenuity, but once the method had been applied to a representative sample of individuals it could perhaps be reformulated for more routine clinical use.

Perhaps the greatest hope lies in the direction of developing methods for the discovery of types in psychological data. One such method is now available and goes under the name of the Fisher discriminant function (12). Inverse factor analysis (5) and pattern analysis (25) are other useful methods. It is quite possible that as a result of such analyses we may be able to determine what particular pattern characterizes, let us say, the schizophrenic as compared to the neurotic.

Summary

The cleavage between research in personality and psychopathology on the one hand and clinical practice on the other stems from the lack of common terms, concepts, and methods in the three fields. There is a need for bridging the semantic gap in terminology but there is even a greater need for finding new concepts and variables that will transcend the boundaries between the three fields. It is suggested that such transcending concepts may perhaps be found in commonality or conformity and ego-involvement and transcending variables may be found in intra-individual variability and typological analyses. Present-day attempts at reducing the complexity of the Rorschach into its component elements and relating them to their psychopathological roots were described and the study of the influence of attitudes and needs on the perceptual process were summarized. The value of shock therapies in studying concomitant variation in personality traits and corresponding test scores was pointed out and the great lack of efficient tests in the field of affect and volition was discussed. In bringing quantitative research to bear on these problems it becomes necessary to invent new tools for the treatment of results. The need for statistics of
the individual becomes paramount and the adaptation of such techniques as discriminant functions, factor analysis, and pattern analysis becomes clear. It also becomes quite apparent that the clinical team must include within it at least one research-minded clinician to carry on the necessary integrative research.

In conclusion, systematic research in personality and psychopathology has awakened to a new-found responsibility of providing clinical psychology with a proving ground for its emergent theories and practices. By utilizing this proving ground, clinical psychology can sharpen its tools and improve its methods in diagnosis and therapy. Furthermore, personality and psychopathology stand to gain a rich harvest of findings from such integration.

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