MULTILEVEL ANALYSIS OF PROJECTIVE DRAWINGS (MAPD)

Instructions—Adult Form

1. Descriptive definitions and pictorial examples of scoring factors can be found in the following references:


2. The factors represented here were clinically validated on adults and are referenced in Ogdon, D. Psychodiagnostics and Personality Assessment. Los Angeles: Western Psychological Services, 1978. The outline of the MAPD followed the format of this reference.

3. Scoring factors that seem obvious should be marked with an X while subtle or questionable factors marked with a question mark though there is some evidence that questionable scoring factors are as likely to be valid as obvious ones. Thus, I recommend all possible scoring factors be scored in this manner.

4. When an item refers to the sex of the patient it is designated as "males", "females" or "male patient", "female patient". When an item refers to the sex of the figure drawn it is stated "male figure", or "female figure", or "figure of a male/female".

5. Each item is associated with one or more hypotheses. A single statement may have many descriptive words that are believed to be associated together i.e. interrelated factors. Part of the statement may be valid while the rest of the statement may be less valid or false.

6. For items where there are two or more hypotheses represented, validation of one statement does not imply validation of the other statements associated with that factor though all statements or any number could be valid for any particular patient.

7. Evaluation of a patient's drawings should stress traits validated by internal consistency (i.e. where several items score and have the same or similar hypotheses.) On the other hand, hypotheses obtained from only a single factor may be as equally valid and useful as a hypotheses with internal consistency.
8. Interpretation of H-T-P results should ultimately be corroborated with clinical impressions, and other psychological tests of a more objective and standardized nature (e.g. MMPI, MCMI etc...)

Note: This form of the MAPD was prepared for the instructional and clinical use of the students or faculty of the Wright State University School of Professional Psychology for any appropriated and ethical clinical or educational purposes determined by the user in accordance with the above instructions.

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REFERENCES


MAPD - ADULT FORM

Name/Code_________________________Date________________

I. GRAPHOMOTOR FACTORS

A. Erasing

1. In moderation producing an improvement in drawing
   a. Flexible person with satisfactory adjustment

2. Excessive
   a. Uncertain, restless and in conflict over a decision
   b. Dissatisfied with him/herself
   c. Anxious and looking for help
   d. Chronically ill
   e. Overly anxious and may also have a underdeveloped conscience
   f. Organic/neurological disorder

B. Placement

1. Central
   a. A normal adjustment, reasonably secure person

1A. Absolute center
   a. Insecure, rigid, especially in interpersonal relations

1B. Plus unusually large or wide stance
   a. Aggressive tendencies

2. Right Side
   a. Relatively stable and controlled behavior
   b. Tends to intellectualize to control emotions
   c. Tends to be introverted and inhibited
   d. Oriented toward the future
   e. Highly sensitive to environmental changes
   f. Negativistic, rebellious tendencies

3. Left Side
   a. Impulsive, acting-out tendencies with desire for immediate gratification
   b. Extroverted or if appearing introverted then preoccupied with his/her needs
   c. Self-conscious and/or self-centered
   d. Overly oriented toward the past
   e. Feelings of uncertainty and apprehension

4. High
   a. High aggressive or sexual desire, or low energy level with tendency to cover up these desires
   b. High level of aspiration, striving hard for achievement or difficult goals
   c. Optimistic, sometimes unjustifiably
   d. Excessive use of fantasy eg. daydreaming, T.V., movies, etc.
   e. Tends to be emotionally distant and aloof
   f. Unsure of him/herself and tries to cover this up

5. Low
   a. Feels insecure and inadequate
   b. Tends to get depressed, perhaps with a defeated attitude
   c. Concrete, reality-bound orientation (rather than theoretical or abstract)
   d. Calm, relatively stable
6. Upper left
   a. Prone to immature behavior especially under stress
   b. Insecure, cautious, timid, withdrawn, excess fantasy
   c. Anxious
   d. Severe mental/emotional condition, thought disorder, psychosis

7. Upper right
   a. Desires to forget an unpleasant past
   b. Excessively optimistic

8. In any corner
   a. Tends to withdraw

9. On edge or bottom of paper (especially with small, faint drawing)
   a. Insecure and feels a need for support
   b. Overly dependent and fears independent action
   c. Anxious
   d. Tends to avoid new experiences and be absorbed in fantasy
   e. Depressed

10. Lower corner
    a. Excessive feelings of inferiority

11. Lower left corner
    a. Depression and preoccupied with the past

C. Pressure

1. Consistent
   a. Normal and stable adjustment
   b. May experience episodes of extreme withdrawal

2. Unusually variable
   a. Up and down energy level
   b. Insecure, erratic

2A. In otherwise normal drawings
   a. Flexed, adaptive personality

3. Unusually heavy
   a. Very tense
   b. Possible organic/neurological disorder
   c. High energy level
   d. Assertive, forceful, ambitious
   e. Aggressive with acting-out tendencies
   f. Anxious, particularly under stress
   g. Suspicious, low trust, paranoid traits
   h. Lacks conscience, antisocial traits

4. Unusually light
   a. Insecure, hesitant, fearful, timid, inhibited
   b. Poor adjustment, weak ego strength
   c. Low energy level
   d. Anxious with obsessive traits, neurotic
   e. Depressed and indecisive

D. Size

1. Unusually large
   a. Aggressive with acting-out tendencies
   b. Expansive with euphoric or grandiose tendencies
   c. Feelings of inadequacy that are somewhat or mostly unconscious
   d. Emotionally hyperactive, manicy
e. Organic/neurological condition, alcoholism
f. Weak conscience, antisocial traits
g. Suspicious, low trust, paranoid trait

2. Unusually small
   a. Unhappy, insecure, defensive with low self-esteem,
      feelings of inferiority, inadequacy
   b. Anxious
   c. Inhibited, timid, shy with withdrawal tendencies
d. Depressed
e. Depends too much on others, with childish behavior
f. Withdraws under stress
g. Weak person, low ego strength
h. Compulsive traits, neurotic

2A. Normal drawings overall
   a. Low energy, low insight, superficial optimism

2B. Very tiny
   a. Severely mental/emotional condition, thought
disorder

E. Stroke, Line & Shading

1. Directional preferences
   1A. Horizontal movement (males only)
      a. Weak, fearful and self-protective

   1B. Vertical movement
      a. Assertive, determined, high activity level

   1C. Curving line emphasis
      a. Healthy, flexible yet somewhat unconventional

   1D. Rigid, straight line emphasis
      a. Rigid with aggressive or withdrawing tendencies

   1E. Continuous changes in direction of stroke
      a. Insecure

2. Quality of strokes
   2A. Firm, unhesitating
      a. Secure, persistent, ambitious person

   2B. Interrupted, curvilinear
      a. Slow, indecisive
      b. Depends too much on others
      c. Easily gives in to others, submissive, feminine

   2C. Jagged lines/edges emphasized
      a. Impulsive, hostile, acting-out tendencies

   2D. Sketchy
      a. Insecure, timid
      b. Strives to get things just so, meticulous, precise
      c. Doubting, uncertain, indecisive
      d. Chronic pattern of maladaptive attitudes/behavior,
         character disorder
      e. Hyperactive/expansive under stress

   2E. Straight, uninterrupted
      a. Decisive, quick-witted, self-assured, assertive

   2F. Tremulous, shaky, uncoordinated
      a. Organic/neurological condition, alcoholism
      b. Poor contact with reality, phychosis

   2G. Vacillating direction, vague, interrupted lines
      a. Insecure, anxious, vacillating

3. Length of Strokes
3A. Long strokes
   a. Self-controlled sometime to the point of over-inhibition
3B. Short, discontinuous strokes
   a. Impulsive, excitable, possible psychosis/organicity
3C. Very short, circular, sketchy strokes
   a. Anxious, depressed, timid, uncertain
4. Excessive shading and shaded strokes
4A. Random, scribbled shading
   a. Anxious
   b. Easily gives into others, submissive
   c. Suffers from chronic physical problems
4B. Heavy shading
   a. Exaggerates and dramatizes complaints, overly sensitive, denies aggression, histrionic, neurotic
   b. Anxious and depressed
5. No shading
   a. Chronic pattern of maladaptive attitudes/behavior, character disorder

II. GENERAL DRAWING FACTORS

A. Detailing
1. Lack of Detail
   a. Feels empty, withdrawn or tends to disregard convention
   b. Suffers with stress related illness, psychosomatic
   c. Organic/neurological condition
   d. Sad, depressed
2. Excessive detail
   a. Rigid, anxious, obsessive-compulsive
   b. Overly sensitive, unhappy, critical, moralistic
   c. Fears acting-out on impulses, views world as dangerous
   d. Suffers stress related illness, psychosomatic
   e. Possibly developing a severe mental disorder eg. psychotic or organic
2A. With important details omitted
   a. Condition deteriorating, decompensating
2B. Extreme excessive detailing
   a. Mood swings, manic-depressive traits
3. Bizarre details
   a. Severe mental/emotional condition, thought disorder
4. Labeling of details
   a. Severe mental/emotional condition, thought disorder

