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THE USE OF PROJECTIVE TECHNIQUES IN PERSONALITY EVALUATION OF DEAF ADULTS

LEON O. BRENNER and RICHARD E. THOMPSON

A valid and reliable assessment of the client's personality functioning is the most difficult part of a comprehensive and intensive psychological evaluation of a deaf adult referred by a vocational rehabilitation agency. The problem in such personality assessment is compounded by the fact that on the one hand the client himself, by virtue of his hearing impairment (particularly if acquired prelingually), may have varying degrees of communication and/or language difficulty, and on the other hand the projective techniques commonly used in personality testing involve to a large extent the need for communication and language.

"Projective techniques" as used by clinical psychologists in personality evaluation are procedures for assessing a person's attitudes, motivations, and dynamic traits by eliciting his responses to various standardized and usually unstructured test stimuli. The most widely used projective techniques are the Rorschach Ink Blot Technique, Thematic Apperception Test (TAT), Figure Drawing Test, and Sentence Completion Test. The general rationale behind projective personality testing is based on the assumption that when an individual is given an unstructured stimulus, his particular response to that stimulus is a projection of his own inner need system, and thus reflects aspects of inner dynamic personality characteristics. Responses to projective techniques are therefore interpreted as indicative of the testee's current personality make-up.

Interpretation of these responses requires considerable training, supervised practice, and experience on the part of the clinical psycholo-
gist responsible for the testing program with any client. It is based on the utilization of a thorough understanding of personality theory, dynamics, and development as a conceptual frame of reference within which the particular personality of the testee is described.

This paper is addressed primarily to the vocational rehabilitation counselor who is faced with the responsibility of obtaining for his deaf client a thorough diagnostic evaluation, an important aspect of which is a psychological personality evaluation. The obtained information will enable the counselor to better understand his client—his needs and personality make-up, and those factors which interfere with his making an appropriate adjustment to life, of which work forms a major aspect in the life of an adult. Often neglected, and of equal importance, is an evaluation of the client’s strengths which will aid the counselor in formulating an effective and meaningful rehabilitation plan for his client.

More specifically, this paper is focussed on the use of projective techniques in attempting to assess the personality dynamics of the deaf client. In order to obtain maximum value in understanding the process of personality evaluation, it is essential to view this process from five different, but related, points: (1) the tester, (2) the testee, (3) the testing situation, (4) the tests, and (5) the interpretation of the test results.

THE TESTER

Any psychologist who utilizes projective personality techniques in a diagnostic psychological evaluation must have the necessary clinician’s skill, training, knowledge, experience, and competence. Concerning professional work with deaf people, there seems to be a common fallacy that the tester is not “competent” unless he is “knowledgeable” or “experienced” with the deaf. A refrain often expounded in the field of deafness is, “You have to really know the deaf in order to work with them.” In all fairness, there is no denying the fact that it would be ideal for the professional psychologist to have a full background of experience and knowledge concerning the countless ramifications and consequences of deafness upon the development of the individual and upon his personality dynamics. However, we wonder if we can really afford by this rather restrictive refrain to discourage the use of competent clinicians despite what little specific knowledge and experience they have about deafness and deaf persons per se.

Perhaps at this point some clarification is warranted, in terms of our
repeated use of the phrase "competent clinician." It is our feeling that this field demands the very best that each of us is able to offer and exert of our skills. In terms of psychology, our definition of "competence" includes both the theoretical knowledge of human development, of personality dynamics, and of psychological testing, and also training, under qualified supervisors, to gain skill as a psychological clinician in the overall sense of the term, but not necessarily in any specific work with deaf persons. We can assume, however, that the well-trained clinician will have had some knowledge and experience with general problems of sensory loss and impairment, and with their implications for personality development. It will be noted that we have been careful not to be so specific and perhaps restrictive to say that only persons with specific degrees, such as Ph.D. or Ed.D., are qualified as "competent" clinicians, nor have we said that only "clinical" psychologists are qualified as "competent." We are more concerned with the nature of the training process of the professional worker, its breadth and intensity, as well as with the experience of the worker, regardless of what degree he may hold or by what name he chooses to identify his profession. At the same time, we would indeed be naive to deny that, other things being equal, one would tend to choose the holder of a Ph.D. in clinical or counseling psychology over someone without this degree and identity.

