A COMPARISON OF CLINICAL DIAGNOSES
WITH THE RESULTS OF THE SZONDI TEST

by

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CHAPTER I

INTRODUCTION

The first report on the Szondi Test to appear in the Psychological Abstracts was in 1949. From that time until the beginning of 1956, 135 articles, books, and theses on the Szondi have been listed in that publication.

Dr. Lipot Szondi (17), a Hungarian psychiatrist, claims that all drives are of a genetic origin. There are, according to his theory, latent recessive genes that determine the drive structure of each individual. Mental disorders, he feels are manifestations of disturbances in drive tendencies.

Szondi describes four basic drives; the sexual drive, the paroxysmal (convulsive) drive, the ego drive, and the contact drive. He calls these four categories the "drive-vectors". Disturbance in the relative strength or direction in any one of the drive areas results in pathology corresponding to that drive. Each drive-vector, he claims, contains two definable reaction types which he calls "drive factors". Each drive factor is associated with a mental disorder. The sexual disorders are homosexuality and sadism; the paroxysmal disorders are epilepsy and hysteria; the ego disorders are catatonia and paranoia; and the contact disorders are depression and mania.
From these drive factors emerge eight specific drive needs, each containing opposing tendencies. That is, from these eight drive needs, sixteen drive tendencies may be differentiated. In each factor the tendency may be in either a positive or a negative direction. Within any individual a need tendency may be positive, negative, ambivalent, or neutral. It is the intent of the Szondi Test to determine the strength and direction of each of these need tendencies.

In order to determine the strength and direction of these need tendencies, Szondi has selected forty-eight photographs of individuals institutionalized for conditions corresponding to each one of the drive factors. The individual taking the test is asked to look at the photographs and pick out those people he likes the best and then those he dislikes the most. Szondi feels that if a need is acceptable to the individual taking the test, he will choose the corresponding photographs as being liked. If he rejects the need, Szondi feels that he will dislike the person in the photograph. If the particular need corresponding to the individual in the photograph is temporarily satisfied, the subject will not choose that photograph as either a like or a dislike. If the subject partially accepts and partially rejects a particular need, he will select some individuals corresponding to that need as liked and some
Considerable disagreement with Szondi's basic theory has appeared. However, since the study to be reported in this paper is concerned with the problem of whether or not the Szondi Test "works" and not with how or why it works, the review of these objections will be very brief.

Attempts to check the validity of the scale have, for the most part, resulted in criticism. However, some experimenters have found evidence that favors the test. Kobler (10), who was very much aware of the difficulty of validating a projective technique, says that this test is no better nor no worse than the Rorschach. Krimsky (11) reported that when used in a battery including Rorschach, T.A.T., Weschler-Bellevue, Figure Drawing, and Bender Gestalt, the Szondi has particular merits not found in the other tests. Scott (15), comparing delinquents with non-delinquents, found significant differences between matched groups in all factors except "e" (the need for the accumulation of rage). Deri (5), offering a statement of diagnostic claims rather than a criticism, says that there are no Szondi "signs" that are specific to delinquents but that the test is helpful in revealing the psychodynamics underlying delinquent behavior. Schubert (14) reported a study in which the Szondi Test was given to children of different ethnic backgrounds. The analysis of the data indicated that Szondi test reactions are psychologically
meaningful in terms of need theory regardless of ethnic background.

In an evaluation of the Szondi test, Costa (2) concluded (1) that there is an intimate relationship between the test and Szondi's instinctive theory, (2) that the test has a wide range of application as to types of subjects, (3) and that the technical characteristics of the test, although not optimum, are acceptable as a first approximation and could be improved if the technical structure of the test were revised with rational criteria.

The criticisms of the test, particularly by experimenters in this country, have been numerous. Short (16) says that the inequality of stimulus value of the cards suggests the need for a complete reorganization of the test. In a study of Szondi patterns in epileptic and homosexual males, David and Rabinowitz (3) concluded that the Szondi should not be used routinely in clinical practice. Similarly, after examining seventy epileptic profiles on the Szondi with particular reference to the "e" factor, Flament (6) reported that the test is not valid as a diagnostic instrument for epilepsy.

Gordon and Lambert (9) have claimed that Szondi's test results do not possess sufficient internal consistency to evidence a differentiation into the need classes postulated by Szondi (17) and supported by Deri (4). Cohen and
Feigenbaum (11) say that the claimed additive properties of needs demanded by Szondi's theory is not true, and Richardson (13) says that subjects cannot even match sets of Szondi pictures when they are attempting to do so. The implication is that if cards cannot be voluntarily matched, preference for corresponding pairs would not mirror the same things. Fleishman (7) says that Szondi's syndromic distributions could be explained on the basis of chance.

Using data from normal subjects and neurotic patients, Mussen and Krauss (12) could find no support for Deri's statements about the interpretive significance of the Szondi test factors. Fleishman (8) carried out a study in which a control was made up of normal persons randomly assigned to the eight categories. Subjects then chose the ones they liked and those they disliked, and their selections were tabulated. The results were about the same as those on the Szondi on the basis of quotient of tendency tension. Both fall within the range of chance.

I. THE PROBLEM

The purpose of this study is not to determine whether or not there is a latent recessive genetic basis of personality structure nor whether a mental disorder is a manifestation of certain drive tendencies. The attempt here is to discover the degree of similarity between results obtained
from the use of the Szondi test and information from case histories. Does the Szondi test enable one to predict tensions and diagnoses to be found in case histories provided by parents, psychiatrists and psychologists?

Any consistency of test findings and case histories does not necessarily support Szondi's fundamental theory, nor does any lack of agreement refute it. It is not the theory that is being studied but the test instrument itself.

If a Szondi test interpretation brings out many factors that are reported in a case history containing psychiatric diagnosis, psychological reports and behavior descriptions while at the same time counter-indicating or omitting factors not included in the case histories, the test has real value as a diagnostic tool. However, if it fails to do the above any one or more of the following may be indicated: the test instrument may be invalid, the test may have been used or interpreted improperly, or the case histories and diagnoses may not have been trustworthy.
CHAPTER II

PROCEDURE

The Szondi test was administered to 20 male subjects who were enrolled in a private school for exceptional children. The test was administered to each subject ten times with an interval of at least forty-eight hours between administrations. The number of administrations is equal to that recommended by Deri (4) and the recommended minimum interval between sessions is exceeded.

At the initial session a few minutes were spent with each subject getting acquainted and putting him at his ease. The nature of the task the subject was to perform was explained very briefly and simply. The instructions varied slightly from subject to subject but were essentially, "I am going to show you some photographs and I would like you to pick out the two people that you like the best." This was usually said while arranging the pictures in front of the subject. After these two photographs were selected the instructions continued, "... and now pick out the two that you dislike the most." If a subject delayed in making his selections, he was told to make his selections as quickly as possible and to respond to his first impression of the person. In only one or two cases was this prompting necessary.
In one or two cases the subject said that he was unable to say that he liked or disliked the people in the photographs without knowing more about them. In these cases the subject was told to make his selections on the basis of whether or not he thought he would like or dislike the person just by the way he or she appeared in the pictures. This was sufficient encouragement for even the most reluctant subject included in this study. No discussion was entered into with any of the subjects regarding the people in the photographs. The question was asked several times if the person in one of the photographs was a man or a woman and in all cases the response from the examiner was, "I don't know."

The second and all succeeding administrations were introduced approximately as follows: "I would like you to do as you did the last time, that is pick out first the two people that you like the best and then pick out the two that you dislike the most." When asked by a subject if he should try and pick out the same ones that he chose the last time he was told to make his selections on the basis of how he felt at the time of the testing and that it didn't make any difference which ones he selected the last time. Any attempt on the part of the subject to get into a discussion on this point was discouraged by the examiner by repeating, "Just pick them out according to the way you feel right now."

After all test series were completed each was inter-
interpreted using suggestions made by both Szondi (17) and Deri (4). An attempt was made to make the interpretations as complete as possible and yet be brief enough to be reported in full in this study without making it excessively lengthy.

It was decided to report Szondi's drive category, leading vectorial configurations according to both Deri (4) and Szondi (17), the amount of tension expressed in the graphic records and by the formula, the frequency and rapidity of change, the symptomatic reactions which theoretically indicate overt behavior, and the root factors which are supposed to reveal the areas of greatest and deepest tension.

Summary of the various indications was purposely avoided as this would require the examiner to introduce his own opinions regarding the significance of the various reactions and the dynamics of personality structure and pathological conditions. Only by reporting as closely as possible Szondi's own conclusions regarding the reactions made to the test pictures can the Szondi Test be compared to other clinical findings. If the examiner is forced to make conclusions and assumptions based on his own clinical experience and theoretical orientation, then any comparison with other data is a comparison of that data with one individual's thinking and not with the test instrument itself.
CHAPTER III

RESULTS

Because both the case histories and the test findings consist of a great many descriptions of behavioral characteristics rather than neat "labels", it is impossible to summarize the results of the comparison of the two in terms of psychiatric categories. For detailed comparison of the test findings and the case histories the reader should refer to APPENDIX D.

The case histories of five subjects (8, 15, 16, 18, and 20) were not sufficiently detailed to allow an adequate comparison with the test findings. In six cases (1, 2, 3, 5, 9, and 10) the case histories and the test findings match very closely. Three of these cases (1, 2, and 10) have difficulties of a sexual nature. All cases of sexual disturbance found in the case histories were indicated in the test interpretations. However, a possibility of some disturbance in the sexual area was found in almost all test profiles. In the remaining 9 cases the test failed to reveal important conditions found in the case histories although some agreement existed in every case.

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1So as not to have the case histories influence the test interpretations no case histories were examined prior to the interpretations, and it was therefore impossible to eliminate those that were inadequate as far as test comparison was concerned.
The test generally failed to reveal the brain damage, physical manifestations of disorders of the nervous system, and intellectual deficiency described in the histories of subjects 4, 7, 8, 13, 15, 16, 19, and 20. The histories of subjects 12 and 15 describe pyromaniac tendencies not found in the test reports. Epilepsy was reported in the histories of subjects 4 and 8 but not in the test results.
In attempting a validation of a projective technique for personality evaluation one is faced with a number of obstacles. First of all there is no adequate criterion of undisputed validity. Two psychiatrists may not agree. For example, some psychiatrists class many patients as schizophrenic which other psychiatrists call manic depressive. Also, because psychiatric terminology often varies with the orientation of its user, comparison of one man's findings with another's may indicate disagreement when such is not fundamentally the case. It may be a matter of using different terminology to describe the same thing. Another difficulty arises from the type of analysis one is to make from the projective test. Objective scorings regularly fail to yield significant relationships while analyses of the test patterns have been more successful but make objective comparisons difficult. See APPENDIX A for a discussion of scoring methods for the Szondi.

In attempting to compare Szondi test findings with case histories, the above mentioned difficulties, as well as many more, were encountered. The first major problem was that of determining just how much to include in the interpretations. This was a formidable task because of the tremen-
dous number of indications found in a Szondi test series. To completely analyse a test series as suggested by Deri and Szondi (see APPENDIX A) results in many pages of description and many indications of possible pathologic conditions. To summarize many pages of descriptive material, indications, counterindications, and inconsistencies and reduce this to a few short paragraphs is a tremendous task and introduces the possibility of excluding some things that should have been included and including some things that should have been excluded.

Since so much is required of the individual interpreter in order to arrive at conclusions from the test, any comparison of his findings with an outside criterion makes possible an evaluation of one man's use of the test rather than an evaluation of the Szondi Test itself. Only by adhering as closely as possible to Szondi's own terminology and his specific descriptions of test results can this difficulty be held to a minimum. However, due to the large number of possible configurations of choice in the test, Szondi did not supply complete informative data (see APPENDIX A).

The very close agreement found between six of the test findings and the corresponding case histories indicates that the test may possibly have some clinical value. The fact that some agreement was found between all twenty test reports and case histories strengthens this possibility. However, in
working with the test, it was found that a large number of possible conditions are suggested or indicated in each test analysis. The deeper one probes, the larger the number of possible conditions one finds. If this is carried to an extreme, it is possible to look back at the test and find almost anything one wishes to look for. Thus many things were suggested by the test findings that were not found in the case histories. There is no way of knowing whether the case histories were incomplete in this respect, whether the test findings should be ignored as far as these characteristics are concerned, or whether the existence of so many unsupported findings indicates that the agreements between case histories and test results are little more than chance correspondences.