B. Distortions and Omissions
1. Gross distortions
   a. Severe mental/emotional condition, thought disorder
   b. Organic/neurological condition
2. Moderate distortions
   a. Anxious
3. Omission
   a. In conflict over __________________________
      (type in area of conflict)
C. Edges of Paper

1. Drawing on bottom edge
   a. Insecure and seeking support from others
   b. Depressive tendencies

2. Drawing using side edge
   a. Feeling restricted by environmental forces
   b. Strong needs for security
   c. Aggressive tendencies

3. Edge preventing drawing completion
   a. Organic/neurological disorder

3A. At bottom
   a. Holds in anger then explosive episodes

3B. At left edge
   a. Worries about the future

3C. At right edge
   a. Desires to escape an unpleasant past

3D. At top edge
   a. Excessive use of fantasy
   b. Achievement oriented, high drive level

D. Groundline Treatment

1. Groundlines spontaneously drawn
   a. Insecure and seeking security
   b. Unstable and seeking stability

2. Very heavy groundlines
   a. Anxious

3. Groundlines sloping downward
   a. Uncertain and fearful about the future

3A. On both sides of figure
   a. Feels isolated, helpless, maternal dependency conflicts

E. Midline Emphasis

1. Stressing midline
   a. Poor self-concept, feelings of inferiority especially over body image

2. Row of irrelevant buttons down midline
   a. Dependent, feels inferior physically with preoccupation over body functions

F. Symmetry

1. Extreme bilateral symmetry
   a. Anxious worrier, tends to forget unpleasant thoughts and intellectualize
   b. Emotionally cold, distant and over-controlled
   c. Anxious, depressed and suffers stress related illness
   d. Insecure

1A. Mechanical, formalistic or bizarre effects
   a. Suspicious, mistrustful, critical, poor relationships with a severe disorder

1B. Drawing begun with measurement details or use of props
   a. Perfectionistic attitude and fear of losing control, may depersonalize under stress
2. Marked disturbance of symmetry
   a. Feelings of insecurity and inadequacy
   b. Physically uncoordinated eg. non-athletic
   c. Conflicts with self-concept possibly with sexual issues
   d. Careless, poor self-control, over-active with tendencies to act-out

G. Transparencies

1. Existant
   a. Anxious, severely disturbed person with poor judgement, and sexual maladjustment

H. Miscellaneous Drawing Factors

1. Clouds spontaneously drawn
   a. Anxious

2. Fragmentation inadvertently drawn
   a. Anxious

3. Impotency (unable to respond to task)
   a. Organic/neurological disorder

4. Mutilation or degradation of any drawing
   a. Aggressive, hostile person

5. Perseverations
   a. Organic/neurological disorder

6. Refusal to draw or complete a drawing
   a. Hostile negativism

7. Shadows spontaneously drawn
   a. Anxious

8. Sun spontaneously drawn large
   a. Feelings of inadequacy particularly with regard to authority figure relations

9. Turning paper from presented orientation
   a. Hostile negativism

III. DRAWINGS OF PERSONS

A. Head

1. Unusually large
   a. Aggressive, expansive
   b. Ego-inflated, self-righteous, self-centered, mistrusting, critical
   c. Overvaluation of intelligence
   d. High achievement aspirations
   e. Uses fantasy excessively
   f. Immature, overly dependent and inhibited
   g. Poor emotional and social adjustment
   h. Dissatisfaction with physique
   i. Anxious
   j. Organic/neurological condition or preoccupation with headache pain
   k. Severe mental/emotional condition, thought disorder
2. Unusually small
   a. Feelings of inadequacy or impotence (intellectually, socially, sexually)
   b. Feelings of weakness and inferiority
   c. Weak ego strength
   d. Anxious worrier, obsessive-compulsive
   e. Denial of guilt and/or desire to suppress other disturbing thoughts

3. Irregular contour
   a. Organic/neurological disorder
   b. Severe mental/emotional disorder, thought disorder

4. Head drawn last
   a. Severe mental/emotional condition, thought disorder

5. Head omitted
   a. Fearful of rejection, failure
   b. Feelings of estrangement and desire to suppress disturbing thoughts

6. Head out of alignment or "Floating in Space"
   a. Organic/neurological disorder

7. Head only (other than artistic portrait)
   a. Severe mental/emotional condition, thought disorder

8. Back of head drawn
   a. Withdrawn from other people, but maybe critical and accusatory

B. Hair

1. Hair emphasis on head, chest or elsewhere
   a. Sexual preoccupation
   b. Compensation for fears of sexual inadequacy/impotence
   c. Aggressive/assaultive tendencies
   d. Self-centered
   e. Homosexual interest or concerns though may be covered up (check history of contacts)

1A. Elaborate coiffure, exceptionally wavy/glamorous usually with cosmetic emphasis
   a. Suffers stress related physical condition (eg. asthma)
   b. Inclined toward sexual acting-out (check history)

1B. With poor form quality
   a. Anxiety or virility conflict which may be manifest in sexual acting out

1C. With heavy shading
   a. Angry with aggressive tendencies
   b. Anxious, perhaps over sexual or aggressive fantasies
   c. Excessive sexual interest/involvement
   d. Concern with sexual excitement (eg. sexual dysfunction)

1D. Long but unshaded
   a. Conflict over sexual fantasies

1E. Emphasis on jaw
   a. Virility conflicts, possibly with detachment from close relations

1F. Male Patient: Hair on male figure careful and precise and messy on female figure
   a. Psychosexual immaturity
   b. Hostility towards females, selfish demands for female attention
2. Hair omitted or inadequate
   a. Feelings of sexual inadequacy
   b. Fearful of rejection/failure
   c. Severe mental/emotional condition, thought disorder
   d. Low energy level

3. Hair in disarray
   a. Confused thinking, thought disorder

C. Facial Features

1. Omission of facial features with rest drawn adequately
   a. Evasive and superficial in interpersonal relations
   b. Inadequate environmental contacts, withdrawing tendencies
   c. Excessively cautious and fearful/timid
   d. Demonstrates hostile impulses
   e. Poor prognosis for effects of therapy
   f. Severe mental/emotional condition, thought disorder
   g. Organic/neurological disorder

2. Dim facial features
   a. Withdrawal tendencies
   b. Fearful/timid and self-conscious in interpersonal relations
   c. Weak ego strength

3. Overemphasis and strong reinforcement of facial features
   a. Overconcern with outward appearance and social image
   b. Aggressive, socially dominant behavior covering up feelings of inadequacy/weakness

4. Displacement of facial features
   a. Mental deterioration/retardation

5. Non-human, animal or bizarre facial features
   a. Severe mental/emotional condition, thought disorder

6. Shading of entire face, unless depicting skin color, freckles, etc...
   a. Severe mental/emotional condition, thought disorder

D. Eyes and Eyebrows

1. Unusually large or strongly reinforced
   a. Suspicious, critical, accusatory, paranoid
   b. Anxious
   c. Oversensitive to social opinion
   d. Socially outgoing

1A. By males
   a. Homosexual interest, tendencies (check history)

1B. With pupils omitted
   a. Guilt over pornographic or voyeuristic interest

2. Unusually small or closed eyes
   a. Introverted tendencies
   b. Self-absorbed, contemplative, introspective
   c. Pornographic or voyeuristic interest

2A. With eye orbit is large with tiny eyes
   a. Visual curiosity and guilt feelings, probably over voyeuristic or pornographic interest

2B. Small circles for eyes (especially when also used for mouth, nose and buttons)
   b. Immature, childish, attitudes/behavior
3. Eyes omitted
   a. Ineffective adjustment, uses poor judgement
   b. Visual hallucinations/perceptual alterations
   c. Severe mental/emotional condition, thought disorder, psychosis
   d. Pornographic or voyeuristic interest

4. Closed eyes
   a. Covert hostility

5. Pupils omitted (empty eyes)
   a. Introverted, self-absorbed, withdrawn, poor coping/communication abilities

6. Pupil omitted from only one eye
   a. Severe mental/emotional condition, thought disorder, psychosis

7. Outline of eyes
   a. Suspicious, critical, mistrusting, paranoid

8. Wide-eyed stare
   a. Exaggerates and dramatizes complaints, overly sensitive, denies aggression, histrionic

9. Placed on side of head
   a. Suspicious, critical, mistrusting, paranoid

10. Two eyes depicted in profile drawing.
    a. Severe mental/emotional condition, thought disorder, psychosis

11. Eyebrows and eyelashes treated unusually
    11A. Elaboration especially with very trim or arched eyebrows
         a. Critical of uninhibited behavior, refined, over-controlled, moralistic

    11A. In Males
         a. Effeminate, homosexual interest

    11B. Bushy eyebrows
         a. Primitive, gruff, uninhibited tendencies

    11C. Raised eyebrows
         a. Attitude of disdain perhaps contempt toward others/self