The crucial issue here is twofold. First, much of the tester’s competence depends upon how readily he responds to the deaf client’s feelings and nonverbal reactions, as well as on how he himself functions as a person in his relationship to the client. Secondly, we need to make concerted efforts to recruit more skilled psychologists into this specialized area, and to utilize their clinical skills and training along with appropriate introduction to and specialization in that field known as "the deaf." If one had to make a choice between a professionally competent, skilled, and trained psychologist who had no specific work with deaf persons previously, and a person who is knowledgeable about the deaf, but who had no psychological training, we would have no alternative but to engage the services of the trained psychologist. Professional competence, in our opinion, is the primary asset, to be supplemented with the knowledge and experience of working with deaf persons. Furthermore, since each would require additional training and experience to meet the requirements of a competent clinician for the deaf, it would be more economical, both in terms of time and money, to educate the trained psychologist than to train the educated person to become a psychologist.
In addition to the prerequisite of a qualified background as a clinician, the tester is required to exert the utmost effort in providing the deaf client with the most appropriate personality evaluation, by virtue of the client's expected communication problems. Such a degree of concentrated attention to the needs of the deaf client being tested follows several avenues. First, the tester needs to provide the client with a sufficient amount of time to orient himself in the testing procedure, as well as to take the evaluative test itself. Second, the tester must find the opportunity to familiarize himself with the client's level of language functioning, both expressive and receptive, in order to proceed with a meaningful examination. Third, the tester should help the client, in every possible way, to understand the purpose of the evaluation procedure so as to help to insure his cooperative participation. In this latter respect, the referring rehabilitation counselor can assist considerably in reinforcing and structuring for the client the reason he is being referred to the psychologist for testing. In our experience, we have found that a preliminary conference, even by telephone, between counselor and psychologist concerning what and how to tell the client about the testing has been extremely helpful in preventing confusion in the client's mind, and in insuring a consistency of explanation from both sources.

Much of the tester's ability to perform his task naturally depends on how his own communication skills can be geared to the needs of the deaf client. Considered as useful skills are the tester's ability to make himself understood by the client, whether in terms of moving his lips readily for lipreading purposes, using sign language and/or fingerspelling when desired by the client, or writing within the client's range of vocabulary knowledge and reading comprehension. It may be necessary for some examiners to engage the services of a qualified interpreter for the deaf client. The detailed utilization of such a person is beyond the scope of this paper. The reader is referred however, to Vernon's (1965) excellent description of the role of the interpreter in counseling and psychotherapeutic situations, which has general application to psychological testing situations. It is pertinent at this point to support Vernon's warning that the tester must guard against making a blind acceptance of the interpreter's own subjective statements of what the testee is saying. These may be based more upon the interpreter's overall "experience" with other deaf persons, or his general "knowledge" of deaf people. The tester must make certain that he is obtaining the specific and individual responses of the particular person being tested, and this may require some detailed questioning. In our experience, we
have had the tester repeat *verbatim* the client's test response, through
the interpreter, and wait for the testee's complete agreement of his
response before proceeding to any succeeding item or test stimulus.
This we feel helps to insure more exact and reliable test results.

THE TESTEE

As stated previously, one of the initial steps for the examiner to take
in dealing with the deaf client is to appraise the client's level of lan-
guage functioning in order to determine the best means of obtaining
test responses. It is essential to make a careful distinction between
language functioning and communication skills. The degree of speech
intelligibility or lipreading skill as modes of communication does not
necessarily correlate with language proficiency. Persons with good
speech do not necessarily have good language skills, whether in an
expressive fashion or in comprehension of what is said or written. Con-
versely, clients with poor speech or poor lipreading ability may be able
to write literate English and meet the requirements of the testing
situation.

Apart from the explicit communication skills of both the examiner
and the client, it is without question important for the tester to be
familiar with the mannerisms, facial expressions, body movements,
gestures, pantomime, and “signs” not considered to be within the realm
of what is known as “conventional signs” universal among those deaf
persons proficient in manual communication.