From the results of this study it would seem that the Szondi test has clinical value as an aid in diagnosis and personality understanding, but it should be used cautiously. It would seem that its greatest value would be in the nature of suggesting possibilities to pursue with other clinical techniques. This is consistent with the recommendations of its author and of the early workers. It would be extremely hazardous to base a conclusion solely on a Szondi profile.
CHAPTER V

SUMMARY

In an effort to compare the results of the Szondi Test with case histories, twenty male subjects who were enrolled in a private school for exceptional children were given the test. The tests were then interpreted using suggestions from both Szondi (17) and Deri (4). After the interpretations were made, case histories for each of the subjects were examined. These case histories contained reports of psychiatric examinations, other psychological tests, familial backgrounds, developmental records, school reports, and behavior descriptions. A comparison was then made of the information gained from the test interpretations and from the case histories.

The interpretations of the test resulted in complex descriptions of behavioral tendencies rather than psychiatric "labels". The case histories, in general, also yielded this type of information. While this type of result is the most meaningful it makes it more difficult to compare the two than would neat "categories". Therefore, it was necessary to very carefully compare a particular action described in a case history with a behavioral tendency found in a test interpretation.

The close similarity between six of the test inter-
pretations and the corresponding case histories would seem to indicate that the Szondi does have clinical value. This indication is strengthened by the fact that some similarity was found in all twenty cases.

However, the value of the Szondi as a diagnostic instrument may be questioned since it failed in nine cases to indicate such conditions as brain damage, epilepsy, intellectual deficiency, and pyromania reported in the case histories. Further doubts arise when it is discovered that many conditions are indicated by the test that are not found in the case histories.

From the evidence presented in this study it would seem that the Szondi can be used clinically to reveal the possible existence of a condition or the explanation of a condition that may otherwise be overlooked. However, from the weaknesses described, it would seem extremely hazardous to base a conclusion or a diagnosis solely on the basis of a Szondi profile.
BIBLIOGRAPHY


APPENDIX A

EXPLANATION OF RECOMMENDED PROCEDURE

Deri suggests the following procedure for interpreting the Szondi profile series:

1. Look for the open reactions (those factors in which no choices were made). These reactions are called symptomatic because they indicate the areas in which no tension exists since there is a living out of these needs. Manifest behavior should, on this basis, reflect characteristics corresponding to this factor.

2. Look for those factors showing ambivalent reactions most frequently. These, she says, are subjective symptom factors as they indicate areas in which conflict is experienced.

3. Look for factors showing steady plus or minus choices. These reactions indicate the areas in which tension actually exists and therefore act as unconscious driving forces underlying overt behavior or clinical symptoms.

4. Look for the kind of change occurring in each factor. Deri explains the significance of each type of change that may occur in a factor.

5. Look for mirror reversals in the vector as a whole. These are particularly significant as they are indications of a pathologic process in the area corresponding to the vector in which they occur.
6. Fill out completely all categories of the scoring sheet as a safeguard so that no aspect of interpretation is overlooked. This means that the following should be calculated and included in the interpretation: (a) the percentual symptom reaction, (b) the quotient of tendency tension, (c) the quantity tension, (d) the instinct formula, (e) the abbreviated instinct formula, (f) the complete drive formula (the symptomatic, submanifest, sublatent, and root factors), (g) the instinct class, and (h) the determination of the person in the Trieblinnaus.

7. Look for the vectorial configurations which indicate more than the factors considered singly.

8. Look for special combinations of reactions or "syndromes".

Szondi does not outline an exact procedure to follow in attempting an interpretation of the profile, but he describes the various types of reactions and labels sixty-four possible vectorial configurations. He describes the construction of the drive formulas and presents diagnostic tables based on these drive formulas. He describes eleven main drive categories and forty-eight subcategories which include all possible reactions. He presents several pathologic, physiologic, and character syndromes. He presents an experimental ego analysis that is fundamentally psychoanalytically based, and relates the various choices made in the ego
vector to the stages of ego development. He then describes the linnaean system of personality study which is referred to in Deri's method of interpretation and requires the working out of the various formulas on the test blanks. Unfortunately, he does not explain the significance of all the calculations on the blank.

The terminology used throughout these analyses is, as much as possible, that used by Szondi (17) and Deri (4). The terms used carry Szondi's own meanings and are consistent with his particular approach to personality study. In some cases this meaning is unique and the terms cannot be interpreted in the usual way. For any explanations of terms or concepts used the reader can only be referred to the works of Szondi (17) and Deri (4) as time and space do not permit the lengthy explanations that would be required to define all terms adequately.
APPENDIX B

SZONDI TEST INTERPRETATIONS

CASE #1

The choices made by this subject place him in what Szondi terms the categories of "Childish Cruelty" and of "Purification and 'Service'." People in the first category are threatened by a primary latent but dynamic bisexual need and are disposed toward 1. the paroxysmal disorders, anxiety hysteria, hystero-epilepsy, epilepsy, poriomania, kleptomania and affective crimes, and 2. paranoid depression and paranoid schizophrenia. Those included in the second category have a tendency to live out their need for self-display in service activities.

The configuration of the sexual vector indicates the existence of a need for love and affection coupled with a tendency toward sadomasochistic behavior; the existence of a need to be both the aggressor and recipient of love and affection; that the need for femininity is being lived out in a state of sadomasochistic masculine-feminine identification; and that there is a state of tension in the area of feminine needs coupled with lack of identification with the male role.

The choices in the paroxysmal vector indicate that the need for emotional exhibition finds ready discharge; that there is a mounting tension of the need for emotional
release in a perceptible way.

A jealous self aggressive ego is indicated by choices made in the ego vector. The leading configuration indicates repression of loneliness and is often found in self-mutilating compulsions. Also indicated by this vector is an obsessive ego indicating a psychic inflation ambitendency. Choices made in this vector also indicate a forsaken, passive, feminine ego.

The reaction to the pictures of manics and depressives shows that there is a continuous search for new objects together with a denial of the possibility of satisfaction from these objects. The results of this conflict are moodiness and depression. Individuals giving this reaction generally attempt to manipulate and master objects of the environment.

The most symptomatic reactions shown by this subject suggest that his emotions are readily discharged and that he lives in a state of primary narcissism in which id-demands seek direct fulfillment. Subjects giving this reaction are usually poorly prepared to meet frustrations as there is no protective wall surrounding their ego. It is generally felt by these individuals that the function of the world is to satisfy their needs. Therefore, frustration often results in violent, vengeful reactions.

The most frequent ambivalent reaction suggests that this subject may demonstrate sadomasochistic behavior and
masculine-feminine identification. He is likely to have homosexual crushes and to have homosexual and pervert tendencies.

The deepest underlying tensions seem to stem from (1) an unsatisfied need for love and affection with feminine identification, and (2) frustration of early oral needs. It seems as though he has given up hope of compensating for his lack of early oral satisfaction.

CASE #2

This subject’s choices place him in the "Category on Anal-Eroticism", the subcategory under the "Category of Latent Fratercide". The central problem of these individuals is related to an accumulation of rage and hatred directed toward purification. There is an inherent bent toward criticism and moralizing, and a tendency to be narcissistic and rigid. There is a disposition toward the following disorders: anal homosexuality, pederasty, coprophilia, paranoid anxiety hysteria, paroxysmal tachycardia, examination pressure, compulsivity, poriomania, kleptomania and other equivalent states of epilepsy.

A very high quantity of tension is shown by the tendency tension score and by the existence of a large number of loaded reactions.

This subject’s most frequent sexual vectorial config-
uration indicates that (1) sexual tensions have been dis-
charged through sexual intercourse, masturbation, or homo-
sexual activity; (2) that there is a fixation on an infantile
level of sexual development; or (3) that there are organic
reasons for lack of sexual tensions. This reaction is often
given by immature adults who have not been weaned from their
parents. The other choices in this vector indicate sublima-
tion of sexual energy, inactivity, passivity, and masochism.

His most frequent choices in the paroxysmal vector in-
dicate sporadic anxiety states with aggression. Because of
his reaction in the sexual vector and in the "m" factor, it
would not be expected that this aggression will be violent or
severely antisocial. The next most frequent choice implies
that violent emotions accumulate in potential readiness for
an outburst but discharge of these emotions is barred or at
least delayed. Consequently the whole emotional sphere is
tense. The reactions mentioned above reveal that the sit-
uation is more one of delay than of barring of emotional ex-
pression. Subjects giving this reaction often talk vaguely
about fears of death or insanity.

Since the most loaded factor and the factor showing
the greatest amount of variability are found in the ego
vector, the most pertinent and significant information should
be found there.

In the order of their frequency the various choices
made in the ego vector give the following indications: (1) this subject has accepted the overwhelming power and limitations of the environment; thus he has probably become willing to conform and to control himself. There is probably a discrepancy between his verbal worldliness and his actual awkwardness which is evidenced by attempts to dispel anxiety through words. Yet he feels that he has not lived up to his own expectations. (2) Outside objects are strongly cathected since this type of individual has to be in love with some person, thing or idea, and seems to derive some masochistic pleasure from frustrating experiences. He may actually mismanage his life so that his need for appreciation and love is not satisfied. (3) He may enjoy being atypical and may voluntarily ostracize himself from society, looking down on the average and common people. (4) There may be conflicting desires of wanting to cling and wanting to separate from the love object; the conflict producing constant anxiety.

The consistency and the loading in the contact vector would seem to indicate a strong need to cling to objects cathected; usually a person, an idea, or an idea of a person. This choice is a counterindication for criminal behavior or of an asocial psychosis. Subjects giving this reaction may experience difficulties regarding outward success, as this constellation along with minus "s" indicates passivity. This choice in the contact vector is also indicative of con-
servatism and dislike for change.

The most symptomatic reaction in this record is an indication that sexual energy is low and that the need for passive affection is satisfied. This reaction is often found in passive male homosexuals.

It is indicated that the deepest underlying tensions result from unsatisfied needs (1) to release emotions (which may make the subject restless, impulsive, and subject to emotional outbursts); (2) for oral activity (past or present), (3) for emotional support from others; and (4) to fall in love, to have friends, and to belong.

CASE #3

This subject's choices place him in the "Category of Latent Exhibitionism - of Purification and 'Service'." Szondi says that these individuals show a continuous desire to perform in such a way as to make a show of themselves, have a tendency toward feminine identification, and are unpredictable often even to themselves.

This subject would also be placed in the "Category of Latent Ego-Dilation - of Lost Genius and Parricide." These subjects attempt to deal with strong unsatisfied ego diastolic needs. They may demonstrate bizarre behavior of a hysteroid type with periodic clouding of consciousness. There may be obsessive preoccupation with ideas of killing
some authority figure yet a compulsive mechanism preventing its satisfaction. They may have hystero-epileptic seizures of rage. They may show signs of hysterical self aggression, and they may resort to narcomania or kleptomania (they steal from the "persecutor", usually the parent or parent figure). These subjects seem to have a latent paranoid core which is indirectly effective all through life, bringing unhappiness to both the subject and those around him. They are disposed to paroxysmal attacks and hysterical dimming of consciousness. They seem to be extremely sharp and logical in their thinking, arousing impressions of real genius. Even borderline feebleminded mentalities seem to be of outstanding talent in some one field. They might be labeled (1) early paranoia, (2) psychopathic personality with hystero-epileptic features, or (3) paranoid pseudoimbicility. None of these labels is accurate as each fails to consider the deep rooted unsatisfied ego-diastolic drive behind the hystero-epileptic pseudo-debilitated behavioral front. Sexually these subjects usually mature late, are underdeveloped, and masturbate excessively.

The choices made in the sexual vector indicate passivity, goal inversion, dependence, subservience, and counterindicate epilepsy.

In the paroxysmal vector the following indications are found: (1) the possibility of outbursts of rage; and
(2) a tendency toward emotional exhibition, stormy feelings, and high emotionality.