    11D. Frowning eyebrows
         a. Hostility

    11E. Eyelashes detailed by males
         a. Homosexual interest, overt or unwanted thoughts

E. Ears and Nose

1. Large or unusual ears, strongly reinforced or viewed through transparent hair
   a. Overly sensitive to criticism
   b. Suspicious, overly sensitive, mistrustful, paranoid, ideas of reference
   c. Auditory hallucinations, perceptual alterations
   d. Minimizes contact with environment

2. Omission of ears
   a. Healthy with normal adjustment
   b. Auditory hallucinations, perceptual alterations
   c. Minimizes contact with environment

3. Questions marks for ears
   a. Suspicious, mistrustful, oversensitive, paranoid

4. Dark dots in ear area
   a. Auditory hallucinations, perceptual alterations
5. Nose emphasis through pressure or size
   a. Conflict over sexual expression
   b. Covering up fears of sexual inadequacy and opposite sex
   c. Homosexual interest, overt or unwanted thoughts
   d. Depressive tendencies
5A. With nostril indicated and emphasized
   a. Aggressive tendencies affecting stress related
     illness possibly respiratory
5B. Elderly
   a. Suspicious, overly sensitive, paranoid
6. Shaded dim or truncated nose
6A. Males
   a. Feels guilty over masturbation
6B. Females
   a. Hostile toward men, has at sometime wished she were
      male
7. Nose omitted
   a. Feels put down, weak, inadequate, impotent, low
      self-esteem
8. Button or triangle nose
   a. Immature, excessively dependent
9. Sharply pointed nose
   a. Acting-out tendencies
10. Long, phallic nose
   a. Tendencies toward exhibition of body
10A. Males
   a. Feels a loss of masculinity
   F. Mouth and Chin
1. Mouth Emphasis
   a. Retreats to immature behavior under stress, regression
   b. Verbally aggressive, tends to over-indulge, overly
      dependent
   c. Alcoholic, asthmatic or hypertensive
   d. Speech problems
   e. Uses profane language and is prone to verbal outbursts
      of temper.
   f. Eating disorder, symptoms of gastric distress
   g. Depressed and immature
1A. Males
   a. Effeminate male, sexual difficulties/concerns
1B. Young Adult
   a. Poor self-concept
1C. Elderly
   a. Unable to communicate
2. Mouth omitted
   a. Feels guilty over verbal aggression
   b. Depressed
   c. Stress related physical illness, usually respiratory
   d. Difficulties communicating with others
   e. Rejects need for affection
3. Concave (open and hollow) mouth
   a. Passive, immature dependency, possible chemical
      dependency
4. Cupid bow mouth (females only)
   a. Stress related physical illness, usually respiratory
5. Full lips
   a. Self-centered, sensual, dependent
5. Full lips in male figure (male patients only)
   a. Effeminate male
6A. With lipstick like color
   a. Self-centered, homosexual interest
7. Objects in mouth (cigarettes, toothpicks, pipes etc...)
   a. High sex drive
8. Open mouth
   a. Stress related physical disorder, often gastrointestinal
9. Protruding lips
   a. Passive-dependent, immature, poor adjustment
10. Short, heavy line for mouth
    a. Strong feelings of aggression expressed cautiously, passive-aggressive
11. Single line unsmiling mouth
    a. Depressed
11A. In profile
    a. Tense
12. Slash line mouth
    a. Verbally aggressive/sadistic, hypercritical
13. Sneering expression
    a. Hostile
14. Teeth showing
    a. Immature aggressive/sadistic tendencies
15. Tiny mouth
    a. Self-centered, egotistical, compulsive, independent
16. Wide upturned line effecting a grin
    a. Superficially congenial, inappropriate affect
17. Chin emphasized
    a. Dominant and aggressive
    b. High energy level
    c. Covering up feelings of weakness
    d. Feelings of social inadequacy
18. Chin appearing weak
    a. Feelings of weakness or inadequacy especially in social situations
    b. Feelings of powerlessness/impotence, psychological or physical

G. Neck and Adam’s Apple

1. Short, thick neck
   a. Tends to be gruff, stubborn and rigid
   b. Tends to be impulsive
   c. Difficulty keeping impulses from hindering reasoning
2. Long neck
   a. Separates intellect/ideas from emotions causing difficulty controlling impulses
   b. Cultured, socially stiff/rigid, formal, moralistic
   c. Dissatisfied with body image
3. Exceptionally long, thin neck
   a. Severe mental/emotional condition, thought disorder, schizoid, psychotic
   b. Exaggerates and dramatizes complaints, overly sensitive, denies aggression
c. Covering feelings of body weakness/inferiority with aggressive/competitive strivings or physical preoccupation

4. One-dimensional neck
   a. Difficulty managing impulses with rational controls
   b. Immature lack of impulse control

5. Neck omitted
   a. Impulsive
   b. Immature
   c. Organic/neurological disorder

6. Adams apple emphasis (male patients only)
   a. Feelings of sexual inadequacy (social or physical)

H. Torso and Body
(trunk, shoulders, breasts, waistline, hips, buttocks, joints etc.)

1. Slash lines on body
   a. Tendencies toward self-mutilation or suicide

2. Unusual treatment of trunk

2A. Angular figures
   a. Masculine personality features

2B. Asymmetry of body or limbs
   a. Exaggerates and dramatizes complaints, overly sensitive, denies aggression, histrionic

2C. Double or confused body contour in female's drawings (especially in same sex figure)
   a. Preoccupation with body weight, fantasizes perfect/glamorous body

2D. Flat wide trunk (females only)
   a. Overweight or obese

2E. Grossly disorganized or fragmented figure
   a. Severe mental disorder, possible organic condition

2F. Large trunk
   a. Many unsatisfied needs and goals

2G. Long and narrow trunk
   a. Tends to be shy and detached from people, schizoid

2H. Omission of trunk
   a. Severe mental disorder, possible organic condition

2I. Reluctance to close bottom of trunk
   a. Sexual preoccupation and/or conflict/concern (hetero or homosexual)

2J. Rounded trunk
   a. Passive, less aggressive, effeminate, immature, homosexual interest

2K. Shading of trunk in female figure (males only)
   a. Aggression toward opposite sex, rejection of body impulses

2L. Small trunk
   a. Feelings of inferiority and denial of sexual and aggressive drives

2M. Square shaped body
   a. Severe mental/emotional condition, thought disorder, psychosis

2N. Thin trunks
   a. Dissatisfaction with body image, including inferiority feelings
20. Upper part of two parallel, unbroken lines from head to feet
   a. Severe mental/emotional condition, personality disorganization

3. Shoulders treated unusually

3A. Absence of shoulders
   a. Severe mental/emotional condition or possible organic disorder

3B. Erasure, reinforcement or uncertainty in drawing shoulders
   a. Excess concern with body development, sex indentifications, suffers psychosomatic illness

3C. Female figure with broad shoulders, male figure with large, soft, bosom-like shoulders
   a. Sex role confusion, may have desired to be the opposite sex

3D. Large shoulders
   a. Strong need for control and power, desires to dominate

3E. Pointed shoulders
   a. Tends to act-out impulses

3F. Squared shoulders
   a. Hostile/aggressive and excessively defensive

3G. Tiny shoulders
   a. Feels inferior to others, overt or covert

3H. Unequal or asymmetrical shoulders
   a. Emotionally unstable/unbalanced

3I. Shoulder emphasis in female’s drawing
   a. Hostility toward men, may be radical feminist, masculine protest

3J. Massive or excessively broad shoulders in male’s drawing
   a. Aggressive acting-out tendencies, conflicts over sexuality

4. Breasts treated unusually in male’s drawing (eg. erasures, shading, furtive marks, obscuring by pockets, transparency with no other transparency)
   a. Emotionally and psychosexually immature

5. Large breasts
   a. Overdependent on mother figure (past or present)

5A. Males
   a. Emotional and psychosexually immature
   b. Overly dependent, oral addictions (food, alcohol etc...)