It behooves the examiner therefore to analyze in detail at the begin-
ing of the psychological examination the client's functioning in the
following areas of language proficiency: (1) receptive language under-
standing through lipreading; (2) receptive language understanding
through reading; (3) receptive language understanding through man-
ual communication (sign language and/or fingerspelling); (4) ex-
pressive language proficiency through speech; (5) expressive language
proficiency through the use of written English based on vocabulary
knowledge and usage of words in grammatical form; and (6) expres-
sive language proficiency through the language of signs and/or fi-
ngerspelling, as well as the tester's own skill in understanding and in using
such manual communication. For a description of the “orally oriented”
deaf person who is inclined to use speech and lipreading exclusively or
predominantly, and the differential appraisal of his communication
skills, see Thompson (1965).

The rehabilitation counselor or other referring agency would be ad-
vised to request the psychologist to include a description of the testee's verbal skills in the psychological report under some appropriate section heading such as "Communication Skills." The counselor will thus be assured that sufficient cognizance has been taken by the tester of the client's level of language/communication functioning as it may be related to the overall personality evaluation.

For some clients, the written mode of communication may be preferred to other means and still meet the demands of the testing. Such use may be especially feasible in the case of deaf clients with a good command of English. This, however, does not apply to clients with a low level of language skills, even though they may have usable speech and lipreading skills to permit direct communication between examiner and client. These clients' written productions may reveal marked deficiencies in verbal expression which may wrongly suggest confused and dissociated-like thinking. Thus the examiner needs to be cautious in making interpretations based upon the client's written test responses. Falberg (1965) asserts that writing is not to be considered as a necessarily adequate "substitute for ability to understand manual communication. The deaf make use of facial expressions, pantomime, and gestures to get the 'flavor' of their attitudes across to others. Manual communication can capture the subtle nuances of feeling much more completely and adequately than can be done by writing." At the same time, the tester must even be careful about making interpretations of what the client says even through readily understandable speech. As Falberg again warns, the intelligible speech of the deaf person should not lead the examiner to think that these same clients are capable of fully expressing their thoughts or percepts.

As noted previously, it is vitally important that the testee understand clearly why he is being seen by the examiner for testing. The preliminary sessions designed for orienting and getting acquainted with the client may enable the tester to decide whether to proceed with the formal test administration. This is important! In the event that the particular examiner should find that the client's communication skills and/or his own communication proficiency are such as to preclude formal valid testing, then such testing should not be administered. This is particularly true for those deaf clients who are unskilled in any form of communication, whether oral, manual, or written. It is certainly far better for the psychologist to recognize and accept the "impossibility" of valid testing than to proceed in a vain effort and thus either "spoil" further valid testing by someone else or make an errone-
ous, unreliable, and invalid evaluation from which other plans may be initiated.

THE TESTING SITUATION

The formal testing of a deaf adult client should begin only when the client himself fully understands the purpose of the examination, and when both client and examiner feel they can communicate together. It should be emphasized that the whole purpose is to evaluate a person, not merely to administer some tests. The testing program must be geared to the individual being evaluated, and not upon what the tester thinks he should follow "by the book."

The tester must be sensitive to the needs and limitations of the deaf client being evaluated. While this is true in any testing situation, it is especially important in dealing with the client who is deaf and who is limited in understanding what is required of him. He may become easily fatigued by the combination of the new situation plus the demands of the communication process. It is usually desirable to have a series of testing sessions rather than a single "shot," in order to obtain a more reliable and valid and useful assessment. There is no particular reason why a battery of three projective tests, for instance, should be given in a single session at the expense of the testee's level of tolerance. Most usually, it is quite advantageous for the client to be seen several times, and thus afford the psychologist more opportunities to obtain behavioral observations. The testing situation itself, aside from the test results, is seen as a clinical sample of behavior, and the skilled clinician may supplement his test findings with important observations obtained from more than one session.