The frequency of change in the contact vector indicates a disturbed and rather unsatisfactory adjustment to the environment. The choices made imply (1) curiosity (a childish pleasure seeking relationship to the world); (2) withdrawal from reality, unhappy ties to the world, social maladjustment, a negativistic attitude toward society; (3) unrealistic adherence to a lost object, restless tension, denial of importance of enjoyment; (4) conservatism, loyalty; and (5) fear of losing the love object thus a tendency to cling to it.

There is indication of restless, agitated, erratic behavior and too little control in the high quantity of tendency tension. The large number of loaded reactions indicate a large amount of tension.

The symptomatic reactions indicate that emotions are discharged readily, that he is concerned only with his own id demands, that he is poorly prepared to meet frustrations, and that he is autistic and egocentric.

The root factors indicate there are underlying tensions resulting from the need to receive love and affection and to be submissive. These reactions imply feminine identification, transformation of motor energy into intellectual energy, manipulation of concepts, a low level of physical activity,
sublimation of aggression, and counterindicate serious antisocial activity.

CASE #4

This subject belongs to the category of "Daydreaming and Depersonalization", a sub-class of the category of "Latent Ego-constriction." These individuals are usually the descendants of catatonoid personalities. Their family background tends to include egocentric, selfish schizoids; cool narcissists; undisciplined, seclusive, autistic personalities; asocial compulsion neurotics, hypochondriacs; odd persons, and unrealistic unworldly dreamers. These subjects are not schizoid but conductors of pathologic ego systolic trends. During childhood they may manifest schizoid traits, be silent, seclusive, and live in an unreal dreamworld. They cling to whoever takes care of them. They persist in a pseudomelancholic state in an autistic world of phantasy.

The reactions in the sexual vector give signs of average sexuality, of activity, and of sadism. In the paroxysmal vector we see signs of ethical dilemmas, conflict in regard to releasing and controlling emotional outbursts, and conflict in the need to display and conceal emotions. There are also signs of hysteroid anxiety and apprehensiveness.

The pattern in the ego vector indicates a compulsive inhibited ego with tendencies toward repression and a living
out of projective needs.

The contact vector reflects incestuous love and hatred, adherence to an idea, and faithfulness, along with indications of an unhappy state of living in a dual-union relationship and an incestuous adherence to a lost object.

The most symptomatic reaction implies that id demands are lived out or repressed. The need to fuss with the environment has been eliminated, and a psychologic state of relative calmness exists as far as this particular need is concerned.

The root factors indicate an unsatisfied need for masculinity. The subject probably displays a high degree of physical activity and a tendency for uninhibited aggressive manifestations. It would be expected that he would face and fight reality. It is also indicated that the ego or super-ego does not accept the demands of the id for ego expansion and attempts to encapsulate these demands through a process of repression. The subject tries to deny himself the privilege of open narcissism and strives to be regular.

CASE #5

The choices made by this subject place him in the drive category of "Latent Bisexuality", of "Childish Cruelty." People in this category are threatened by a primary latent but
dynamic bisexual need and are disposed toward the paroxysmal
disorders, anxiety hysteria, hystero-epilepsy, epilepsy,
poriomania, kleptomania and affective crimes. His choices
also place him in the category of "Daydreaming and Deper-
sonalization." These individuals are usually the descendents
of catatonoid personalities. Their family background tends
to include egocentric, selfish schizoids; cool narcissists;
undisciplined, seclusive, autistic personalities; asocial
compulsion neurotics, hypochondriacs; odd persons, and un-
realistic unworldly dreamers. These subjects are not schizoid
but conductors of pathologic ego systolic trends. During
childhood they may manifest schizoid traits, be silent, se-
clusive, and live in an unreal dreamworld. They cling to
whoever takes care of them. They persist in a pseudomelan-
cholic state in an autistic world of phantasy.

The reaction to pictures corresponding to the sexual
vector indicates a tendency toward sadomasochism, average
sexuality, and a generally active pattern.

The frequency of change in the paroxysmal vector in-
dicates a somewhat unstable emotional pattern. The subject's
choices indicate that at times emotions are strictly con-
trolled and at others there are sporadic anxiety states with
aggression. It is further indicated that he experiences:
states of anxiety with compulsive impulses and inhibitions.
Other reactions in this vector suggest temporary periods of apprehensiveness and hysteroid anxiety, panic and diffuse anxiety, and paranoid fears with projection of anxiety, guilt, and fear.

The number of different reactions in the ego vector shows a lack of consistency in the ego pattern and conflict regarding the manner in which id demands are satisfied. The two most frequent reactions indicate a jealous, self-aggressive ego, loneliness, and self-torture; and a deserted, passive, feminine ego in which rejection in personal relationships is felt. Other reactions in this vector imply a disciplined ego, an anti-inflative ego fighting obsessiveness, and an ego pattern indicating complete unconscious projection.

Frequency of change is seen in the contact vector also indicating fluctuation and instability, this time in regard to the relationship to the environment. In order of frequency, the choices made indicate conservatism, loyalty, and anal characteristics; curiosity, and a childish pleasure seeking relationship to the world, withdrawal from reality, unhappy ties to the world, a negative attitude toward society, and social maladjustment; simultaneous ties to two objects, envy, and instability; unrealistic adherence to a lost object, restless tension, and the denial of the importance of enjoyment; and searching for a new object, pessimism, and an anti-social attitude.
The most symptomatic reaction indicates almost conscious conflict of the need to fuse with the environment. This reaction is often given by subjects undergoing a crisis with the love object in which they feel abandoned.

The root factor indicating the strongest and deepest tensions reveals a strong unsatisfied need for love and affection.

CASE #6

This subject belongs to the drive class of "Latent Greed and of Never-ending Search" and to the sub-class "Resigned Humanitarianism". Behavior of individuals in this class, Szondi says, shows evidence of a continued search for an object which has been lost or which they are afraid of losing. The need to cling to this object is urgent, frantic, and insatiable. There is an excessive evaluation of this lost object which results in a tendency to cling to even lost objects.

The characteristics of the class "Daydreaming and Depersonalization" apply to this subject. These individuals are usually the descendents of catatonoid personalities. Their family background tends to include egocentric, selfish schizoids; cool narcissists; undisciplined, seclusive, autistic personalities; asocial compulsion neurotics; hypochondriacs; odd persons, and unrealistic unworldly dreamers.
These subjects are not schizoid but conductors of pathologic ego systolic trends. During childhood they may manifest schizoid traits, be silent, seclusive, and live in an unreal dreamworld. They cling to whoever takes care of them. They persist in a pseudomelancholic state in an autistic world of phantasy.

The lack of balance throughout this test series causes suspicion of pathology in this case.

The consistency of the loaded factors throughout the entire series in the sexual vector indicates frustration of the need to love and act aggressively, and to be loved and to receive affection.

The choices in the paroxysmal vector counter-indicate antisocial behavior and imply strict control of emotions; discomfort with whining; and anxiety with compulsive impulses and inhibition.

In the ego vector, there is further indication of compulsion and inhibition. The choices here also indicate a disciplined or "drill" ego.

Conservatism, loyalty, and anal characteristics are implied by the leading configuration of the contact vector. Also indicated is unrealistic adherence to a lost object, restless tension, and the denial of the importance of enjoyment.

The most symptomatic reaction indicates that oral
traits are part of the subject's manifest behavior. Excessive indulgence in eating, drinking, talking, or some other form of oral behavior would be expected. It was as though this subject was attempting to establish as many object relationships as possible. These individuals are basically dissatisfied because of the lack of any mature object relations. The second most frequent symptomatic reaction indicates that id impulses are acted out or repressed.

The root factors are those of the sexual vector. The deepest underlying tensions in this boy stem from needs to love and to be loved.

CASE #7

This subject belongs to what Szondi calls the "quadririequivalent drive class." This class, Szondi says, includes a rather pathologic group because of the lack of any definite vertical structure in their personalities. He says there are certain common characteristics which members of this category possess, these are: unresolvable and intimate familial attachments, anal sadism, use of coercive mechanisms, and overt or latent homosexuality.

Individuals giving reactions such that the degree of latency is the same in all four vectors possess a combination of all of the characteristics implied in the four drive classes to which they belong. In the paroxysmal vector he
belongs to the main drive class "Latent Fratricide" subclass "Anal-eroticism." Typical of these individuals is accumulation of rage and hatred, adjustment of a narcissistic type, narcissism, and rigidity.

The "Category of Latent Ego-constriction . . . . of Daydreaming" includes descendents of catatonoid personalities, often catatonic schizophrenics. Their family background tends to include egocentric, selfish schizoids; cool narcissists; seclusive, autistic personalities; asocial compulsive neurotics; hypochondriacs; odd persons; and unworldly dreamers. Persons in this class have a tendency to manifest schizoid traits, be silent, seclusive, and live in an unreal dreamworld. With progressing age they tend to manifest hysteric or seemingly cycloid manic-depressive features. In the depressed phase they tend to be paranoid and shy; in the manic phase megalomanic and restless. They tend to remain living in a dreamworld. Like children they cling to whomever is near them. They live in an autistic world of phantasy. Rarely do they become manifest schizophrenics or compulsive neurotics. These individuals frequently are fixated at an infantile incestuous level of sexuality.

The subject's choices in the contact vector place him in the "Category of Everlasting Loneliness and of Hypomania." Unsatisfied dependency strivings drive these individuals towards compensations for horrors of loneliness and separation
from the world. Included in this class are frightened children; anxiety neurotics; stutterers; behavior problems; restless, distractable, busy adolescents; poriomanics; kleptomaniacs; hypomanics; manics; burglars; affect murders; etc. There is a basic inability of the individual to find something to which to cling for support. The separation of the individual from his love object and his vague reaching out for world possessions without the capacity to hold them makes for a distractable, unstable, restless disposition and a hostile, sadistic attitude against the frustrating environment.

Selections in the sexual vector place the subject in the category of "Latent Sadism and Dual Unionism" subclass "Pious Execution". The major difficulty in this group stems from an unsatisfied need for masculinity. They strive for the creation of relationship similar to the earlier relationship with the mother. This relationship is sadomasochistic in nature. There is considerable predisposition for pathology in this group.

In the sexual vector the choices indicate a great deal of tension stemming from the unsatisfied needs for masculinity, aggressiveness, activity, and for love and affection.

The selections in the paroxysmal vector indicate diffuse anxiety, panic, fears, hysteroid anxiety, apprehensiveness, and aggression.
The frequency of change in the ego vector indicates that any behavior disorder is probably of a schizoid nature. There is indication here of compulsion and inhibition, loneliness and a feeling of being rejected and deserted, jealousy and self-aggression, and anxiety.

The contact vector shows withdrawal from reality with unhappy ties to the world, social maladjustment, curiosity, restless tension and an unrealistic adherence to a lost object, and conservatism and anal characteristics.

The subject's most symptomatic reaction shows a very loose relationship with material objects. This reaction often is given by individuals who display an apathetic type of depression.

The deepest tensions are found in the "s" factor and were discussed under the drive category corresponding to that vector.

CASE #8

This subject belongs to the drive category "Manic States" subclass "Unrelieved Dependency." It is implied that the people in this class possess a latent need to cling dependently to some object in the environment. Because he is unable to feel that he possess this object securely, he probably feels insecure. The dependence of this subject is probably directed toward his mother. Subjects in this
class rarely outgrow the oral sadistic stage; usually show propensity for oral activities; and have a disposition for mania, hypomania, and hypomaniac irritative neurasthenia. There seems to be a basic fear of losing the love object and the subject therefore is prone to anxiety states.

The characteristics of drive class "Latent Ego-constriction . . . of Daydreaming" apply to this subject. This includes descendents of catatonoid personalities, often catatonic schizophrenics. Their family background tends to include egocentric, selfish schizoids; cool narcissists; seclusive, autistic personalities; asocial compulsive neurotics; hypochondriacs; odd persons; and unworldly dreamers. Persons in this class have a tendency to manifest schizoid traits, be silent, seclusive, and live in an unreal dream-world. With progressing age they tend to manifest hysteric or seemingly cycloid manic-depressive features. In the depressed phase they tend to be paranoid and shy; in the manic phase megalomaniac and restless. They tend to remain living in a dreamworld. Like children they cling to whomever is near them. They live in an autistic world of phantasy. Rarely do they become manifest schizophrenics or compulsive neurotics. These individuals frequently are fixated at an infantile incestuous level of sexuality.