5B. Females
   a. Identifies with a dominant and productive mother
   b. Likes to show off, attention seeking, exhibitionistic, narcissistic

6. Small breasts
   a. Feels rejected by mother

6A. Females
   a. Unaffectionate, stingy toward children

7. Breasts omitted
   a. Severe mental/emotional condition, psychosis

7A. Females
   a. Feels immature
   b. Unaffectionate, ungenerous toward children

8. Waistline treated unusually

8A. Heavy line or other excessive emphasis at waistline
   a. Conflict over sexuality

8B. Unusually high or low waistlines
   a. Fear/repression of sexual impulses
8C. Broken line or reinforced waistline
   a. Irritable, tense, stress related illness (eg. asthmatic)
8D. Excessively tightened waistline giving corset appearance
   a. Problems with emotional control and temper outbursts
8E. Wasp waist in male figure (males only)
   a. Homosexual interest
8F. Excessive shading of waistline
   a. Conflict over sexual behavior
8G. Belts, elaborate or emphasized
   a. Sexual preoccupation/obsessions
   b. Artistic interest/expression helps control body impulses
   c. Suffers from irrational fears
8G1. Heavily shaded belt
   a. Conflict over controlling sexual impulses
9. Hip emphasis
   a. Homosexual interest
9A. Males
9B. Females
   a. Interest in child bearing
9C. With excessive shading
   a. Fear of homosexual interest
10. Buttock emphasis
    a. Immature
    b. Sexual deviate (eg homosexual, sexual crime, fetishes etc...)
    c. Fear of homosexual interest
11. Presence of genitalia in nonartists
    a. Severe mental/emotional condition, psychosis
    b. Behavior problems, conduct disorder, poorly socialized
12. Joint emphasis
    a. Fragile adjustment, concerns over body/body functioning
    b. Overly dependent on mother, immature sexual attitudes
    c. Passive dependent, fantasizes being aggressive
    d. Anxious, obsessive-compulsive tendencies
    e. Suffers from arthritis
12A. Knee emphasis
    a. Homosexual interest
12B. Kneecap drawn
    a. Suspicious, mistrusting, overly sensitive, paranoid
13. Indications of internal anatomy
    a. Severe mental/emotional condition, somatic delusions
13A. Few sketchy lines in chest or pelvic region (not rib lines)
    a. Physical problems which may suggest somatiform disorder

I. Anterior Appendages
   (Arms, Hands, Fingers)

1. Arms treated unusually
   1A. Arms akimbo (on waist/hips)
      a. Self-centered, bossy, dominant
   1B. Broad arms
      a. Feels competent to achieve
   1C. Arms behind back
      a. Reluctant to compromise or meet people half-way
      b. Striving to control aggressive, hostile attitudes
      c. Feels guilty
1D. Folded arms
   a. Suspicious, hostile attitude
   b. Rigid attempts to maintain rigid control of violent impulses
   c. Passive, non-assertive orientation

1D1. Female drawing by female
   a. Conflict over feminine sexual qualities, feels rejected

1E. Frail, flimsy, thin, wasted, shrunken arms
   a. Feels weak and inadequate, physically or psychologically

1F. Limp arms at side
   a. Ineffective, inadequate, low competence

1G. Long, strong arms
   a. Active, aggressive, ambitious, overcompensating

1G1. Elderly
   a. Feeling frustrated and angry

1H. Long arms and hands
   a. Feels the need for a protective, mother-type figure

1I. Mechanical horizontal extension of arms
   a. Emotionally shallow, blunted affect, immature, disturbed

1J. Omission of arms in same sex figure
   a. Depressed, feelings of inadequacy, ineffectiveness, passive, withdrawn

1K. Omission of arms in opposite sex figure
   a. Feels rejected by the opposite sex, perhaps opposite sex parent

1L. Outstretched arms and hands
   a. Desire for interpersonal relations, a cry for help

1M. Reinforced arms
   a. Striving for achievement and/or power, physically or psychologically

1M1. With broad shoulders
   a. Aggressive, assaultive acting-out tendencies

1M2. Opposite sex/Non-self figure
   a. Often feels punished

1N. Short arms
   a. Lacks ambition, feels inadequate
   b. Feels insecure, lacking confidence
   c. Overly dependent, passive-dependent

1O. Stiff arms at side
   a. Inhibited, rigid, compulsive

1P. Transparent arms
   a. Feels inadequate

1Q. Arms unattached to trunk
   a. Fears criticism, rejection, feels inferior

1R. Arms unequal in length
   a. Anxious regarding performance competence

1S. Wing-like arms
   a. Severe mental/Emotional condition, emotionally detached/alof, schizoid

2. Hands treated unusually
   a. Conflicts with evasive tendencies, guilt feelings for manual activities (e.g. masturbation), antisocial tendencies
2B. Covering the genital/pelvic region
   a. Sexual conflicts, fear of sexual activity/advances by others
   b. Autoerotic masturbatory activity
2B1. Females
   a. Sexual maladjustment
2C. Hands drawn last
   a. Feelings of inadequacy, withdrawal from environment
2D. Large hands
   a. Compensating for feelings of inadequacy
   b. Impulsive and socially inept
2E. Mitten-type hands
   a. Controlled aggression expressed indirectly with occasional outbursts
2F. Omission of hands
   a. Depressed, insecure, feels inferior, masturbatory guilt
   b. Severe mental/emotional condition, organic disorder
2G. Hands in pockets
   a. Suspicious of others, evasive, feels guilty possibly over masturbation
   b. Lazy, delinquent behavior
2H. Shaded hands
   a. Feelings of guilt/anxiety associated with aggressive or sexual acting-out
2I. Small hands
   a. Feels insecure and helpless
2J. Swollen hands
   a. Overly inhibited
2K. Vague or dim hands
   a. Lacks confidence and/or productivity, socially awkward
3. Fingers treated unusually
3A. Clenched fingers made into fists
   a. Very angry and potentially rebellious but may cover it up and suffer gastrointestinal distress
3B. Detailing of joints of fingers and fingernails
   a. Obsessive control of aggression, intellectualizes
3B1. Pointed fingernails
   a. Angry and hostile
3C. Fewer than five fingers
   a. Feels inadequate
3D. Fingers without hands
   a. Immature aggressive/assaultive tendencies
3E. Large, especially very large fingers
   a. Aggressive/assaultive tendencies
3F. Long, especially very long fingers
   a. Immature in attitudes and behavior, infantile at times
3G. More than five fingers on a hand
   a. Ambitious, aggressive, acquisitive strivings
3H. Omission of fingers
   a. Problems relating with others, desire to punish self, guilt over masturbation
3I. Peltal or grape-like fingers, short and rounded
   a. Immature, feels inadequate, infantile behavior at times
3J. Scribbled fingers
   a. Possible organic/neurological condition
3K. Heavily shaded or reinforced fingers
   a. Guilt feelings often associated with stealing or masturbation
3L. Talon-like, dark, straight lines or spiked fingers
   a. Immature or paranoid aggressive/assaultive tendencies,
      effecting physical health (e.g. ulcer, hypertension)

J. Locomotor Appendages and Stance Characteristics

1. Legs treated unusually
   1A. Chopped off by bottom of page
      a. Feeling dependent/restricted, lack of autonomy
   1B. Crossed legs
      a. Cautious, defensive over sexual approaches, sexual
dysfunction
   1C. Disparity in size of legs
      a. Mixed feelings over need for independence/autonomy
         and/or sexuality
   1D. Long, especially very long legs
      a. Strong need for independence/autonomy
   1E. Muscular legs on female figures or feminine legs on male
      figures
      a. Confusion over sexual identity e.g. may have
         wanted at one time to be the opposite sex
   1F. Omission of, or refusal to draw legs
      a. Feels stuck/immobile, psychologically or physically
   1F1. With refusal to draw figure below the waist
      a. Acute sexual disturbance and/or pulling away from
         people e.g. psychosis
   1G. Reinforced legs
      a. Aggressive/assaultive tendencies
   1H. Short, especially very short legs
      a. Feels stuck/immobile and pulling away psychologically
         or physically e.g. psychosis
   1I. Thin, tiny, shamed, wasted, shrunken legs with a full body
      a. Psychologically deteriorating, crippling lack of
         autonomy, possible organic factors
   1J. Transparent pants, revealing legs, especially if shaded
      a. Fear of homosexual interest but may deny this e.g.
         homosexual panic

2. Feet treated unusually
   2A. Beginning drawing with legs and feet and detailing them more
      than the rest of the figure
      a. Depressed, discouraged with guilt feelings
   2B. Bare feet on a fully clad figure
      a. Negative, oppositional, hostile, acting-out tendencies
   2C. Elongated feet
      a. Covering up feelings of insecurity with sexual exploits
         e.g. Don Juanism
   2D. Emphasis on feet
      a. Sexual problems (e.g. feeling of sexual inadequacy),
         aggressive/assaultive tendencies
   2E. Large feet
      a. Excessive security needs with psychosomatic illness
         (e.g. ulcers)
   2F. Omission of feet
      a. Inhibited, dependent, helpless feelings, psychosomatic
         or severe disorder
   2G. Over detailing of feet
      a. Effeminate/feminine, self-centered, worrier/obsessive
2H. Feet pointed sharply
   a. Hostile tendencies

2I. Feet pointed in opposite directions
   a. Ambivalence over strivings for independence
   b. Poor control of impulses

2J. Resistance to drawing feet
   a. Depressed, discouraged, physically withdrawn

2K. Small, especially tiny, feet
   a. Insecure, dependent, withdrawn, suffers psychosomatic illness

2L. V-shaped feet
   a. Depression with psychotic/ruminative features related to ageing (late mid-life), involutional melancholia

3. Toes treated unusually

3A. Toes in figure not intended to be nude
   a. Strong pathological aggressive tendencies

3B. Pointed toes
   a. Aggressive tendencies

3C. Toes drawn and circumscribed by a line
   a. Blunting or repressions of aggression

4. Unusual stance

4A. Legs pressed closely together
   a. Tense, rigid, with sexual maladjustment (e.g. frigid, impotent, promiscuous, sex addict, etc...)