In our experience, if we are aware that a particular client has had some negative or unfortunate previous experiences with doctors or tests, we will schedule two or three warm-up sessions with the psychologist. This reduces the anxiety of a new situation with a new "doctor" and paves the way for a more comfortable and appropriate evaluation relationship which will not repeat any earlier negative experiences.

The increased time usually needed and taken in order to obtain an appropriate psychological assessment with a deaf client is a factor which may have particular practical consequences for the rehabilitation counselor, inasmuch as the additional time needed usually involves additional expense. Due to the additional time required, it is apparent that the fees for psychological testing of deaf clients will be higher than the standard fees usually charged for most nonhearing-impaired per-
sons. In addition to the time factor, we feel these fees are justified, due to the severe language/communication difficulties commonly encountered in the profoundly hearing-impaired person, the needs for specialized training on the part of the psychologist, and the frequent use of specialized techniques and the necessary modifications of standard techniques. It is not uncommon for the psychologist to spend from three to four times as long in evaluating a deaf client as in performing the same studies on a nonhearing-impaired client.

For the deaf adult client, the testing situation must be one which places value and esteem and importance on the deaf person as a person of integrity in his own right. We must evaluate him as a person, not what can or cannot go into his ears, not what can or cannot come out of his mouth in the form of speech, not as a machine that is being probed at and into. Unfortunately for many of our clients, these have been major emphases and part of their ongoing experiences since childhood.

THE TESTS

The fourth aspect of the total psychological examination to be considered here are the tests themselves. The projective tests which the writers have widely administered to deaf adults are: the Figure Drawing Test or Draw-a-Person Test, the Rorschach Ink Blot Technique, and the Thematic Apperception Test. The exact order or sequence of test administration is largely dependent upon the examiner's impressions of the client obtained in the preliminary session(s). For many clients the Figure Drawing Test is seen as an easy test, one which most can do and even may enjoy doing. It always is received well by the examiner, and the client can often feel an initial sense of "correct" achievement which decreases his anxiety and sets the tone for comfort and cooperation in further tests.

The Rorschach Ink Blots are much more time-consuming, and the least structured of the three tests mentioned here because of the nature of the ambiguous test stimulus—in ink blots. Because of the time involved and the exacting demands of the tester's inquiry into the client's responses, an entire session devoted to this test alone may often be advisable. It is not uncommon for the examiner to discuss with the client the difficulties in taking the test, after it is concluded. This often reduces the client's sense of frustration at not knowing if his responses were "right" or "wrong," enables the examiner to restate the fact that there were no right or wrong answers, and that the examiner was gen-
erally pleased with the client’s efforts on the test. Oftentimes, the cli-
ent’s initial self-disappointment with his achievement on the test can be
altered into a sense of having worked hard on a difficult and time-
consuming task.

The Thematic Apperception Test (T.A.T.) involves the less ambigu-
ous stimuli of pictures, but requires the client to make up a story for
each picture, a task which can often be very exacting to a person with
limited verbal skills. The stories may be written if the client prefers,
followed by the examiner’s appropriate questioning for further details
and clarification. The examiner should be careful not to place undue
emphasis on the quality of handwriting or spelling in the written stories,
lest this further inhibit the client’s spontaneous expressions. The stories
may be given verbally or in “signs” if the tester himself is proficient in
understanding the mode of communication used by the client. Needless
to say, the examiner’s own skills in administering these projective tests
to deaf clients can make or break the personality evaluation.

There appears to be a common notion that projective techniques are
“too verbal” and therefore not applicable to deaf people in general.
Such a generalized assumption is not entirely a legitimate one, and
should not be made categorically. We feel that it is not the tests per se
with which we should be primarily concerned, but rather how skillful
and careful the examiner is in making use of the tests as tools for evalu-
ating any particular client, especially those with profound hearing im-
pairment. The competence and skill of the psychologist is a crucial
issue. The amount of effort he exerts into making careful inquiry dur-
ing the testing, the manner in which he handles the client’s anxiety and
concern, and his method of approach in the test administration all are
relevant factors. The examiner must be flexible in his administration
procedures. He must be able to evaluate the factor of the degree of
departure from standardized procedures, and the way in which this
departure may affect the value and interpretation of the test results.