The sexual vector shows indication of ambivalent masculine-feminine identification and sadomasochistic tendencies. The lack of tension in the "h" factor indicates that
this subject is probably being loved and pampered as though he were a small child.

The underlying tensions in this subject seem to be in the area of emotional control as indicated in the paroxysmal vector. It seems as though effort is made to control emotional outbursts and as though there is an attempt made to conceal the outward display of more tender emotions.

The ego vector shows that the narcissistic integrity of this individual is maintained through a process of repression. The unacceptable id-demands to fuse with the environment are repressed. This individual attempts to deny himself the privilege of open narcissism.

The strongest need shows up in the contact vector, and is consistent in the entire series. It is in the area representing the need for emotional dependence. This is a sign of unsatisfied, frustrated oral needs. However, the subject is still optimistic regarding the gratification of this need.

The vectorial signs of this profile point toward childish bisexuality, strict control of emotions, a self-coercive ego, an inability for active identification, repression of ego inflative needs, and a strong need for dependence.
CASE #9

This individual shows signs of being slightly restless; manifesting agitated, erratic behavior and less than normal control. Generalized tension is higher than normal.

The characteristics of the drive category of "Manic States . . . of Unrelieved Dependency" apply to this subject. It is implied that the people in this class possess a latent need to cling dependently to some object in the environment. Because he is unable to feel that he possess this object securely, he probably feels insecure. The dependence of the subject is probably directed toward his mother. Subjects in this class rarely outgrow the oral sadistic stage; usually show propensity for oral activities; and have a disposition for mania, hypomania, and hypomanic irritative neurasthenia. There seems to be a basic fear of losing the love object and the subject therefore is prone to anxiety states.

This young man also fits into the category of "Latent Sadism and Dual Unionism . . . of Masochism." A major difficulty for this individual seems to be an unsatisfied need for masculinity. He seems to strive for a dual union similar to that which existed earlier with his mother. There seems to be considerable disposition for pathology. Pathologic forms found in this category are compulsion neurosis, paranoid neurotic conditions, and sexual disturbances. The
most severe cases develop towards paranoid schizophrenia.

In the sexual vector there are signs of a rather unsatisfactory masculine-feminine identification, bisexual orientation, and unresolved sexual conflict.

From the choices in the paroxysmal vector, it seems that the need for emotional display is being fairly well lived out. There is some attempt to conceal tender emotionality; however, this tension is relieved periodically. Perhaps this release is achieved through some sublimated activity.

In the ego vector, there is indication that there is a continuous effort made by this young man to fuse with his environment. That is, his behavior probably demonstrates ego expansive characteristics and unaccepted or unwanted id-demands are probably handled through a process of repression.

The choices in the contact vector indicate those characteristics described under the category of "Unrelieved Dependency" described in the drive category.

It would be expected that this individual forms rather loose object relationships. He probably cathects objects easily obtainable and most likely manifests a rather apathetic depression.

The deepest underlying tensions concern the need to be submissive and the need for ego expansion.
CASE #10

The major difficulty of this young man seems to be in the area of sexual adjustment. According to the test results, it appears that he fluctuates between exaggerated masculinity, bisexuality, and femininity. The entire sexual sphere seems to be in turmoil.

This turmoil is reflected in the anxiety, fears, and guilt indicated in the P vector. There are also signs of attempts to strictly control emotions.

The ego pattern, too, reflects "... the basically sexual origin" of this subject's energy. This young man would be expected to be highly emotional, to feel strong pressures to live out needs, and to do everything as though his life depends on it. The feminine aspect of this personality indicated in the S vector is also indicated in the Sch vector.

The leading vectorial configuration of the contact drive, indicates restless tension in which the person denies the importance of pleasure. Combining this reaction with the next most frequent configuration, which indicates a hedonistic, pleasure seeking relationship to the world and then the reaction indicating unhappiness, withdrawal, and social maladjustment completes the picture of turmoil indicated in the S vector.

This young man probably reacts with feelings of guilt,
anxiety, and fear to homosexual inclinations. It is indicated that he reacts to these feelings in a self-aggressive as well as in an antisocial manner. He probably tries to exaggerate his masculinity in an effort to deny any homosexual desires and to satisfy his ego expansive needs.

The characteristics of the "Parricide" drive class apply to this subject. These subjects attempt to deal with strong unsatisfied ego diastolic needs. They may demonstrate bizarre behavior of a hysteroid type with periodic clouding of consciousness. There may be obsessive preoccupation with ideas of killing some authority figure yet a compulsive mechanism preventing its satisfaction. They may have hystero-epileptic seizures of rage. They may show signs of hysterical self aggression, and they may resort to narcomania or kleptomania (they steal from the "persecutor", usually the parent or parent figure). These subjects seem to have a latent paranoid core which is indirectly effective all through life, bringing unhappiness to both the subject and those around him. They are disposed to paroxysmal attacks and hysterical dimming of consciousness. They seem to be extremely sharp and logical in their thinking, arousing impressions of real genius. Even borderline feebleminded mentalities seem to be of outstanding talent in some one field. They might be labeled (1) early paranoia, (2) psychopathic personality with hystero-epileptic features, or (3) paranoid
pseudoimbecility. None of these labels is accurate as each fails to consider the deep rooted unsatisfied ego-diastolic drive behind the hystero-epileptic pseudodebilitated behavioral front. Sexually these subjects usually mature late, are underdeveloped, and masturbate excessively.

CASE #11

The ratio of the open reactions to the plus-minus choices indicates excited, agitated behavior and lack of restraint in this subject. The number of loaded reactions implies a large amount of tension present.

The selections made by this young man place him in the drive class S's minus. This implies that the individual's main difficulty stems from an unsatisfied need for masculinity. Striving for a sadomasochistic, inseparable, dual union (one similar to the early relationship with a mother), is typical of these subjects. The three s plus choices indicate that there is also a tendency for this subject to possess characteristics of the drive class S's plus. This group is made up of manipulators and charmers whose manner conceal cruelty and aggressiveness.

The need to be the passive recipient of love and affection is in some way being lived out much of the time by this subject as reflected by the high frequency of open h. Since there is some alternation between this reaction and
plus h, we can assume that there is a periodic satisfaction of this need alternating with a conscious or near conscious awareness of, and need for, more than has been received.

The sublatent reactions point to a need to fuse with the environment, tension directed toward control of emotional outbursts, and anxiety over the possible loss of a cathexed object. Also included in this grouping of reactions are indications that this subject has a warm social attitude, that oral characteristics are probably part of this subject's overt behavior, that he attempts to conceal his emotions, that he has a vivid phantasy life, and that he has a tendency to daydream. This individual probably has certain narcissistic qualities. He has a tendency to encapsulate unwanted or unaccepted impulses. He tries to deny himself the privilege of open narcissism in his attempts to be regular. It would be expected that he forms sentimental attachments so strongly that he may become inconsolable at any loss. The test indicates that he is probably loyal, idealistic, conservative, rather passive, and clinging.

The deepest underlying tension is found in the s factor. The seven minus choices imply an ability to sublimate aggression and to transform motor energy into intellectual energy. It indicates lack of identification with the masculine role and possibly masochistic characteristics. This subject is perhaps over-sensitive to real or imagined in-
sults which can result in ideas of reference. The two opposing reactions in the S factor indicate conflict in the sexual area.

Pathologically this young man's test profile indicates that there may be difficulty in sexual adjustment; that there is probably a compulsive quality to his behavior; and there may be a disposition toward anxiety, hypochondria, hysteria, and paranoid neurotic conditions.

CASE #12.

This individual gave more plus-minus than open reaction. This indicates compulsive, over-controlled behavior. Eight of his choices are classed as loaded, having four or more selections made in the same factor in the same direction. This indicates tension in excess of what may be considered normal.

This subject belongs to drive class S h plus. This implies that he is threatened by a latent bisexual need. The "h" factor remained plus throughout the ten administrations, although it was never loaded. This can be interpreted as a normal and healthy sign. However, the s factor was plus-minus throughout the series. This implies an ambivalent masculine-feminine identification, sexual conflict, and sadomasochistic tendencies.

The general plus minus quality of the P vector indi-
cates ethical control. That is, the need to control emotional outbursts and to conceal the more tender emotions is felt by this subject. The plus-minus, minus, and open e reflects the changes in the area of emotional tension which can be expected and be considered normal since the changes are gradual and there is no loading of the factor.

In the Sch vector the high frequency of plus-minus k indicates that tension in the ego area is handled by means of introjection and repression. Szondi terms the reaction plus-minus open the "Unfaithful Masculine Ego" and the reaction found in the next highest frequency the "Self-coercive Ego". It is implied in this reaction that active identifica-
tion with the environment is difficult for this subject.

The most loaded reaction throughout the series is found in the m factor. This strong plus m coupled with a fairly strong minus d indicates a strong need to cling to any cathected object. Usually the attachment will be to one specific object, which may be a person, thing, idea, or idea of a person. It indicates a certain passivity toward objects. Being forced to separate with a cathected object may be a very painful experience for this subject. Subjects giving this reaction often cling to intangible ideas, demonstrate an exaggerated loyalty, and have basically an incestuous fix-
atation on the cathected object. The thought of an object may give as much satisfaction as the thing itself.
Pathologically one or more of the following conditions may be present: compulsion neurosis, hypochondriac anxiety, homosexuality, stuttering, paroxysmal disorders such as anxiety hysteria and hysteroepilepsy, and paranoid disorders.

**CASE #13**

The test results of this young man indicate that he is extremely tense. This is made evident from the many heavily loaded factors throughout his series.

The greatest amount of tension is seen in the h factor. All six h photographs were chosen as likes on one administration, five chosen as likes on eight, and four on one. There was no counterbalancing in the dislike column anywhere in the series. This consistently heavy loading with no counterbalancing is indicative of a pathologic condition in this area. It is implied by this type of reaction that an extremely strong need exists for love and affection of a passive feminine nature. The loading in this factor indicates real immaturity and feminine identification.

The characteristics of drive classes C m plus and S h plus probably apply to this individual. That is, there is probably a latent need to cling dependently, an inability to possess an object securely, an unstable object relationship, and an oral sadistic quality to his behavior. He is probably threatened by a bisexual need.
The general lack of balance throughout the whole profile is indicative of a rather deep rooted and severe problem. The lack of counterbalancing in addition to the heavy loading and completely open reactions are very significant.

The open quality of the hy factor indicates that there is a living out of the need for perceptible manifestation of libido. That is, exhibitionistic needs are satisfied and are part of manifest behavior. This behavior is typical of the so-called hysteroid individual.

The general open quality found in the e reactions indicates that emotions are steadily discharged. The open d reactions indicate a rather loose object relationship with no strong sentimental attachments formed.

Pathologically there seems to be considerable indication of difficulty. There seems to be considerable disposition toward a hystero-epileptic type of behavior resulting from a pathologic need for infantile affection. He is probably prone to anxiety states during which he demonstrates manic or hypomanic characteristics. He might be termed an emotionally unstable psychopathic personality with certain compulsive features. Paranoid disorders and stuttering are also indicated.

CASE #14

This young man's reaction to the pictures place him in the drive category of "Unrelieved Dependency." It is implied
that the people in this class possess a latent need to cling dependently to some object in the environment. Because he is unable to feel that he possesses this object securely, he probably feels insecure. The dependence of this subject is probably directed toward his mother. Subjects in this class rarely outgrow the oral sadistic stage; usually show propensity for oral activities; and have a disposition for mania, hypomania, and hypomaniac irritative neurasthenia. There seems to be a basic fear of losing the love object and the subject therefore is prone to anxiety states.

His choices in the sexual vector indicate that neither feminine tenderness nor masculine aggressiveness is accepted in an unmodified form. His sexual energy is sublimated and there is a tendency to intellectualize these needs. The leading vectorial configuration is indicative of a high frustration tolerance and a humanistic and socially positive attitude. People giving this reaction frequently manifest hysteroid symptoms.