4A1. Figure small and shaded
   a. Tense, self-conscious, awkward, withdrawal tendencies, neurotic

4A2. Extreme in female's drawing of female
   a. Subconscious desire for sexual contact

4A3. Male's drawing of female figure
   a. Fear of rejection for sexual interest in opposite sex, fantasizes sexual aggression

4A4. In combination with arms pressed to body
   a. Fear of people, pulling away as with schizoid/paranoid conditions

4B. Slanting stance, when legs float into space
   a. Severely insecure and dependent as in chronic alcoholism, epilepsy or other organic condition

4C. Tiptoe stance
   a. Tenuous grasp on reality

4D. Wide stance
   a. Strong need to escape
   b. Aggressive defiance of authority sometimes in reaction to insecurity

4D1. Figure in middle of page
   a. Aggressive/assaultive tendencies

4D2. Figure in middle of page with tiny, shaded or reinforced light pressure feet or with groundlines
   a. Aggressive/assaultive tendencies masking feelings of insecurity

K. Posture, Movement and View Perspective

1. Various postures

1A. Grotesque and incongruous postures
   a. Deeply emotionally unstable

1B. Leaning figures
   a. Insecure but may not show it outwardly
1C. Seated figures
   a. Displays insecurity

1D. Stiff posture
   a. Tense individual, rigid control of impulses/fantasies, depressed or chronically ill

1E. Vertical, rigid with arms and legs straight down and closed
   a. Poorly adjusted, rigid

2. Action figures
   2A. Moderate, non-violent action (eg walking, running, playing)
      a. Flexible, good adjustment, bright

   2B. Figures suggesting whirling movement
      a. Severe mental/emotional condition

   2C. Violent action figures
      a. Aggressive person

3. Front view
   a. Honest and emotionally accessible to others, frank

3A. With over-dressed figure
   a. Likes to show off, expose self or be center of attention

4. Profile view
   a. Evasive, reluctant to face and communicate with others unless on own terms
   b. Reserved or reluctant to be open in interpersonal relations
   c. Serious adjustment, withdrawal or oppositional difficulties

4A. Absolute profile with only one arm/leg visible
   a. Suspicious, low trust, critical, paranoid

5. Profile of head with body in front view
   a. Socially uncomfortable/uneasy
   b. Evasiveness or feelings of guilt in social contact
   c. Often uses poor judgment, immature, regressed
   d. Likes to show off, expose self, be center of attention, exhibitionist
   e. Dishonest, distorts and covers up truth/reality

6. Confusion of profile and full face view (most commonly forehead/nose in profile with eyes/mouth in front view)
   a. Organic/neurological condition
   b. Severe mental/emotional condition, psychotic

7. Back of person to viewer
   a. Severe mental/emotional condition, psychosis
   b. Suspicious, low trust, critical, paranoid
   c. Lacks well developed conscience, psychopathic tendencies

L. Clothing and Other Appurtenances

1. General considerations

1A. Patient asks whether they should/should not use clothing
   a. Self-conscious about physical appearance

1B. Drawing less than two articles of clothing
   a. Possible organic/neurological condition
2. Over-clothed figures, especially when drawn with energy and conviction
   a. Self-centered, childish with sexual maladjustment
   b. Self-centered, uses appearance to draw attention from others
   c. Over inhibited sexually, excessively modest
   d. Uses clothing to stimulate social/sexual excitement
   e. Superficially social and extroverted
   f. Strong need for social approval and dominance
   g. Somewhat lacking in conscience, prone to antisocial behavior
   h. Aloof from people, does not seem to get close, few/no friends

3. Under-clothed or nude figures (not artist or currently in weight lifting)
   a. Self-centered, childish, with sexual maladjustment
   b. Attracted to their own body, narcissistic
   c. Interest in pornographic material, voyeuristic
   d. Likes to show off or expose self or be center of attention, exhibitionist
   e. Preoccupied with body processes
   f. Masturbates
   g. Introverted, fantasizes a lot and does not gain satisfaction with social relations, few/no friends

3A. Nude lying down
   a. Preoccupied with sex

4. Clothing too big for figure
   a. Feels inadequate, suffers self-hatred/disdain

5. Transparent clothing
   a. Interested in pornographic/voeureist and/or likes to expose self/exhibitionist
   b. Severe mental/emotional condition, psychosis
   c. Uses poor judgement frequently
   d. Possible organic/neurological condition

5A. Legs seen through pants in male patient’s drawings
   a. Fear of homosexual interest, homophobia

5B. Hair or head seen through hat
   a. Immature sexual behavior

5C. Skirt outlines with a line in the middle to suggest trouser legs in female figure drawn by male patients
   a. Sexual confusion/immaturity

6. Striped clothing

6A. Monotonous
   a. Compulsive tendencies

6B. In horitontal
   a. Difficulty controlling aggressive and/or sexual impulses

7. Button emphasis
   a. Dependent inadequate and immature
   b. Acting more childish and immature lately and/or depressed
   c. Self-centered, preoccupied with body functioning
   d. Attempting to control body impulses

7A. On cuffs
   a. Worrier/obsessive anxiety
3. Pocket emphasis
   a. Immature, dependent personality
   b. Emotionally deprived of maternal affection, antisocial traits

8A. Large pockets emphasized
   a. Emotionally dependent on mother, adolescent striving for sexual prowess

8B. Female patients
   a. Independent

9. Tie emphasis
   a. Concerned over sexual matters, sexual inadequacy
   b. Preoccupied with sex, homosexual conflict

9A. Tiny, uncertainly drawn or debilitated ties
   a. Feels inadequate sexually, including attractiveness

9B. Long and conspicuous ties
   a. Sexually aggressive, possibly coercive, over compensating with sex

9C. Ties blown off to one side
   a. Overt sexual aggression

10. Shoe emphasis
   a. Male patients
      b. Sexually impotent in crisis of ageing

10B. Over-detailing of shoes, laces, etc...
   a. Feminine/effeminate, worrier/obsessive

10C. High heel shoes detailed by male patients or on male figures
   a. Homosexual interest

10D. Sharply pointed shoes
   a. Aggressive tendencies

10E. Boots on male figures by males
   a. Homosexual interest

11. Miscellaneous appurtenances emphasized

11A. Belt emphasis
   a. Preoccupied with sex

11B. Belt emphasis with heavy shading
   a. Conflict over sex, possibly a sexual phobia

11C. Belt buckles emphasis
   a. Dependency needs, striving to meet needs, unmet needs

11D. Cap visor elongated or phallic hats
   a. Insecure, lacking confidence

11E. Hat constructed to conceal the eyes
   a. Reluctant to interact with environment

11F. Cigarettes, canes, guns
   a. Preoccupied with sex

11G. Male patient drawn canes
   a. Homosexual interest

11H. Earring emphasis
   a. Likes to show off, expose self, be center of attention, exhibitionist

11H1. Male patient drawing female figure
   a. Feminine/effeminate traits/thinking

11I. Gloves on hands
   a. Struggling to control emotions or inhibit aggression

11J. Female patient drawn hat on figure
   a. Venturesome, willing to take risks

11K. Pipe large, conspicuous or smoked actively
   a. Preoccupied with sex/virility
Recreational equipment emphasized (e.g. tennis racket, golf clubs etc. ...)
   a. Variable moods, cyclothymic

Trouser, fly emphasis
   a. Sexual concern/conflict

Weapons tucked in belt or carried in figure's hand
   a. Hostile acting-out tendencies, lacks well developed conscience, sexual preoccupation

Miscellaneous Ways of Drawing Persons

1. Clowns, soldiers, witches
   a. Hostile toward people, tends to want to punish others, delinquent tendencies
   b. Tends to put themselves down

1A. Clowns
   a. Resistant/defensive toward testing, tends to show off or clown around a lot, exhibitionistic, creative

1B. Witches
   a. Hostile toward females, overtly or covertly expressed

2. Cowboys
   a. Immature striving for masculinity

3. Older appearing drawing compared with patient's age
   a. Acts too much in the parent role

4. Peanut-man and snow-man when seriously compliant with instructions
   a. Evasive with regard to revealing self, problems with physical or body image

5. Dehumanized figures, boxy, robot-, geometric-, manikin-, or monster-like figure
   a. Organic/neurological condition
   b. Severe mental/emotional condition, psychosis

6. Seductive figures by female patients
   a. Self-centered, dramatizes complaints, tend to deny aggression, strong desires for affection, histrionic

7. Stick figures
   a. Insecure, evasive
   b. Negativistic and hostile
   c. Poor interpersonal relations, psychopathic tendencies
   d. Poor body image, perhaps obese
   e. Anxious and depressed

8. Weakly synthesized figures with poor integration
   a. Organic/neurological condition

9. Younger appearing drawings compared with patient's age
   a. Immature and clings to things/persons with whom they are emotionally invested
   b. Dramatizes complaints, strong desire for affection, tends to deny aggression, histrionic

