SIMPLE PSYCHOLOGICAL DATA IN MELANCHOLIA.

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THE material for this paper was obtained by using the Rorschach test. Purely as an introduction to this paper it may be said that the test differentiates individuals according to their preference for perceptions of form, colour and movement. This separation into categories is obtained by the exhibition to the patients of ink-blots of different colours and shapes. For details of the technique the best source of reference is Rorschach's *Psychodiagnostik*, though no English translation of the original German is available in print. For those unfamiliar with the test the articles of P. E. Vernon, McCalman, and the present author may be found useful.

Most investigations of the psychological content of, or causative factors in, depressive states deal with data which cannot in any sense be called primary. The complexes responsible at their origin are essentially compounds of different psychological factors. The alterations in the personality which occur with the incidence of the disease involve elements which permit of no clean-cut definition. To submit patients such as these to the ordinary psychometric tests does not, as a rule, permit us to differentiate them into recognizable personality types. The Rorschach test aids these typological ambitions in that it classifies patients according to their preference for simple perceptive data.

The most striking fact elicited in my own investigation is the reduction of colour and movement interpretations in patients in the depressed phase of the manic-depressive psychosis. The average figures, per individual, for the movement responses are ·33 in the melancholic group as compared with 1·63 for normal subjects. In the case of the colour answers the figures are ·61 and 1·96 respectively. The fact that my figures for normals are less than those of most investigators is a point of added significance. The reduction in the movement answers is more striking than that of the colour answers.

Another interesting feature, so far as perceptive data is concerned, is the melancholic's preference for different varieties of colour. His colour predilections are generally diminished. Those which are most provocative of answers are grey of various tones, and the paler blues. Reds, yellows and bright greens are but little interpreted.

The next factor to be considered is the appreciation of form. Rorschach claimed that in subjects with, at any rate, simple melancholia, this was more acute than in normal individuals. My experience does not wholly bear this out. The presence of agitation vitiates this acuity. One can say, however, that as a rule the perception of form in melancholics compares favourably with that in normal subjects.

A further striking fact to be elicited is related to the question of whether the whole blot, or a detail or very small detail of it, be interpreted by the subject. The criteria of differentiation between "detail" and "small detail" answers and the derivation of all other standards applicable in this test cannot be dealt with here, and must be obtained by consulting the literature. It must be said that melancholics reveal an inordinate attention to small details. This finding is in agreement with that of Rorschach, who, however, asserted a greater preponderating significance to them than I find. The results of these investigations show an accentuation of small detail and whole answers at the expense of ordinary detail answers which, in ordinary subjects, are of most common occurrence.

As might be expected, many interpretations of the proffered ink-blots are concerned with animal forms (*T* answers, from the German *Tierantworten*), and with parts of the human body (*Md* answers, from the German *Menschen-detailantworten*). These answers are increased in melancholic subjects.

Further symbols used convey the degree of originality and frequency of the interpretations. These are called *O* and *V* answers respectively. The former are decreased and the latter markedly increased in melancholia.

Throughout the test responses it is necessary to note the degree of stereotypy present. Stereotypy has a special meaning here. It refers to a tendency to offer those stock interpretations to which the pictures must lend themselves, such as the heads of dogs and humans, etc., and to fail to enrich the subject's perceptions with imaginative embellishments. It will be understood that stereotypy involves a concentration of *V* answers (the commonly recurring answers), a reduction in the *O* answers, and an increase in animal and human body answers. It involves a utilization of the most common and restricted associative data, rather than any which can be used for the higher process of abstractive synthesis. Stereotypy is very commonly associated with a reduction in the movement and colour elements, which can therefore almost always be taken as an indication of it. In melancholia there is an undoubted increase in the degree of stereotypy. There are certain types of response indicative of the higher powers of abstractive organization. These include incorporation answers, where different coloured areas of the plates are included in a single form interpretation, together with what are called *EQ* answers, where some mien or emotional attitude recognized in the blots determines the nature of the interpretation. These answers, of rare occurrence even in the highest normals, are practically non-existent in melancholics. Both

sorts of answer taken together yield 5·46 per 100 subjects in melancholics and 62 in normals. This well illustrates the associative restriction in melancholics.

Anxiety and agitation are terms used loosely in connection with melancholia; anxiety in particular is a phrase to be used with circumspection. There is a growing tendency, even allowing for the fact that so many varieties of anxiety exist, to demarcate clearly between psychoneurotic anxiety and anxious conditions occurring in melancholia. There is a type of Rorschach response which represents psychoneurotic anxiety. In it the grey-shaded areas are used as determinants of responses from the point of colour, as in such interpretations as clouds, smoke, landscapes seen at a distance, etc. These responses are most developed in patients with psychoneurotic anxiety. They are of small occurrence in melancholic subjects, the average figures for normals and melancholics being 1·12 and ·46 respectively. In a whole group of depressed subjects the incidence of these responses in suicidal and agitated patients gave figures of ·38 and ·27 respectively. This clearly supports the view that the anxiety occurring associated with depression is essentially different in its genesis from that which occurs in psychoneurotic conditions.

Consideration of the different varieties of melancholia reveals that at present there are no very characteristic differences between the Rorschach response in the clinical varieties of melancholia usually described, i.e., simple retardation, melancholia with delusions, etc., no matter what scheme of clinical classification be employed. One fact does emerge, however—that the presence of manifest psychomotor agitation does alter the Rorschach response in the following ways: With agitation the acuity of the appreciation of form diminishes, and there is less tendency to stereotypy. The interpretations show a higher percentage of original answers. These, however, are of what is described as the minus variety, since the novelty of the perceptions concerned is vitiated by their lack of resemblance to the form of the blot, or of the part of the blot concerned.