In the paroxysmal vector there is indication of emotional instability. It would be expected that this boy would have periodic emotional outbursts. Anxiety with compulsive impulses and inhibition and fears are also indicated.

The choices made in the ego vector are those of a narcissistic, obsessive, and eccentric ego. The choices here correspond with those in the sexual vector. That is, human-
itarian tendencies and sublimation of drives would be expected. This configuration indicates ego inflation and introjection. According to Szondi, this subject identifies with his emotional needs and does not feel the necessity of conforming with social standards. The second most frequent configuration in this vector indicates that he is driven to live out his needs. The ego is inflated with great ideas and plans coupled with feelings of inability to obtain them. The individual, being aware of the environmental limitations and barriers to his expansive needs, tends to repress them. He may show a verbal worldliness but actual awkwardness.

The meaning of the choices made in the contact vector are summed up in the description of the drive category to which he belongs.

This subject's most symptomatic reaction indicates something is being acted out which has eliminated the tension surrounding the need for recognition and exhibition. That is, he probably shows emotional reactions openly and generally manifests hysteroideal characteristics. He also probably demonstrates a rather loose object relationship.

The deepest underlying tensions stem from a denial of the need for passive affection and femininity. This is indicative of humanitarian love and counterindicates serious forms of pathology.
This individual belongs to the drive category "Latent Bisexuality and Childish Cruelty". People in this category are threatened by a primary latent but dynamic bisexual need and are disposed toward 1. the paroxysmal disorders, anxiety hysteria, hystero-epilepsy, epilepsy, poriomania, kleptomania and affective crimes; and 2. paranoid depression and paranoid schizophrenia.

The various choices made in the sexual vector indicate infantile or senile sexuality with aggressiveness, a tendency to sadomasochism, sexuality of the average person, and passivity and goal inversion. The frequency of change in the $s$ factor causes suspicion of a problem in this area.

In the paroxysmal vector, the leading configuration indicates projection of fears, guilt, and anxiety. The high frequency of change indicates a disturbed emotionality, fears, anxiety, panic, and apprehensiveness.

There is also a high frequency of change exhibited in the ego vector. The general patterning indicates that the subject is narcissistic and his id-demands find direct fulfillment. Frustration is liable to result in violent vengeful reactions. He structures his environment according to his own needs, and acts out his need tensions without their first becoming conscious.
The picture in the contact vector is also one of instability. The high frequency of change here is indicative of no consistent felt relationship to the environment. There is indication of withdrawal from reality, social maladjustment, unhappiness, fear of losing the love object, conservatism, adherence to the lost object, search for a new object, and unhappy ties to the world.

The symptomatic reaction open d implies a rather loose type of object relationship in which the individual cathects objects easily obtainable. Subjects giving this reaction often are in a state of apathetic depression.

The greatest amount of tension is found in the h factor. This factor is strongly loaded throughout the whole series. This implies a strong need for this individual to be the recipient of love and affection, and an identification with feminine characteristics. It must be assumed that this is the deepest, strongest, and least satisfied need in this individual's drive structure.

CASE #16

This subject belongs to the drive category Szondi calls "Latent Sadism and Dual Unionism" subclass "Pious Execution". Subjects in this class, Szondi says, have an unsatisfied need for masculinity. They tend to form an inseparable union with a partner in which they torment each other but are unable to
part. They are usually manipulators and charmers whose manner conceals cruelty and aggressiveness. This group includes a number of sexually underdeveloped individuals.

The indications found in the sexual vector as well as in the drive category are that this individual has a tendency toward activity, sadism, childish bisexuality, and gradual emergence of the sexuality of the "average" person.

In the paroxysmal vector the leading configuration counterindicates serious antisocial behavior. It indicates that the subject is making an effort to control emotional outbursts of a negative type and to express more tender emotions. This reaction is coupled with one indicating hysteroid anxiety and apprehensiveness and another indicating conflict regarding the need to release and to control emotional outbursts and display.

In the ego vector the choices indicate that repression is a frequently used method of dealing with unaccepted ego expansive tendencies. The interpretation here, I feel, is that this boy has become aware of the environmental limitations to his expansive desires and the tension has been absorbed through the process of repression.

The contact vector reveals an unhappy relationship to the world, withdrawal, and social maladjustment. There is also a childish pleasure-seeking attitude revealed. Perhaps the first reaction mentioned above is due to frustration
of the second. There is also an indication that this boy is strongly attached to some love object that he has either lost or has a strong fear of losing.

From the open (symptomatic) reactions given, it would be expected that this young man's manifest behavior would show a living out of the need for passive affection, a low level of sexual energy, a loose object relationship, and periodic apathetic states of depression.

The root factors indicate that the deepest tensions that this boy has result from frustration of the need for uninhibited aggression, open narcissism, and emotional display. He probably has a vivid phantasy life and tends to day-dream.

**CASE #17**

Since the degree of latency is the same in both the S and the C vector it would be expected that the characteristics of both drive classes S s plus and C d minus would apply to this subject. The drive class S s plus indicates latent sadism and dual unionism. This reaction is often given by manipulators and charmers whose manner conceals cruelty and aggressiveness. The C d minus category Szondi calls the category of "Latent Greed and Never Ending Search". With the subjects in this class the need to cling is urgent, frantic, and insatiable. There is a self depreciation, self accusation, and excessive evaluation of the lost object. Often
there is excessive identification. Subjects in this category form an ideal image of the lost object, and show some self-aggression and increased need for affection. People in this class are often the "stick-to-it" type. They are love partners of the totally consumed type. They are ready to forego the pleasures of the world for the sake of the object.

The open m reaction indicates that oral traits are part of the manifest behavior. It indicates sexual immaturity. The subject seems to be eating up the world in an effort to establish as many object relations as possible. These subjects often appear happy-go-lucky but basically they are dissatisfied because of lack of mature love object relationship.

The highest number of plus-minus reactions are found in the h factor. This is indicative of unsatisfactory masculine-feminine identification and bisexual orientation. The general pattern of the sexual vector shows a tendency toward normal sexuality with fluctuations in the direction of bisexuality, and of unsatisfactory identification and periodic drainage of masculine sexual tension. This may be the result of masturbation or some other form of sexual activity.

The need for discharge of emotional tension and a concurrent need to conceal emotions is displayed in the paroxysmal vector. This young man succeeds at times in ridding himself of this tension, but at others he experiences conflict regarding the need to release and to control emo-
tional discharge.

From the reactions in the ego vector, it would be expected that this individual would be narcissistic, obsessive, and eccentric. He probably identifies with all objects cathexed regardless of their contradictory nature.

There is a great deal of variability found in the contact vector indicating an unstable and rather unsatisfactory adjustment to the environment.

CASE #18

Because the proportional relations of latencies show such small numerical difference this young man belongs to the quadriequivalent drive class. Szondi says this class includes a rather pathologic group because of the lack of any definite vertical structure in their personalities. He says there are certain common characteristics which members of this category possess; these are: unresolvable and intimate familial attachments, anal sadism, use of coercive mechanisms, and overt or latent homosexuality.

Summarizing the characteristics indicated by each of the main classes into which this boy falls the following description emerges: from the paroxysmal vector there is indication of paranoid patterns and shiftlessness; the contact vector shows psychopathic shiftlessness, restless and infantile searching; and the ego vector indicates that compulsion
neuroses may be covering up homosexuality and that there may be paranoid ego disturbances.

The choices in the sexual vector show a general trend toward normal sexuality. The choices in both factors show tension in a positive direction indicating the acceptance of the need for masculine activity and the need to receive love and affection.

The leading configuration in the paroxysmal vector indicates paranoid fears and the release or discharge of the more violent emotions coupled with desires to conceal the more tender emotions.

The reactions to the pictures in the ego vector indicate the ego has been broken down by the pressures of the environment and the individual has accepted the need to conform. This Szondi calls the "Drill Ego". This is the major reaction throughout all ages. This configuration is rarely given by intellectuals and implies latent destructive tendencies.

There is high variability displayed in the contact vector. This may mean unsatisfactory and unstable adjustment to the environment. The general patterning indicates social maladjustment.

The symptomatic reactions are found in the e and m factors. We would, therefore, expect to see in the subject's overt behavior periodic discharge of emotions and a living out
of oral needs.

CASE #19

The most symptomatic reaction in this young man's test series is in the d factor. The six open reactions indicate that the area of least tension in his drive pattern has to do with material objects. This implies a rather easy going or apathetic relationship to objects. This subject neither feels the urge to appropriate new objects or value highly the things he has.

In general, there is a fairly consistent pattern of tension throughout the rest of the profile. No single factor is consistently more heavily loaded than any of the remaining ones. This implies that there is no single drive area that is in greater need to be lived out than any of the others.

The vector having the greatest difference in the degree of latency of the factors is C. Since the m factor is more latent than the d this subject belongs to drive class C m plus. Szondi says individuals in this class have a latent need to cling dependently. They are unable to possess an object securely and they feel insecure even if in reality they do possess the object. Relations with objects are unstable as the relation with the mother once was. They never outgrow the oral sadistic stage. There seems to be a propensity for oral activities. There is a disposition for
mania, hypomania, and hypomanic irritative neurasthenia. These subjects are prone to anxiety states due to a basic fear of losing the love object.

Throughout the four vectors this subject showed the most frequently given reactions for his age. His most frequent reactions may be interpreted as follows: (1) S plus plus - healthy sexuality of average person; (2) P minus minus - diffuse anxiety, fears of death or insanity; (3) Sch minus minus - disciplined, realistic, "drill" ego; (4) O open plus - mature relationship to world, oral attachments. Combining the interpretations of each of these vectors gives a picture of a comparatively normal "average" boy.

Pathologically the only syndrome present in the profile is that of diffuse anxiety, or what Anna Freud terms drive anxiety. This is consistent with the interpretation of the drive class. The P and O reactions indicate there may be some tendency to stutter. If the plus m were to change to a minus m, mania or hypomania would be indicated. (Syndrome of mania and hypomania: s plus, k minus, d open, and m minus)

The large number of open 

by reactions in this subject's test series indicates a rather "hysteroid" quality to his behavior. This may take the form of acting out certain compulsive rituals. The general tendency of the e factor to be minus implies lack of control, impulsive behavior, the possibility of emotional outbursts, and accumulation of crude affect. The changing quality of this factor indicates the building up of emotional tension and subsequent release and suggests the possibility of pathology in this area. The minus and plus minus reactions in the k factor indicate that repression is a frequently used mechanism of dealing with id-demands. Emotional independence seems to be a central problem with this individual.

The most frequent reaction in the h factor is plus. This implies a need for the subject to be the recipient of love, affection, tenderness, and "mothering". The minus p reaction indicates unconscious projection. The need to fuse with the environment is not recognized by the subject. Again, the frequency of change in this factor also indicates the possibility of pathology. The minus m reaction indicates withdrawal, sadness, and coldness in interpersonal relations. This is an indication of frustration of early oral needs.

The constancy of plus s indicates a need for physical
activity and aggression. The minus d reaction suggests strong ties to material objects which are highly valued.

The vectorial reaction S plus plus indicates activity ready to be discharged. The mirror reversal of open plus to plus open gives some cause to suspect pathology. In psychoses the S plus plus reaction is most frequently given in mania, hypomanic excitement and epilepsy.

The reaction minus open in the P vector indicates sporadic anxiety states with aggression. Again, the mirror reversals give evidence of pathology in this area. This time there are two such changes, both from minus open to open minus.

In the Sch vector there are two types of change causing suspicion of pathology. One of these is a mirror reversal from plus-minus minus to minus plus-minus. The other is a reversal from plus plus to minus minus. The frequency of change in this vector especially in the p factor gives strong indication for the existence of a paranoid process. All possible positions of the p factor are present.

Similarly, in the C vector the amount of change suggests pathology. The reactions plus minus, open minus, minus minus, plus plus-minus, and minus plus-minus are reactions indicating pessimism, antisocial attitudes, social maladjustment, unhappy ties, negativism, withdrawal, restlessness, unhappiness, hopeless conflict, and depression.