Treatment of Male and Female Drawings

1. Drawn by either sex

1A. Confusion/scrambling of sex characteristics
   a. Confused over sexuality issues, poor adjustment

1E. Minimal sex differences evident
   a. Retreats to immature behavior, regression

1C. Same sex drawing depicting child
   a. Retreats to immature behavior, regression
1D. Head of male larger than female figure
   a. Perceives males as socially dominant
1E. Head of female larger than male figure
   a. Perceives females as socially dominant
1F. Omission of arms in opposite sex figure
   a. Feels rejected by the opposite sex, perhaps opposite sex parent
1G. Drawing of opposite sex looks older than patient
   a. Immature in sexual attitudes
1H. Drawing of same sex looks older than patient
   a. Striving for maturity and self-control
1I. Drawing of same sex looks significantly younger than patient
   a. Retreats to immature behavior, regression
1J. Drawing of a baby
   a. Very immature, self-centered, dramatizes complaints, demanding of affection, histrionic
1K. Refusal to draw opposite sex figure
   a. Hostile and/or fearful of the opposite sex
1L. Refusal to draw opposite sex figure below the waist
   a. Fearful of sex (heterosexual or perhaps in general), suffered sexual trauma
1M. Same sex figure shaded
   a. Anxious in general and/or anxious over heterosexual activity
2. Drawn by male patients
2A. Female figure drawn first
   a. Conflict with sexual identity, disturbed, poor self-concept
2B. Male figure in profile and female figure in front view
   a. Self-protective/evasive but ready to expose females possibly with pornographic/voyeuristic interest
2C. Male figure detailed, kindly, appearance, perhaps in profile, while female is in front view
   a. Immature in sexual attitudes eg. equates self-worth to sexual prowess/conquests
2D. Male figure is grandiose, exhibitionistic, self-inflated while female figure, though smaller shows greater force
   a. Negativistic attitudes toward others, tends to belittle opposite sex for fear of being dominated
2E. Male figure off balance or without hands or feet
   a. Feels inadequate
2F. Female figure larger, more muscular or with wide stance while male figure is puny
   a. Passive, disturbed, feels inadequate, addiction prone
2G. Shading of female trunk, especially if drawn first
   a. Overcontrolled/rejection of body impulses
2H. Female figure with hair emphasis, large breasts and leg exposure
   a. Strong sex drive
2I. Female figure much larger than male figure
   a. Desires greater sense of personal strength/male identification, depressed
2J. Faceless female
a. Hostility and/or fear of opposite sex

2K. Male figure twisted in perspective to emphasize hips and buttocks
   a. Homosexual interest

2L. Female figure very aggressive while male figure appears emasculated, effeminate and collapsed
   a. Emotionally immature with feelings of inferiority

3. Drawn by female patients
3A. Male figure is smaller, deformed, or with neglect of aggressive/assertive contact features
   a. Hostility/competitive toward opposite sex

3B. Male figure drawn first, with other signs of disturbance
   a. Conflict with sexual identification, homosexual interest
   b. Strong aggressive, competitive traits

3C. Female figure looks masculine
   a. Hostile/competitive with opposite sex, suffers psychosomatic illness (eg hypertension)

3D. Female figure drawn with lack of feminine contours
   a. Sexually disinterested, low sex drive

3E. Heavily shaded figure of male
   a. Anxious over sexual activity (in general or with opposite sex)

IV. DRAWINGS OF HOUSES

A. Unusual Modes of Presentation

1. Absence of essential details (at least one door, one window, one wall, a roof)
   a. Severe mental/emotional condition/deterioration

2. Sun added spontaneously by females
   a. Overly dependent

3. Clouds added spontaneously
   a. Generalized anxiety

4. Mountains drawn in the background
   a. Defensive attitude, need for independence

5. Groundlines added spontaneously
   a. Apprehensive, feelings of insecurity

6. Shadows cast by the house
   a. Anxious

7. Shrubs drawn around the house
   a. Insecure and feels the need to erect self-protective barriers

8. Tulip and daisy-like flowers
   a. Retreats to immature behavior, regression

9. Shrubs drawn by males
   a. Defensive, perhaps paranoid

10. Shrubs drawn by females
    a. Happy-go-lucky, venturesome

11. Many trees spontaneously drawn around the house
    a. Strong needs for dependency

12. Inability to integrate the part of a house into a unified whole
    a. Organic/neurological condition

13. Anthropomorphic houses (looks like a face using windows/door etc.)
    a. Retreats to immature behavior, regression
14. Blueprint of floor plan presentations
   a. Severe conflict in home
   14A. Well done
      a. Suspicious, low trust, critical, paranoid tendencies
   14B. Poorly done
      a. Organic/neurological condition
   15. Rear of house drawn
      a. Withdrawn, oppositional/negativistic
   16. Outhouse drawn
      a. Aggressive, hostile, character disorder
   17. Difficult drawing angles
      a. Organic/neurological condition
   18. Sitting on a spontaneously drawn cloud-like ground line
      a. Poor contact with reality, reality distortion
   19. Toppling-over house
      a. Developing severe mental/emotional condition, developing psychosis

B. Apparent Distance

1. Very distant appearance
   a. Desire to withdraw, psychologically inaccessible
   b. Home situation beyond their ability to handle effectively
   c. Feeling rejected or acts rejecting toward one or more significant others
2. Close appearance
   a. Expresses feelings of interpersonal warmth
   b. Open with feelings, psychologically accessible

C. Perspective

1. Seen from below (worm's eye view)
   a. Feelings of rejection and unhappiness in home
   b. Tends to withdraw into only limited social contact
   c. Feels inferior and inadequate
   d. Goals perceived as unattainable
   e. Critical of traditional institutions, political reactionary, perhaps depressed
2. Seen from above (bird's eye view)
   a. Rejects part or all of home life
   b. Critical of traditional institutions, political reactionary
   c. Desire to escape rejecting homelife, perhaps depressed and/or compensating for these feelings
   d. Presents as superior/grandious but compensating for fears

D. Size and Placement

1. Very small house
   a. Withdrawal tendencies
   b. Feels inadequate
   c. Rejects home/homelife
   d. Retreats to immature behavior, regression
   e. Psychologically disturbed
1A. Female patients
   a. Self-controlled, humble and reserved
2. Very large house, filling page
   a. Feeling great frustration over a restrictive environment
   b. Uses fantasy and overcompensating to defend against fears
   c. Hostile and aggressive tendencies
   d. Feelings of great tension and irritability

3. House at bottom edge of page
   a. Feels insecure and inadequate
   b. Depressive tendencies

3A. Male patients
   a. Shy, often avoids interpersonal contact

3B. Female patients
   a. Tough minded, emotionally stable

4. House high on page
   a. Fear of environment, desires to avoid conflict with others

4A. Female patients
   a. Well controlled, self-disciplined

5. House on left side of page, female patients
   a. Psychosocially reserved

E. Parts of House Treated Unusually

1. Chimney

1A. Drawn quickly, easily and appropriately
   a. Good adjustment

1B. Emphasis through reinforcement
   a. Overly concerned with nurturance from homelife
   b. Concerns over sexuality
   c. Likes to show off or expose self to others
   d. Developing intellectual decline/deterioration

1C. Angled chimney
   a. Retreat to immature behavior, possible organic condition
   b. Insecure, fear of failure/emasculaton/castration

1D. Multiple chimneys
   a. Overly concerned with sexuality, maybe covering up fears
   b. Overly concerned with intimacy issues

1E. Omission of chimney
   a. Feels a lack of psychological warmth in the home
   b. Difficulty with sexuality, possible sex dysfunction

1E1. Male Patients
   a. Insecure, fear of failure/castration, emasculaded

1F. Two dimensional chimneys drawn by male patients
   a. Feeling of inadequacy in sexual/dating relationships

1G. Smoking chimney

1G1. Smoke blowing left to right
   a. Normal adjustment, conservative attitude

1G2. Intense smoking
   a. Feels pressure from environment

1G3. In great profusion
   a. Considerable inner tension/anxiety in home situation

1G4. Blowing from right to left
   a. Pessimistic, feels under pressure
1G5. Blowing both to left and right
   a. Distorted contact with reality, perhaps psychotic

1G6. In a single line
   a. Lack of emotional warmth in the home

1H. Smoke rising from home with no chimney
   a. Loss of sexual feelings/interest

2. Door

2A. Absence of door
   a. Psychologically inaccessible/closed, withdrawn
   b. Distant family relations
   c. Feels isolated from others
   d. Severe mental/emotional disorder, psychosis

2B. Door drawn last
   a. Relations with others distasteful/inadequate
   b. Tends to withdraw

2C. Very large door
   a. Overdependent on others
   b. Needs to impress others with social accessibility

2D. Very small door
   a. Feels socially inadequate and indecisive
   b. Reluctant to be socially open/accessible, withdrawn
   c. Tends to back off from others