Each of the Rorschach manifestations which have been described represent some clinically demonstrable psychological factor, since the meaning of the test factors was established by clinical correlations. The elucidation of these is difficult in a short paper of this description, and somewhat superfluous, in that a bald statement of them is no substitute for, or addition to, the subjective clinical knowledge of the patient obtained from observation over a considerable period of time. Points of particular emphasis, or additional points not readily discoverable by other means, are as follows: There is, in melancholia, a great diminution in what Rorschach calls the capacity for inner creativity. It is that propensity which expresses itself in artistic and religious experience. It involves productive introversive tendencies. Such qualities are, of course, at the opposite pole to mere self-absorption. In addition there is a gross restriction, as expressed by the paucity of colour answers, of extratensive

tendencies. There is, indeed, a marked affective repression. It should be pointed out that Rorschach's use of the terms "introversive" and "extratensive" is at variance with the terms "introverted" and "extraverted" used by such authorities as Jung. One cannot enlarge here on these differences. It must suffice to say that Rorschach's terms apply to tendencies in continual operation, whereas Jung is dealing with more static attributes of mind. As regards the other types of response we have mentioned, these show that the general faculty we call "intelligence" is not depleted in melancholia to the extent which applies in other mental disorders, but that this intelligence is of a very restricted variety, and embodies the use of only the most basic associative data. The indication derived from consideration of the number of whole, detail, and small detail answers is that in melancholics we are dealing with an intelligence so meticulous as to be unpractical, and the abstractive powers of which are devoted only to the most commonplace syntheses.

A very common problem faced by all alienists is the occurrence at certain periods, in other types of mental disorder, of a depression so intense and all-pervading that, though the diagnosis be schizophrenia, paranoia, or what you will, the immediate picture presented is one of acute melancholia. One is allowing for the fact that analysis of the contents of these depressions may provide a strong clue to their real nature, perhaps particularly so where hypochondriacal ideas occur. But even taking this into consideration, it must be admitted that the very elasticity of the most honest diagnoses ensures that the above be true. One has only to peruse the case-sheets of any mental hospital to see what alarming excursions a patient can make in the diagnostic scale. That this occurs is no slur on the examiner, but a tribute to his honesty. The fact remains that diagnosis, from mere clinical observation, can be surpassingly difficult in these cases. On first seeing a patient, say a case of dementia præcox, or delusional insanity, in such an acutely depressed phase, it may be impossible to offer a correct diagnosis, though this is of considerable importance from the prognostic view.

The test findings in melancholia differ from those in the depressed phase of dementia præcox and delusional insanity. This affords a means of distinguishing cases which cannot be differentiated by any other means. The distinction depends on the degree of stereotypy present. In the matter of stereotypy, melancholia lies midway between depression in dementia præcox, where it is most developed, and depression in delusional insanity, where it is least developed. This means that in dementia præcox with depression there is the lowest average for colour and movement elements, the highest percentage of favourable form perceptions and animal and human part answers, the highest occurrence of *V* answers, and the lowest percentage of original answers. As one passes through true melancholia to depression in delusional insanity there is a somewhat lesser tendency to stereotypy, shown by some increase in

the colour, movement and original elements, and a decrease in the form, animal, human body and vulgar percentages. It has been possible to devise a numerical formula to determine in depressed cases whether they belong to the manic-depressive, dementia præcox, or delusional groups. This formula expresses mathematically the degree of stereotypy present in each. It may be said that the only type of dementia præcox considered here is that stage of apathetic withdrawal, general emotional retardation and constriction of interest which constitutes what continental authors call dementia præcox simplex. This, it will be agreed, is the only type of dementia præcox, complicated by depression, which is likely to be confused with melancholia.

My experience with this test has been confined to the depressed phase of the manic-depressive psychosis. In the maniacal state the colour and movement answers are increased, the form perception is less acute, the animal and human body elements less developed, and the percentage of original answers increases. It should be possible to predict, particularly from the increase in colour and movement elements in a patient previously depressed, the onset of a maniacal phase. It is advisable, in closing, to emphasize the usefulness of the Rorschach test when applied to subjects of this description. As regards the general psychological make-up of the individual, it is not suggested that the test is to be used as a substitute for clinical observation. In one particular it has an advantage, in that the nature of its answers is useful as psycho-analytic data, which might not otherwise be so readily offered. It must be admitted that for this purpose its value is more in psychoneurotic cases. One of its main uses is in differential diagnosis. I consider its main application is, however, in the formulation of a new scheme for the differentiation of personality types. Kretschmer's body-character classification is an absorbing theme, the main claims of which are generally recognized. Jung's exclusively psychological classification has the disadvantage that certain of the types involve the use of data which overlap for the different categories described. The description of, say, introversive thinking and introverted feeling types ensures that this should be so. The Rorschach test embodies the separation of types according to their preference for certain primitive perceptions. The origins of personality have their foundation in perceptive data. A system of classification based on these has certainly the strictest scientific justification.

In conclusion I must say that these remarks must inevitably seem too terse in that in this short space it has been necessary to describe the data of a test which may be new to you, as well as to outline its applications to melancholics. The findings, expressed here, for melancholia are only a fractional summary of a more comprehensive work on the diagnosis of depressive states.