We strongly urge that the skilled clinician should indicate any de-
partures from standardized procedures in his psychological report so
that the referring counselor may be aware that flexible procedures were
utilized and that these differences were duly noted. For example, the
testee may write rather than speak his responses, he may draw to
illustrate his responses, he may write certain words he is trying to say,
or even pantomime certain descriptive aspects of test responses. Such
tests as projective techniques by necessity require the examiner’s special
ingenuity and experience in making maximum use of these skills within
the limitations of the deaf client as well as his own.
A word of caution is appropriate here with respect to the rehabilitation counselor's responsibility and role in referring a deaf client for testing. We do not feel that it is the counselor's function to prescribe certain specific tests to be given by the psychologist who may not be well acquainted with deaf people. Rather, we feel that it is the counselor's role to consult in advance with the psychologist, to indicate what kind of information is wanted and needed and what questions he would like to have answered which will be most helpful in making his overall plan of rehabilitation of his client. While we are well aware that there are certain "test packages" which are commonly "bought" by rehabilitation counselors, and that these may in some states be part of the regulations, there is little justification for administering a test which will provide information that is already known, and reliably so, just because the test is "part of the package." There is a need for more individualized testing programs to suit the needs of each client. While there may be needs common to many clients, we must be watchful of attempting to fit clients into the testing package, rather than designing a package to fit each client.

To elaborate upon the matter of the counselor "prescribing" a series of specific tests to be administered to the client, we may make the analogy to medical practice. One does not usually tell the physician or surgeon which medication to use, or which surgical tools or technique to use. Rather, one tells him what the specific problems are for which professional attention is needed, and we rely upon his knowledge, judgment, and professional skills to proceed appropriately. So it should be with the psychological clinician as well. The competent psychologist is familiar with his tests as tools, both with their capabilities and limitations, as well as with his own skills and limitations. Once such an examiner has familiarized himself with a deaf client and the client's language/communication difficulties, he should then be in a position to "program" the testing for his client, or even to decide not to attempt testing because of either the client's limitations or the examiner's own inability to communicate with the client. It is readily apparent from what has been said that again and again we return to the matter of both professional psychological competence of the examiner, plus his specialized skills in understanding and communicating with the deaf adult client.

THE INTERPRETATION OF TEST RESULTS

In this final section, we are in an area in which the psychological examiner often stands on difficult ground. A referring rehabilitation
counselor, or any person knowledgeable about the deaf but not knowledgeable about psychological personality testing can easily regard the results of such testing with doubt and suspicion. This is especially true if there is some question as to how the examiner elicited the test responses from the deaf client. As Falberg (1965) states, "Psychologists contemplating the use of projective techniques with this group must proceed with caution, and with the understanding that if they cannot communicate adequately with the person being tested, their interpretations may not be readily accepted by persons familiar with the deaf and their communication problems."

It is precisely for the above reasons that we mentioned earlier that it is most necessary for the psychologist to include in his report a section dealing with communication skills and, within this section, to deal adequately with the way in which communication between client and examiner was established, and to express the confidence the psychologist feels he is able to place in this communication as a basis for his formal interpretation of test results.

Apart from the communication issue, there is still the question as to whether or not interpretations of personality test findings necessarily depend primarily upon one's "knowing the deaf." While it is granted that there is a paucity of professional literature concerning deafness and its effects on personality development and functioning, the psychologist is often held suspect, despite his general competence and training in personality theory and psychological assessment. We should be very careful not to fall into the trap of assuming that familiarity with the deaf and ability to communicate with the deaf are the same as the ability to adequately conduct a psychological evaluation of personality functioning. While the importance of adequate communication cannot be underestimated, such communication does not automatically qualify one to understand and evaluate what has been termed "the psychology of deafness."