2D1. Male patients
   a. Shrewd, evasive, dishonest

2E. Heavily hinged or locked doors
   a. Withdrawn and defensive
   b. Hostile and suspicious

2F. Drawn above baseline without steps
   a. Psychologically inaccessible/closed
   b. Involved with others only on their terms

2G. Open doors
   a. Strong need for emotional warmth from environment

2G1. Vacant house with open door
   a. Inadequate defenses

2H. Door knob emphasis
   a. Preoccupied with sexual matters
   b. Excessive concern over interpersonal relations

3. Rain spouts and gutters

3A. Emphasized and reinforced
   a. Defensive and evasive
   b. Suspicious
   c. Preoccupied with sexual matters

4. Roof

4A. Apex of roof not closed
   a. Poor contact with reality, confuses reality with fantasy
   b. Poor ego boundaries, perhaps a severe mental/emotional condition

4B. Emphasis through size or shading
   a. Excessive seeking of satisfaction in fantasy
   b. Concerned about controlling fantasy

4B1. Large in size
   a. Introverted and fantasizes excessively

4C. Blown down roofs
   a. Feels overwhelmed by forces beyond his/her control

4D. House drawn only as a roof
   a. Excessive use of fantasy
   b. Severe mental/emotional condition, psychosis
4E. Single line for roof
   a. Severe mental/emotional disorder, below average IQ
4F. Eaves emphasizes
   a. Overly defensive, suspicious, evasive
4G. Shaded roof
   a. Anxious and uses fantasy excessively
5. Shutters
   5A. Closed shutters
      a. Extremely withdrawn
      b. Extreme defensiveness
   5B. Open shutters
      a. Psychologically accessible/open, good social adjustment
6. Steps and walkways
   6A. Steps heading to a blank wall
      a. Withdrawn and in conflict over psychological accessibility
      b. Problems with reality testing
      c. Organic/neurological condition
   6B. Walkways
      6B1. Well proportioned and easily drawn
         a. Emotionally stable, psychologically accessible, good social adjustment
      6B2. Very long walkways
         a. Reduced psychosocial accessibility/closed, feels need to improve social skills
      6B3. Very narrow at house, broad at end
         a. Desires to remain aloof with superficial friendliness socially
      6B4. Wide walkways
         a. Socially open and accessible
7. Walls
   7A. Strong walls
      a. Good ego strength/healthy
   7B. Thin walls
      a. Poor ego strength
   7C. Over emphasized walls
      a. Making a conscious effort toward self-control
   7D. Absence of walls
      a. Poor contact with reality
      b. Feelings of unreality, derealization
   7E. Baseline for wall emphasized
      a. Anxious
      b. Oppositional, poor self-control
   7F. Disconnected walls
      a. Difficulty controlling emotions/behavior
      b. Feelings of self-alienation, depersonalization
   7G. Double perspective with narrow end walls
      a. Retreats to immature behavior, regression
      b. Average or lower IQ
      c. Organic/neurological disorder
   7H. Double perspective with both end walls exaggerated
      a. Excessive self-protectiveness
      b. Severe mental/emotional condition psychotic
      c. Organic/neurological condition
   7I. Peripheral lines faint and inadequate
      a. Poor ego strength
      b. Tense, inadequate defenses
7J. Peripheral lines overemphasized
   a. Conscious effort to maintain ego strength

7K. Single perspective, only one wall shown
   a. Strong need to maintain acceptable social image
   b. Evasive tendencies

7K1. If a side wall
   a. Withdrawn, oppositional, paranoid traits

7L. Transparent walls
   a. Poor judgment, poor contact with reality, psychotic
   b. Compulsive need to structure situations
   c. Below average IQ, retarded
   d. Organic/neurological condition

7M. Horizontal dimension overemphasized
   a. Vulnerable to pressure from the environment
   b. Poor orientation to time
   c. Depressed or anxious
   d. Covert homosexual interest

7N. Vertical dimension overemphasized
   a. Overdependent on fantasy satisfactions
   b. Failing contact with reality

7D. Walls unconnected with a baseline, unless paper based
   a. Feelings of unreality/derealization, poor reality contact

8. Windows
   a. Adequate in number and size
   b. Healthy social accessibility

8A. Adequate in number and size
   a. Healthy social accessibility

8B. Absence of windows
   a. Hostile and oppositional
   b. Withdrawal tendencies
   c. Severe mental/emotional disorder

8C. Few in number
   a. Retreats to immature behavior, regression

8D. Large in number (especially if in bedroom)
   a. Likes to expose/draw attention to self, exhibitionist

8D1. Without shades or shutters
   a. Open to contact with environment
   b. Overly concerned with environmental interaction

8D2. With shades
   a. Does not feel the need to hide feelings

8E. Curtains and shades absent

8F. Curtained windows
   a. Withdrawal tendencies, emotionally reserved

8F1. Easily and freely drawn
   a. Normal, healthy homelife

8F2. Drawn closed
   a. Evasive attitude

8F3. Not closed
   a. Anxious in social involvements

8G. Shades extending outside the windows
   a. Severe mental/emotional condition, psychosis

8H. Heavily reinforced windows
   a. Concerned with interpersonal relations
   b. Concerned with over eating, excessive drinking, drugs, etc...

8I. Open windows
   a. Failing ego strength/control, closed psychological accessibility
b. Problems with overeating, excessive drinking, drugs, etc...

SK. Oval shaped windows
a. Liberal, experimenting attitude

SL. Very small in size
a. Psychological inaccessibility/closed, aloof
b. Lack of interest in people, schizoid tendencies

SL. Without panes
a. Hostile and oppositional

SM. With many panes
a. Psychologically accessible/open but reserved

SN. Triangular shaped windows
a. Overconcern with female sex

SO. Many interstices giving barred effect
a. Some aspect of environment feels like a prison
b. Overly defensive

V. DRAWINGS OF TREES

A. General Considerations

1. Essential details missing (trunk, at least one branch)
a. Developing intellectual deteriora

2. Large sun spontaneously added
a. Concern/conflict over authority figure relationships
b. Generally perceives environment as warm and nurturing

B. Types of Trees

1. Apple tree
a. Desires children
b. Immature, tends to retreat into immature behavior under stress, regression

1A. Female patients
a. Pt. may be pregnant with child
b. Suspicious of others

2. Christmas tree, out of season
a. Unmet dependency needs

3. Dead tree
a. Depressed with guilt feelings, suicidal
b. Severe sense of futility/apathy with profound inadequacy and inferiority feelings
c. Severe mental/emotional condition, neurosis/psychosis
d. Withdrawn, no close friends, severe disturbance, schizoid
e. Poor prognosis for therapy

4. Dog urinating on tree
a. Aggressive person lacking in character

5. Enormous trees
a. Aggressive tendencies
b. Attempting to cover up inferiority feelings by acting/fantasizing competence/superiority
c. Overly sensitive, easily hurt
d. Desire to dominate and control others

5A. Female patients
a. Non-defensive
58. Male patients
   a. Conscientious

59. When drawn on an arc like hill
   a. Strong dominance need, exhibitionistic tendencies

60. Drawn in a geographic depression
   a. Feels inadequate
   b. Depressed

61. Isolated on a hilltop
   a. Feelings of superiority, grandiose
   b. Feels isolated and struggling for autonomy
   c. Tense striving for distant or unattainable goals

62A. If tree is rugged and large
   a. Tends to want to dominate, likes to be center of attention, exhibitionist

62B. If tree is small
   a. Dependent on mother figure

63. Keyhole trees (a continuous line enclosing a key-hole shaped area)
   a. Oppositional or hostile impulses which may be internalized
   b. Minimal cooperation or motivation to perform well
   c. Rigid personality with potential for explosiveness

64. Large trees, especially if well centered
   a. Self-centered

65. Leaning to the left
   a. Emotionally unstable due to desire for impulsive acting-out
   b. Fixed on the past and afraid of the future
   c. Introverted, traits of autism and/or narcissism

66. Leaning to the right
   a. Emotionally unstable due to fear of impulsive emotionality
   b. Desire to repress/avoid unpleasant memories
   c. Excessive optimism about the future

67. Nigg’s tree (a continuous line depicting jagged outline of tree)
   a. Defensive, keeps people at an emotional distance, encapsulated personality, hostile

68. Partly up a hill
   a. Feelings of striving
   b. Need for shelter and security

69. Phallic trees, male patients
   a. Problem adjustment, psychosexual conflicts/immaturity

70. Saplings
   a. Feels immature
   b. Retreats to immature behavior, regression

71. Shadows cast by a tree
   a. Conscious anxiety regarding past interpersonal relations which were unsatisfying

72A. Added after sun was drawn
   a. Compulsive tendencies

73. Small trees
   a. Weak ego with low energy level
   b. Inferiority/inadequacy feelings
   c. Introversion or withdrawal tendencies