This young man belongs to the quadri-equivalent drive
class, which includes a rather pathologic group because of the lack of any definite vertical structure in their personalities. Summarizing the consistent indications of the four categories the following characteristics emerge: Pe minus indicates paroxysmal tachycardia, compulsivity, kleptomania, and other epileptic equivalents. Accumulation of rage and hatred, use of adjustment channels of the k type which makes for narcissism and rigidity in behavior and thinking, and the striving for the creation of an inseparable union with a partner similar to the earlier relation with the mother in which they torment each other but are unable to part are characteristics also found in members of this class. There is considerable predisposition for pathology. In the drive class Ss plus are included manipulators and charmers whose manner conceals cruelty and aggressiveness. The Sch p component indicates a tendency toward paranoid panic which often results in paroxysmal hysterical attacks. The general mode of adjustment for those falling in this group is of the hystero-epileptic type. Latent paranoid states are implied by the Sch p minus configuration. Subjects in this class try to avoid paranoid turmoil by using coercive and hysteric defense mechanisms. The inclusion in the Sch p plus category indicates that susceptibility to disease is considerable, particularly to a type of paranoid psychosis on an epileptic basis. Included in this class would be such things as
epileptoid temper tantrums, hystero-epileptic suicide attempts, jealousy motivated murder, and paroxysmal sex crimes. The C class Szondi calls the category of "Latent Greed and Never Ending Search."

The following syndromes are present in this test series: antisocial aggression, epilepsy and its equivalents, and drive anxiety.

Summarizing the consistent indications in this test series there is strong evidence supporting a conclusion of the existence of pathology in this case. It would be expected that if such a personality disorder does exist it would be of a hystero-epileptoid-paranoid nature, i.e. hystero-epilepsy, epileptic-paranoia. In addition to the above, this boy could probably be described as impulsive, aggressive, withdrawn, sad, cold, pessimistic, antisocial, maladjusted, restless, and depressed. In general, the test seems to indicate a rather pathologic individual.
CASE HISTORY #1

This 18 year old boy was a product of incest and was adopted at 7 months. As a child he was introverted, seclusive, and preferred to play alone. He had an imaginary friend for years and reported hearing the voice of God from Mount Sinai.

He has been described as being a disturbed and hallucinated individual and by the age of 14 was listed as incorrigible. He has shown a chronic maladjustment over the years. He has bizarre reactions and is an admitted homosexual but has been unable to become involved in reciprocal relations. He is extremely effeminate, walking and talking in a very affected way.

Early psychiatric diagnosis was dementia praecox and latent homosexuality. This psychiatrist described him as being soft spoken, effeminate, impulsive, careless, very sensitive, overly excitable, rebellious, and undemonstrative. He went on to say that the boy is seclusive, introverted, withdrawn, and has many bizarre physical complaints and is fearful of the group. Later psychiatric diagnoses places him in the hebephrenic classification.
Recent psychological examination has revealed schizoid tendencies and expressed feelings that others are not treating him fairly and are taking advantage of him. He said that they criticize him unjustly.

CASE HISTORY #2

After this 15 year old boy's parents were divorced he lived for a time with maternal relatives and with his mother. Then, because of difficulties with his mother, he went to live with his father and stepmother. His stepmother has involutional melancholia. While he was living with his parents, he overheard them quarreling frequently and experienced parental dishonesty.

Psychiatric examination of the boy yielded a number of observations. (1) He gives the impression of bold deeds, but his manner of speaking is far in advance of his mental understanding. (2) He feels rejected and does not feel close to anyone. The doctor called him a "professional skeptic." (3) He has a fanatic personality. (4) He is a passive homosexual with evidence of overt activity, although he is of the anal erotic type. (5) His attitude is somewhat paranoid and he may feel better under authority than when thinking independently because of a feeling of inadequacy.

In the boarding school situation he is aggressive often disturbing the class by efforts to enhance his status,
goes from one activity to another in quick succession, is antagonistic, stubborn, and belligerent. When disciplined he is aggressive and obnoxious. He can not maintain interest in any activity and will not complete the tasks that he begins. He is desirous of affection and security yet takes undue advantage of attentions shown him. He has a strong need to gain attention, is overly concerned with sexual matters, has an inner core of real depression, is very sensitive about his bodily proportions, and does not recognize the difference between trivial and serious offenses. He never writes to his mother and says that relations are strained between him and his father. In formal group situations he is rather crude since he questions the need for good manners and speech. He has stated that he does not believe in God and has misbehaved in church. He displays a large amount of motor activity yet gives the impression of being always tired.

He is selfish and dominating, sometimes to a psychopathic degree. His frustration tolerance is nil. He has a fanatic personality filled with suspicion and mistrust. He expects unfair treatment, and feels the world is against him and that he can trust no one. He is obstinate and opinionated having fixed ideas. He builds up a whole system of unrelated ideas, many of which are untrue. This system of erroneous convictions has developed to such a degree that practically
nothing can be done to save his personality from becoming permanently twisted and warped.

CASE HISTORY #3

This boy had pneumonia at the age of three months when he was taken from his parents because of mistreatment. He was adopted at six months and at this time he was malnourished.

His foster mother was a hypomanic and had obsessions about cleanliness. His relationship with her was poor. At the age of ten years he was diagnosed as cerebral palsy.

His attitude regarding school was negative and his adjustment was poor. His I.Q. is 82 and at the age of thirteen he was working at a third grade level. He attempts to inject sexual content into innocent verbalizations of his peers. The school psychiatrist diagnosed him as a psychopathic personality. His school report states that at times he becomes confused, disorganized, and incapable of performing tasks that he formerly did with success. He may cry in class for no apparent reason. His retention is often poor when he is generally depressed. In writing he sometimes forgets how to form certain letters. He has periods of depression, is compulsive, becomes loud and abusive, is socially antagonistic, and resists participation. He has little respect for the rights of others, is described as being lonely, insecure, impetuous, and self centered. He alternates
between withdrawal and extroversion, is aggressive, and resistant, and has a negative attitude.

Interpretation of Rorschach responses indicate a great deal of free floating anxiety, aggression against mother and father figures, and too mature phantasy. Some responses on the Binet and Wechsler were schizoid in character.

It was concluded that this boy displays a type of disorganization based on a deep sense of inferiority and a confusion regarding his role.

CASE HISTORY #4

This boy was struck by an automobile at the age of 5 and was left with symptoms of cerebral palsy. He was unconscious for 3 weeks following the accident during which time he was very spastic. When he regained consciousness he was completely paralyzed.

At the age of 6½ he had his first attack of petit mal epilepsy and showed periodic convulsions for the next 18 months. His mother reports that many attacks were feigned in order to obtain his own way.

During a recent trip with a psychologist he talked about his desire to do wrong, and said that he would like to push her off a cliff and kill her. He said the devil always made him want to do things like that but God prevented him from doing it. It was the opinion of this psychologist that
this boy needs considerable personal attention and affection. 

His school report states that he has periodic outbursts of aggression and tantrums. He is given to tattling, rationalizes and exaggerates mistreatment from others, is highly excitable, craves affection, and likes to rough-house. His behavior is erratic and he requires close supervision. He has a desire to show his superiority and to dominate his group. He is reckless, has a daredevil attitude, and exhibits lack of caution. He responds to sympathy with gushing and effusive reactions. He alternates between suspicion and abject devotedness. He is oversensitive, austentatious, domineering, and egotistical.

CASE HISTORY #5

This boy's father tended to be a withdrawn young man, had a cleft palate, refused to conform, and underwent psychoanalysis after he completed college. The boy's maternal grandfather committed suicide.

Bladder control was not achieved in this boy until he was five years old. As a young child he was a behavior problem, perhaps partially because of tension in the home. Psychiatric examination when he was four years old resulted in foster home placement. Difficulty in the foster home resulted in his being sent to a special school when he was five years old. Examination while at this school resulted in an
opinion of possible subcortical brain damage with aphasia. His attitude made testing practically impossible.

The Rorschach revealed an abundance of schizophrenic signs, an impairment of reality, but absence of systematized delusions. There were oppositional tendencies directed outwardly against the world, poor adaptive efforts, and a lack of expansive ideation. It was indicated that the subject was unstable, impulsive, and had explosive emotional reactions. There were signs of strong anxiety, of guilt feelings, depression, deterioration, and perseveration. The examiner reported that rapport was very difficult to establish, that he was distractable, he bit his fingernails continuously, and showed signs of negativism. The record was very suggestive of chronic schizophrenia.

CASE HISTORY #6

At 4 years of age this boy was diagnosed as cerebral palsy, probably caused by the Rh factor. He was unable to hold his head up until age 3; and bowel and bladder control were not gained until age 5. As an infant he had difficulty sucking. At age 1 he had pneumonia with residual recurrences for 3 years. At age 3 years 9 months he had a tracheotomy. At age 4 years 2 months he was diagnosed as athetoid non-tension quadriplegia due to erythroblastosis. He has been under treatment for alopecia areata of the scalp
probably due to nervous condition.

The relationship between the parents was strained from the time of his birth and they were divorced when the boy was four years old. His father drank excessively. His mother admits that she was inconsistent in her attentions to the boy. They may have rejected him from an early age.

Psychiatric examination reveals that the boy has superior intelligence. The report states that there is lisping and uncertain speech, incoordination, involuntary drooling, athetoid movements, perseverance, and intense fixations. It went on to say that his school work is rather uncertain and irregular, that he is easily disturbed and frustrated, his social adjustment is uneven, he indulges in infantile sex play that he is compulsive, and that there is constant scratching of the skin.

The working diagnosis is cerebral dysarthria, manifested in partial hemiplegic condition, athetoid movements, spastic-like speech, and drooling. The probable cause is a cerebral birth injury.

Psychological examination at age 9 discovered signs of withdrawal, emotional blocks, insecurity, inconsistencies, and possibly organic brain damage. His abilities ranged from genius to borderline. He displayed a low threshold of frustration tolerance, anxiety, fears, and hysterical behavior.
The test results suggested either a prepsychotic and pathoformic condition or post symptoms of previous psychosis. His thinking is unrealistic and shows excessive use of phantasy. He lives in a dream world. He is enuretic, is a restless sleeper, and is easily distracted. There are signs of generalized anxiety, difficulty in self control, fear of his environment and of the future, and poor affectional relationships. There are indications of general disintegration.

The subject's educational report states that he needs constant motivation. His greatest desire is to get 100% on the work that he does. He becomes very disturbed if he makes an error. There is a great deal of tension and anxiety about his parental situation. He can't understand the divorce and discord. His mother's letters upset him.

CASE HISTORY #7

This boy has a Wechsler I.Q. of 33. He has been diagnosed as a high grade mongoloid. He has made no progress in school and is resistant to school activities. He has a large number of phantasies.

In the classroom he is not very cooperative and extremely lethargic, thus constant supervision is necessary. He is shy and noncommunicative with strangers living in a dreamworld of phantasy and autistic thinking. He is apathetic and is constantly a follower, has no idea of respect for
property, and has a tendency to masturbate before falling asleep. In psychodrama great amounts of anxiety and uncertainty are expressed.

There are indications of delusions, although he is generally indifferent about everything. He is rather rigid and is fixated on Western thrillers on TV.

CASE HISTORY #3

Case history information on this subject is very limited. It was reported that the parents were very reluctant to discuss the case.

The mother was pregnant for six months before she was aware of it. Forceps were used at birth leaving deep indentations in the frontal part of the baby's skull. Labor lasted for 36 hours. The baby was underdeveloped at birth, with large amounts of hair covering his body and lacking finger and toe nails.

As an infant, he had difficulty sleeping. At 6 months he had convulsions and ran a high temperature, at the age of 4 years he had measles and ran a temperature of 106 degrees, and at 9 years he fell from a bicycle and had a brain concussion. Following the accident, he began having four grand mal epileptic seizures a day. He became a serious behavior problem when he was 12 years old.
CASE HISTORY #9

During high school age this boy ran away from home several times. He did not have many friends and it is reported that he yielded to negative influences too easily. He appeared in probation court for running away. At age 14 he was taken out of public school and put in a private Christian college, where he formed an association with an older boy. It was later discovered that this older boy was a homosexual and that he had had homosexual relations with him. There was indication, also, of thievery at this time. He was then taken out of this school and placed in another private school.