We are aware that several books have been written under the title of "Psychology of Deafness" by well-known, widely recognized, and highly respected psychologists working with deaf persons. However, we are not certain whether the concept of psychology of deafness is a useful one, or even a "real" issue, but perhaps one which has been misused and taken out of context. We feel that the primary issue for adequate understanding of the profoundly hearing-impaired person is not the psychology of his deafness, but rather the psychological understanding of the total individual, for which the hearing-impairment represents only one aspect, albeit a crucial one, of his total psycho-social function-
ing. We recall a conversation with a deaf colleague who described himself as a "deaf psychologist," who first went to a "hearing school," later to a "deaf school," and then to a "deaf college." Upon inquiry, he acknowledged that indeed there may have been some merit in more appropriately describing himself as a "psychologist who is deaf" who first went to a "regular public school" and later to a "school for the deaf" and then to a "college for the deaf." We later discussed the meaning behind the prefix "deaf" applied to almost everything, with some realization that often "the deaf," in order to call legitimate attention to their unique needs, seem to forget that they are not "the deaf," but rather people who have a particular sensory disability.

In this respect, then, we feel that assessment of the hearing-impaired person should be in terms of the dynamics and functioning of his overall personality development as a whole person and how the hearing disability per se may modify, interfere, impair, or limit the usual developmental tasks and crises common to all persons. We feel that this point applies almost equally well to other disability groups, such as the "blind," as well as to what have been termed "socially disabled," i.e., religious, racial, or cultural minority groups or subcultures of our society.

To enable the psychologist to make an adequate and reliable assessment of the deaf client's personality functioning, it is most helpful if the referring counselor can provide the examiner with as much background information as possible concerning birth, development, family, school, work, social contacts, etc., so that total personality evaluation and understanding of the client can be described in a coordinated and integrated fashion. Many times this information is lacking, or presumed to be impossible to obtain because of the communication problems of deaf people. It is here that the skilled social caseworker plays a very important role in contributing to the total psychosocial understanding of the client, and is a valuable member of the "psychosocial team."

Psychologists have often been accused (unfortunately not without just cause in many cases) of writing psychological reports so that "nobody except another psychologist can really understand them." How often have we heard the caution voiced against using professional jargon, and how often have we ignored it, in favor of our own specialized language and professional communication. The result is frequently that we, as psychologists, have incurred the justifiable resentment of our fellow professional colleagues in related fields, who, after repeated efforts to try to understand us, have turned away in frustration from
what could very well be valuable assistance in the efforts toward rehabilitation of the adult deaf client. It is probably correct to assume in many cases that unnecessary professional jargon is used both to impress the reader and to hide one’s own inabilities in communication, but in any case it is hardly ever helpful, and rarely justified. The psychologist himself must make continued and repeated efforts — particularly in this field, where there are communication difficulties enough — to make his findings understandable to the educated, but not psychologically-trained professional worker. The psychologist has spent a long time in acquiring his skills; he should be able to spend some time in insuring that his efforts expended with the client will not have been in vain due to his own inability to communicate effectively.

Specifically, we would urge all psychologists to direct their test findings, interpretations, and recommendations towards meaningful and useful directions that have concrete and practical relevance for the counselor’s everyday work with his client. The psychologist should be able to make speculations based even on his hunches, but they should be stated as such in the body of his report. The psychologist should direct his attention towards answering the referring counselor’s questions and requests, but should not feel constrained to stop there. Even though certain unrequested information is obtained in the evaluation process, it is the psychologist’s responsibility to communicate all relevant, pertinent, and useful information. At times the psychologist may feel that the rehabilitation counselor is only interested in results which have strict application to the client’s vocational adjustment. This is not usually the case. The counselor realizes, as do we all, that personal and family psychosocial adjustment frequently result in successful vocational adjustment and rehabilitation, and any efforts in the direction of the former will most certainly affect the latter.

After the psychologist has submitted his report, it is recommended that both he and the referring counselor take time to discuss the findings in person, even though the report has been written clearly. The closer the working relationships between the professional rehabilitation workers, the better will be the client’s ultimate benefit. These discussions can do much to increase the professional workers’ understanding of each one’s role in the rehabilitation process, of their expectations of themselves and each other, and of each person’s unique problems in working with the deaf client. The end result will be that by this mutual learning, the deaf client will derive increased professional assistance and understanding.
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