73A. Drawn on a crest of an arc-like hill
   a. Feels isolated from others and dependent on mother, maybe overeater/obese or excessive drinker
18. Split trees (looks like 2 one dimensional trees with branches on one side)
   a. Decompensating into a severe mental/emotional condition, psychosis, organic syndrome
19. Swing in tree, by women patients
   a. Relaxed attitude, lack of tension
   b. Experimenting, non-conservative orientation
20. Tiny trees
   a. Inferiority and inadequacy feelings
   b. Withdrawal tendencies
21. Viewed from above
   a. Feels defeated and depressed
22. Weeping willows
   a. Depressed
23. Windblown trees
   a. Feels overpowered by environmental or socio-economic forces

C. Treatment of Parts of Trees

1. Branches

1A. Open crowns with a well developed branch structure
   (intrusive presentation)
   a. Stereotypical male characteristics eg. achievement, dominance, competitive, striving, competent
1B. Closed crowns with foliage drawn as circular and not structurally attached to the trunk (inclusive presentation)
   a. Stereotypical female characteristics eg. dependent, withdrawn, anxious, less competent
1C. Broken or cut-off branches
   a. Feelings of trauma, insecure, impotent/castrated
1D. Falling branches
   a. Losing ability to cope with environmental pressures
1E. Neglect of branches
   a. Lack of enjoyment from interpersonal relations
1F. Short club-like or spear-like branches
   a. Hostile/aggressive tendencies with acting out potential which may be masochistic
   b. Unconscious fear of failure, insecure, emasculated
1G. Shortened, bleak branch structure
   a. Environment perceived as bleak and unhappy
1H. Very tall branches, extending off top of paper
   a. Excessive fantasizing as in schizoid conditions, inadequate impulse control
1I. Tall, narrow branches
   a. Excessive fantasizing, introverted, schizoid
   b. Fear of seeking satisfaction in environment
1J. Turning inward
   a. Self-centered, introverted tendencies
   b. Obsessive-compulsive anxiety
1K. Excessive branches and leaves
   a. Racing thoughts, manic condition
1L. Excessive branches on small trunks
   a. Overemphasizing satisfaction seeking from environment
   b. High achievement strivings overcompensating for inadequacy feelings
   c. Precarious adjustment
1L. Branches, large in proportion to trunk
   a. High achievement motivation as compensation
   b. Heightened interest in seeking satisfaction from environment

1M. Overemphasized on left branches
   a. Emotional instability with impulsive acting-out

1N. Overemphasized on right branches
   a. Emotional instability with excessive tendency to avoid or delay emotional satisfactions

1O. Tiny branches on large trunks
   a. Frustrated with environment, feelings of inadequacy

1P. Very faint branches
   a. Anxious and indecisive

1Q. Pointed limbs
   a. Hostile acting-out tendencies

1R. Thick, very short "cut-off" branches
   a. Suicidal tendencies

1S. Broken or dead branches
   a. Traumatic experiences, felt loss of resources, insecure, fears failure

1T. Thickening branches to the outside
   a. Oppositional, rough, coarse, ambitious, impatient, aggressive

1U. A branch low on the trunk
   a. Retreats to immature behavior, infantile

1V. Branch extending off the top of the page
   a. Tendency towards fantasy satisfaction

1W. Branches not connected to the trunk
   a. Unable to cope with environment

1X. One-dimensional branches
   a. Feels inadequate and impotent
   b. Unsatisfied by current environment
   c. Organic/neurological condition
   d. Low ego strength

1Y. Two-dimensional branches not closed at distal end
   a. Inadequate control of emotion

1Z. Two-dimensional branches partially drawn with foliage implied by shading or hatching
   a. Healthy, socially very effective

2. Stylistic treatment of crowns

2A. Cloud-like crown
   a. Active fantasizing in a childish avoidance of reality, low energy level

2B. Confused jumble of scribbled lines
   a. Confused, excited, impulsive, emotional lability

2C. Curlicue indication of crown
   a. Enthusiastic, talkative, social active but perhaps lacking endurance

2C1. Swirling lines are heavy
   a. Confused and tense

2D. Flattened crowns
   a. Inhibited, feelings of inadequacy/hopelessness, environmental pressure
   b. Attempt to reject or deny a painful fantasy life

2E. Shading-hatching crowns where maladjustment or anxiety is implied
   a. Depressive, labile moods, insecure
3. Leaves
   3A. Absence of leaves, foliage omitted (especially not in fall or winter)
       a. Inner barrenness, empty, lack of ego integration
   3B. Falling or fallen leaves
       a. Feels unable to conform to social demands
       b. Losing ability to conceal socially unacceptable thoughts, deteriorating social adjustment
   3B1. Female patients
       a. Concerns with menstrual/gynecological functioning
   3C. Many leaves
       a. Tries to appear productive/fruitful perhaps with obsessive-compulsive tendencies
   3D. Leaves not attached to branches
       a. Deterioration/decompensation
   3D1. Numerous leaves
       a. Obsessive-compulsive tendencies
   3E. Sharply pointed leaves
       a. Aggressive, acting-out tendencies
   3F. Two-dimensional and meticulously drawn
       a. Obsessive-compulsive tendencies
   3G. Two-dimensional and too large for the branches
       a. Inadequacy feelings behind a facade of adequate adjusting
       b. Covers up feelings of inadequacy with show of competence
   3H. Very sparse leaves, nearly barren limbs
       a. Feels the need for more refined/acceptable means of adjusting
       b. Tries to conceal self-concept behind a conforming appearance

4. Tree trunks
   4A. Animals peering from hole
       a. Overly dependent, retreats to immature behavior, regression
   4A1. Female patients
       a. Outgoing, assertive
   4B. Animal urinating on trunk
       a. Aggressive character disorder
   4C. Barren or truncated trunks or stumps with little branches sprouting
       a. Stunted psychological development which is now being healed/overcome
   4D. Broad based trunks
       a. Inhibited, slow to comprehend
   4E. Dead trunks
       a. Perceives a loss of ego control in obtaining satisfaction from environment
   4F. Discontinuous trunk outline
       a. Impulsive, excitable, impatient
   4G. Enormous trunk
       a. Aggressive, reacting to perceptions of a restrictive environment
   4H. Faintly drawn trunk
       a. Inadequate, indecisive, anxious
   4I. Large trunk
       a. Precarious adjustment due to frustration with satisfying basic needs, immature, self-centered
4J. Long trunk
   a. Retreats to immature behavior, regression

4K. Narrower at base than elsewhere
   a. Psychologically disturbed, low ego strength, inhibited

4L. One-dimensional trunk
   a. Feelings of powerlessness, low ego strength, possible
      organic disorder

4M. Periphery reinforced
   a. Striving to maintain self-control and integrity, may
      use compensatory defenses

4N. Sack-like crown
   a. Passive and indecisive

4O. Scars on trunk
   a. Traumatic experience, possible post-traumatic stress
      disorder

4P. Shading, especially deep shading
   a. Feels inadequate, converts emotional upset into
      physical symptoms, agitated depression

4Q. Short trunks with large crown
   a. Self-confident, ambitious, proud/conceited

4R. Slender trunks with large branch structure
   a. Precarious adjustment due to excessive striving for
      satisfaction in some manner

4S. Thickening and/or constrictions of the trunk
   a. Inhibited, shy, retreats to immature behavior

4T. Tiny, thin trunk
   a. Feelings of inadequacy, ineptness, weak ego

4U. Two dimensional trunk with one, two dimensional branch
   a. Serious trauma in late childhood

5. Bark

5A. Easily drawn
   a. Healthy, normal adjustment

5B. Inconsistently drawn or heavily reinforced
   a. Anxious

5C. Meticulously drawn
   a. Compulsive, excessive anxiety over interacting with
      environment

5D. Depicted by several vine-like vertical lines which are well
   separated
   a. Withdrawn, no close friends, closed emotionally,
      schizoid

6. Roots

6A. Undue emphasis on roots or roots entering ground
   a. Insecure, concerned with hold on reality, feels like
      they are losing their grip, regression
   b. Inhibited, conservative

6B. Tapering easily into ground
   a. Good contact with reality

6B1. Male patients
   a. Trusting person

6B2. Female patients
   a. Self-disciplined

6C. Dead roots
   a. Fears losing grasp on reality
   b. Losing motivation, emotionally unstable
   c. Depressed and ruminating obsessively

6D. Omission of roots and baseline
   a. Feels insecure and inadequate
__6E. Poorly organized root structure
   a. Emotionally unstable, poor social skills/general functioning, inadequate
__6F. Roots on edge of paper
   a. Feels insecure and inadequate
   b. Depressive tendencies
__6G. Shaded roots
   a. Anxious and insecure
__6H. Talon-like roots
   a. Aggressive and suspicious, mistrusting, critical of others, paranoid
   b. Poor contact with reality, losing grip
__6I. Thin roots making tenuous contact with ground
   a. Poor reality contact
__6J. Transparent roots
   a. Weakness in reality contact
   b. Withdrawn, no close friends, closed emotionally, schizoid
   c. Organic/neurological condition