Psychological examination revealed that he was overly anxious to make a good score. He was particularly anxious and worried over the results of the Wechsler. The MMPI revealed considerable tension, the highest scores indicating psychopathic deviation, psychasthenia, schizophrenia, hypomania, and depression. He showed indications of extreme feelings of being disliked, a lack of religion, and paranoid traits.

The psychologist diagnosed him as a cyclothymic personality, and stated that he is either way down in the dumps or up in the skies. He is insecure, feels inadequate, lacks confidence, has depressive moods, is apprehensive, and dis-
plays anxiety. He is overly trusting of his friends and peers and has a desire to be wanted, needed, and popular. He shows signs of pathologic ambition, selfishness, and jealousy.

There have been indications of sexual abnormalities and bisexual orientation. A compulsive desire for drinking and a compulsive need for close and ardent friendships have been demonstrated. It is believed that the homosexual trends are a defense against incestuous feelings as freely expressed incestuous type longings have been admitted. There have been periods during which consciousness has been clouded, and he has been described as exhibiting homosexual panic. He did, however, get married, yet this seemed to be a hasty decision and several difficulties have arisen.

CASE HISTORY #10

This boy, who was adopted at 1 month, has a history of asthma and chronic sinus. He has had a tendency to magnify minor ills and injuries, and his parents describe him as being introverted, non-aggressive, and non-competitive. They report he likes to sleep in women's undergarments; a peculiar sexual adjustment manifesting itself about the age of 11 or 12. At age 15 he had sexual involvements with an older man and several contacts with a 40 year old male homosexual.
He has always been a follower and not a leader, but he was well liked by his classmates. He is blustering and stormy when frustrated, and is generally unhappy. His strongest dislikes are mental discipline and social conformance. He shows normal respect and concern for his parents, but little real affection.

Psychological examination revealed that he cannot stand failure of any type, and according to the results on the Wechsler he was classified as an adolescent psychopath. The MMPI showed high scores on hypomania, psychopathic deviate, hypochondriasis, and schizophrenia.

His school report states that he showed no enthusiasm for any subject, emotionally apathetic, required strong leadership, and was over fastidious about personal appearance. While at the school the working diagnosis on this boy was dull intelligence, no strong motivation, and a schizoid-compensatory withdrawal from anxiety.

CASE HISTORY #11

There is no information regarding this boy's birth. He was adopted at the age of three years and four months by parents who paid little attention to him until he was twelve years old. The father reports that the boy is extremely secretive, nervous, and undependable. The mother attempts to smooth friction between father and son, admits aiding
him in being secretive, and attempts to control all of his activities.

The boy shows little love or affection for his parents and is rude to them. He bragged about relations with delinquent boys and criminal adults and has engaged in petty thievery. He has stated that he never goes into a store unless he can steal something. "It's a thrill not to get caught," he says.

At the time of his admission to a private school he was strongly attached to a mongrel dog, and was overjoyed when he was informed that he could take the dog with him. At the school he was cruel to the dog, beating and kicking him, yet he spent long hours alone with him.

At the school he was resistant to academic activities, had a very negative attitude, and was caught in the act of petty thievery. He was fond of off-colored jokes and saucy words.

Psychological examination disclosed low average intelligence, restlessness, lack of interest, feelings of inferiority, and frustration. The school report stated that he is hyper-active, is play oriented, has asthma attacks, and has a tendency to go from one crisis to another. It was the opinion of the school psychiatrist that his anxiety seemed to be induced by his mother.
At the age of eleven years this boy was given psychiatric and neurological examinations because of his behavior at home. On one occasion he tried to choke his mother, he set fire to various articles of furniture, his attitude was very negativistic, and he was unable to get along with other children. The diagnosis was juvenile schizophrenia with compulsions and paranoid like attitudes.

He was sent to a special school where it is reported that he was unable to accept failure or social frustration and that his need for success was intense. The basic diagnosis here was a schizoid condition with compulsive behavior, manneristic activities, verbalized phantasies, and social withdrawal. He displayed verbal nervous tics. Psychological examination revealed a lack of emotional balance, a tendency toward perseveration, and an I.Q. of 91.

At this school there were two instances of discovered thievery that were secretive and concealed. He displayed schizophrenic reactions and there were deep-seated "fancy-born" incongruities in thinking. He has shown signs of projection and delusions of persecution, mind reading, and feelings of influence. His behavior has been odd and incongruous, and he was very interested in gambling and shady activities.
CASE HISTORY #13

This boy was diagnosed at birth as a hydrocephalic. He had a large head, a hernia, and chronic bronchitis. Until the age of fourteen months he had insomnia and petit mal seizures began at the age of two years. At the age of eighteen years he had a severe case of measles complicated by pneumonia.

Little or no progress has been made with a series of private schools and tutors. Psychological examination revealed an I.Q. of 59 and test patterns that looked like a combination of organic brain damage and schizoid tendencies. The MAPS test showed a tendency toward schizophrenia and general maladjustment, a tendency to withdraw from reality, inner rebellion but outer conformity, and a tendency to rebel inwardly to women.

His school work was typical of a brain injured person. He showed perseveration and rigidity. He dwelled on, and took particular delight in speaking about his real or imagined ills and gave indications of projection, delusions of persecution, mind reading, and feelings of reference. There were periods of prolonged daydreaming, withdrawal from reality, and delusions of grandeur. It was stated that he does not masturbate but practices autoeroticism. His condition was described as mythomania and
lapsus calami.

From psychodrama there were signs of schizophrenia (paranoid type), inner rebellion, and outward very strict fanatic-like conformity. There were also signs of withdrawal from reality and repression of aggression.

CASE HISTORY #14

This boy was adopted at 18 months and the mother reports that he was extremely restless, very changeable in attitudes and desires, and that he felt that his sister received preferential treatment. The boy himself expresses strong dislike for his foster mother, and says she enjoys frustrating him. He feels that his father was unfair to him.

Prior to his admission to the school at which he was tested he had been unable to adjust to school routine and his ambition and performance was not consistent with his ability. He was obviously unhappy and had a tendency to make snap judgements.

The diagnostic impression at the time of admission to a special school was that he was of average intelligence, verbal, responsive, and frequently cooperative. He had a strong desire to be free from restrictions and responsibilities. He attempted masculine identification while at the same time being unsure of his status.
At school he preferred long underwear to pajamas, Western clothes rather than other more formal attire, and liked horseback riding but did not care to participate in any other athletics. He did not like religious activities, and he did not want to go to school. He gave up easily without trying, was intolerant and abusive, and did a lot of bragging.

CASE HISTORY #15

This boy had two siblings that died at birth. His own delivery was very difficult and he required resuscitation. During his growth and development he was spastic and awkward, and his speech was retarded. He had a very unpleasant childhood under a very domineering grandmother. At times he would become emotionally disturbed and would start fires and because of this he was sent to the state hospital.

Examination at 15 years of age revealed awkward spasticity, difficulty in learning, retarded speech, emotional instability (aggressive and sadistic), herpetic eruptions, enuresis, and extensive bizarre phantasy life. The report went on to state that it appeared that there was a rather mild cerebral birth palsy, cerebral anoxia, or both. Later psychiatric examination found retardation, a sense of inadequacy, compulsivity, rigidity, and hostility toward the father.
CASE HISTORY #16

While the mother was pregnant with this boy she was very ill with albumin poisoning. She was in labor for three days. At four years of age the boy began to stutter. When he was five years old his parents obtained a divorce and he went to live with his grandfather and extremely religious grandmother. He did not adjust to the restraints placed upon him by the grandmother's religious beliefs.

The school report stated that he did not sleep soundly, he masturbated excessively, and had aggressive tendencies. His stuttering was not that of a true stutterer but that of one with brain damage. He was not too cooperative and broke several of the rules. He would express remorse for his wrong doing and then repeat the same offense. He took things that belonged to other boys and was untruthful.

CASE HISTORY #17

The whole developmental period of this boy's life was insecure and unstable. His stepmother becomes nervous and hysterical and has had brain surgery. The boy did not talk until the age of eight years and his enunciation was poor until he was eleven years old. The father, who never had the boy's respect or obedience, reports that the boy gets
tired and nervous, that he burns himself out, and that he had never been able to fit into a school program.

Psychiatric and psychological study revealed that he cannot read, that he seems unable to learn abstract subjects, that he is emotionally unstable and insecure and has an I.Q. of 82. He becomes explosively disturbed and blanks out for a few seconds at a time or perhaps a whole day. He is not always certain of his own orientation and he has a certain intellectual confusion. His responses are often bizarre and inappropriate. He finds little deep pleasure in interpersonal relations. He is unable to form adequate identification, is very dependent, and longs for warmth and security but is unable to maintain close relationship with anyone. His personality structure is badly disturbed and he has little integrating power.

The boy was admitted to the school at which this study was made with a working diagnosis of a psychotic condition, probably schizophrenia. His academic work was that of a brain injured child. He enjoyed odd or bizarre dress, the military aspect of scouting and the pomp and circumstance of the Catholic church. He was moody and a typical introvert.

CASE HISTORY #18

Many pain killers and gas were used during the delivery of this boy which was long and hard and required the use of
instruments. His physical growth and development was reported to be normal but withdrawing tendencies began when he was seven years old.

The boy's mother said his father is an extreme introvert and had little use for the boy. She reports that there was much quarrelling between the father and herself.

According to his school report his attention span was very short and he was easily distracted. In psychodrama he took a passive role. He was cooperative and polite although extremely passive. His attitudes, desires, and general behavior were those of a much younger child. Psychological examination revealed an I.Q. somewhere between 60 and 70.

CASE HISTORY #19

This boy was adopted at the age of eight months by parents who were alcoholic. The mother frequently became hysterical. During the growth and development period the boy's behavior became quite a problem. He was quite nervous, felt inadequate, was extremely submissive, was introverted, was uncertain and insecure, and was anxious to adjust mainly by submissiveness.

He was admitted to the school at which this study was made with the working diagnosis of mild retardation, and a deep sense of insecurity and uncertainty expressed in un-
certain and undirected behavior. His behavior at school revealed inadequate social adjustment, hostility, negativism, educational retardation, day dreaming, and a lagging of interest and attention.

Psychological examination revealed an I.Q. of 71. Rorschach responses indicated anxiety, perseveration, immaturity, rigidity, little attention to convention, negativism, immature phantasy and autism. The Bender Gestalt revealed inadequacy feelings and passive tendencies. In responding to pictures on the T.A.T he talked of death and aggression.

CASE HISTORY #20

This boy was 5 weeks premature at birth and forceps were required for the delivery.

Psychological examination revealed an I.Q. of 33 and tendencies to perseverate. The test pattern was indicative of brain damage.

The boy is physically handicapped and his health is poor. He is generally friendly and agreeable although at times he loses his temper and becomes aggressive. He is usually a follower. Generally he is apathetic but at times he becomes excitable.
APPENDIX D

COMPARISON OF TEST INTERPRETATIONS AND CASE HISTORIES

CASE #1

In comparing the test findings and the case history one immediately notices the close agreement in the most significant aspect of this personality, that of disturbed sexuality taking the form of excessive femininity.

The case history clearly reveals a very maladjusted individual with schizophrenia or strong schizoid tendencies. The test findings clearly reveal this type of a problem.

The case history states that this boy has been unable to become involved in reciprocal relations and the test results show that his greatest amount of tension stems from the lack of this type of relationship.

It is stated in the case history that this subject is overly excitable and hallucinated. This is indicated in the test findings by the suggestion of a paroxysmal disorder and hysteroid tendencies along with disturbances of the ego. Loneliness is clearly pointed out in both the test findings and the history.

CASE #2

This boy's case history reports discrepancy between
verbal and actual behavior which is also described in the test findings. He talks about bold deeds but does not act in a bold manner. The feeling of rejection stated in the case history is clearly indicated in the test findings. The case history states that he has a fanatic personality while the test findings state that he enjoys being atypical and looks down on average and common people.

It is stated in the history that he is a passive anal erotic homosexual and the Szondi report says that he has a disposition toward anal homosexuality and passivity. The test findings also agree with the case history when they reveal paranoid tendencies; aggression, antagonism, stubbornness and belligerence; the desire to be with people who control him in an authoritarian manner; a need for affection and security; and immaturity of reaction. The crudeness of behavior reported in the case history is paralleled by a worldly awkwardness shown by the Szondi test data.

In general there is a remarkable similarity between the information gained from the test and the actual life history of the boy.

CASE #3

There is a very close agreement between the findings on the Szondi and the facts and diagnoses reported in the case history. Both personality indications show a preoc-
cupation with killing some authority figure, a tendency toward schizoid behavior, confusion and disorganization with lapses of memory, the presence of abusive language or extreme rage, and a lack of regard for the rights of others. Both indications show him to be lonely, impetuous, self-centered, and to alternate between extroversion and withdrawal. Both measures would lead to a diagnosis of psychopathic deviate.

The only information found in the history that was not mentioned in the test results was the existence of too mature a level of phantasy and the diagnosis of cerebral palsy.

CASE #4

This boy's case history and test interpretation both describe a somewhat disturbed family background, and feelings of rejection. Both the history and the test interpretation indicate tendencies toward activity, uninhibited aggressive manifestations, phantasy, sadism, erratic behavior and egoism.

His tattling, exaggeration of mistreatment, craving for affection, gushing response to sympathy, over sensitivity, and background of brain damage and epilepsy described in the case history were not found in the test interpretation.
CASE #5

There is very close agreement between the Szondi test findings and the information in the case history regarding this boy's odd family background and his disturbed home life. Both the history and the test indicated a rather severe behavior problem with frequent outbursts of temper.

The interpretation of the Rorschach, as reported in the history, with the exception of the indications of deterioration and perseveration, was quite similar to that of the Szondi. Both indicated a schizoid condition, impairment of reality, oppositional tendencies, emotional instability, impulsiveness, anxiety, guilt feelings, depression, poor adaptive efforts, and a lack of expansive ideation.

Significant information found in the case history that was not found on the Szondi was his inability to attend, difficulty in speech, and the possibility of brain damage.

CASE #6

The test interpretation included indications of several of the behavior characteristics found in the case history. The disturbed family background described in the history is reflected in the test interpretation. Both agreed that anxiety, restlessness, anal characteristics, compulsion, phantasy, and withdrawal tendencies were present and both
were strongly indicative of behavior pathology. The boy's need for love and affection was also indicated in both the history and test findings.

The test interpretation failed to reveal the existence of a speech defect, perseveration, fixations, a low frustration tolerance, or sex play. It failed also to describe the difficulty of self control, the distractability, or the general disintegration listed in the history.

CASE #7

From the test results it would be concluded that this individual required constant supervision and this is exactly what the history reports. The test findings and the case history both indicate that he is fixated at an infantile level of sexuality, and that he lives in a dream world of phantasy and autistic thinking. The test interpretation indicates withdrawal, apathy, anxiety, and uncertainty and both of these are mentioned in the history. The history and the test also agree on the presence of delusions.

The mongoloid classification and the low I.Q. stated in the history is not found in the test interpretation nor is the fact that he is extremely lethargic.

CASE #8

The case history and the test interpretation agreed
on the existence of a behavior problem concerning emotional outbursts. The interpretation of the test did not indicate brain injury, a possibility suggested in the case history, nor did it clearly indicate epilepsy.

CASE #9

The statement in the history that this boy is overly trusting and that he loves to be popular is adequately described in the test interpretation in the description of the drive category into which he falls.

Almost without exception everything mentioned in the test findings was reported in the history and almost everything in the history was included in the test results. The two are practically identical as far as the results of the other tests that were reported are concerned.

Although the terms psychopathic deviate, psychasthenia, selfishness, jealousy, and incestuous desire were not included in the test interpretation they were implied in the statements that were made about dependency, agitated, erratic behavior, dual union with mother; and generalized tension.

CASE #10

The case history describes the sexual maladjustment of this boy. The test interpretation begins by stating that the major difficulty seems to be in the area of sexual ad-
justment. Both the history and the test bring out the feminine aspect of this maladjustment.

The tense situation that is described in the explanation of the paroxysmal vector would correspond to the report of stormy and blustery actions when frustrated in the history. Both the test and the history agree on the state of unhappiness that exists. The statement in the working diagnosis of a schizoid compensatory withdrawal from anxiety is supported in the test findings.

The statement in the history regarding his inability to stand failure of any type is also consistent with test findings as described in the drive category. The Wechsler classification of adolescent psychopath is also described in the description of the drive category. The MMPI findings of high scores on psychopathic deviate and schizophrenia are consistent with the Szondi. Hypomania and hypochondriasis did not show up on the Szondi interpretation. However, the description of the contact vector perhaps indicates hypomanic behavior.

The school report of apathy does not correspond with the test findings. His need for strong leadership is consistent with the feminine aspect of his personality described in the test, also his fastidiousness. There was no indication on the test interpretation of his likelihood to cheat.
CASE #11

In making a comparison in this case between the history and the test findings one is apt to come to an erroneous conclusion. The history describes the boy's fondness for delinquent behavior. It states that he brags about associations with delinquents and criminals. It also appeared that he wanted others to know that he enjoyed petty thievery. According to the Szondi interpretation his main difficulty stems from an unsatisfied need for masculinity. This seems to be a reasonable explanation for the behavior described but it may or may not be true.

His attachment to his mongrel dog described in the history is consistent with the test interpretation. According to the test it would be expected that he would form such strong sentimental attachments that he would be inconsolable at the loss of the object. His cruelty to the dog is also consistent with the test findings as it was described in the test results that his manner concealed cruelty and aggressiveness.

There is no mention in the test interpretation of his resistance to academic activities, religious denial, negative attitude, or his fondness for off colored stories. Regarding this latter point since the greatest amount of tension is found in the sexual vector this type of behavior would be expected.
The results of the psychological examination reported in the history are very similar to the Szondi findings. Restlessness, feelings of inferiority, frustration, anxiety, and hyperactivity are behavioral characteristics found in both. The things the history reports that are not found on the Szondi interpretation are low average intelligence, lack of interest, asthma attacks, play orientation, and a tendency to go from one crisis to another.

CASE #12

The findings of the psychological examination reported in the history are consistent with the indications of excessive tension found on the Szondi. The diagnosis of juvenile schizophrenia found in the history is also indicated in the Szondi report. Both the history and the test report describe him as compulsive. The schizoid condition, compulsive behavior, phantasies, and nervousness included in the school report are consistent with the test interpretation.

The negativistic attitude, the aggression against the mother, the lack of emotional balance, and the tendency to perseverate are not found in the Szondi report. There was no statement on the Szondi report regarding pyromania, if his setting fire to various articles of furniture can be so interpreted. Nothing in the test interpretation described
his intense need for success and inability to accept failure. The thievery, interest in gambling and shady activities reported in the history are not brought out in the test report.

CASE #13

The history and the test findings agree on the following: schizoid tendencies, paranoid type; general maladjustment; a hysteroid quality to the behavior; and the general description of rather severe pathology. Petit mal seizures were reported in the history and the test stated there was a disposition toward hysterocapilepsy.

The diagnosis at birth that he was hydrocephalic, the low intelligence, and the possibility of brain damage that are reported in the history are not found in the Szondi interpretation. The withdrawal tendencies, the tendencies to rebel and to outwardly conform, the tendency to rebel inwardly to women, repression of aggression, perseveration, rigidity, day dreaming, and the sexual perversion were not brought out in the test report. The test built up strong evidence for feminine identification, a need for passive infantile affection, and hysteroid behavior that were not emphasized in the history.

CASE #14

The Szondi test on this young man counterindicated
serious pathology and no serious pathology was reported in the history. Both the history and the test findings describe a rather unsatisfactory sexual identification. Both also bring out a rather eccentric quality in his behavior and his lack of conformity.

The history contains a description of surface type behavior with no report of other psychological study of deep motivation, therefore little that is reported in the history is found in the Szondi report. There is no description of the other factors listed in the history in the test interpretation other than those mentioned in the paragraph above. However, many of the behavioral characteristics reported in the history may be characteristic of the basic personality structure described in the Szondi interpretation.

CASE #15

Disturbed emotionality is brought out in both the history and test findings on this young man. The statement in the test interpretation that he structures his environment according to his own needs is indicative of the phantasy life mentioned in the history.

The history of pyromania is not directly brought out in the test findings although it was stated that there were indications of emotional instability, anxiety, panic, a tendency to violent vengeful reactions, and a disposition to—
ward affective crimes.

There is no specific report in the test findings of brain damage, difficulty in learning, retarded speech, enuresis, an unpleasant childhood, retardation, sense of inadequacy, compulsivity, rigidity, or hostility toward the father.

CASE #16

The history describes a very unsatisfactory set of circumstances surrounding the birth, growth and development period, and family relationship of this boy. The interpretation of the Szondi is that he shows signs of a very unhappy relationship to the world, withdrawal, and social maladjustment. The statement in the history that he would express remorse and then repeat the same offense is described in the description of the drive category. The aggressive tendencies reported by the school are indicated on the Szondi. The excessive masturbation would result, according to Szondi, in an open s reaction and that is the reaction that was most frequently given in that factor. However, the brain damage suggested in the history is not found indicated in the test interpretation.

CASE #17

The test interpretation states that this boy probably
identifies with all objects cathexed regardless of their contradictory nature. This is a schizophrenic reaction, and the first statement of the case history reported a working diagnosis of (probably) schizophrenia. The history discloses the father's observation that the boy is tired and nervous and the test describes the conflict in the manner in which emotional tension is discharged and the need for this discharge. The insecurity and instability described in the history is also indicated in the test interpretation. The history and the test are consistent on the point of the inability to form adequate identification. The history states that he is unable to maintain close relations with anyone and both history and test agree that he longs for warmth and security, and is very dependent. Both the history and the test interpretation describe a badly disturbed personality structure. Both also indicate that he is eccentric.

The test does not reveal directly the unsatisfactory relationship between the boy and his father, nor does it reveal the academic difficulties reported in the history. The test indicates periodic release of emotional tension but it does not indicate that this release is sudden and violent such as is stated in the history. The test report does not state anything concerning the "blank outs" described in the history. The lack of orientation and intellectual confusion is not found in the test report, nor is indication
of bizarre and inappropriate responses. The test indicates a strong need for interpersonal relations but the history reports little deep pleasure from such. The test interpretation indicates that he would be moody but it does not state that he is a typical introvert. It also does not indicate that he is particularly fond of regimentation and ritual.

**CASE #18**

The unsatisfactory family background is not brought out in the test findings directly but the general nature of the test report would seem to indicate this was so. The withdrawing tendencies are not specifically stated in the test interpretation but social maladjustment and an unstable adjustment were indicated. The history reported an I.Q. of between 60 and 70 and the test findings reported that the choices he made were rarely made by intellectuals and that infantile behavior was indicated. The school report stated distractability and short attention span while the test reported restlessness and psychopathic shiftlessness. His attitudes, desires, and general behavior being more typical of a much younger child is consistent with the general test findings.

The history on this boy is very brief and seems to indicate brain damage at birth. The test interpretation
does not state an indication of brain damage. The passive quality of his behavior did not show up on the test findings.

CASE #19

The history describes a disturbed and violent home background. The test findings state the early relationship with the mother was unstable and that he has a latent need to cling dependently. The major problems of nervousness, submissiveness, introversion, insecurity, and anxiety found stated in the history are all brought out in the test interpretation. The Bender Gestalt findings are consistent with those of the Szondi. Although the Szondi is somewhat ambiguous on the point of social adjustment it agrees partially with the school report on this phase of his behavior.

The retardation mentioned in the history is not indicated in the test findings. The Rorschach and Szondi findings agree on the presence of anxiety but little else found on the Rorschach is stated in the Szondi interpretation. Both the Rorschach and the Szondi find indications of immaturity but the Szondi is contradictory on this point.

CASE #20

The very brief history on this boy makes comparison difficult. The test interpretation does not specifically
state brain damage but is strongly indicative of pathology. The test indicates paroxysmal outbursts which is in agreement with the history. There is also agreement on the point of aggression. The withdrawal, sadness, and coldness described in the history may partially be consistent with the description of apathy in the history. The statement in the history that he was usually friendly and agreeable causes some confusion on this point.