

## SYMBOLIC GESTURES IN THE CLINICAL STUDY OF PERSONALITY

BY

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### LABORATORY VERSUS CLINIC

There are two approaches to the scientific study of human subjects: the clinical and the laboratory. Though both methods have made important contributions to psychology, the clinical has often been criticized by those dedicated to the laboratory method of approach. Criticism has sometimes taken the form of vituperative comment [1], more often of benevolent toleration [2], and most often of sublime indifference [3]. In general it has been directed at one or another of the following points, namely, that the loosely defined concepts of the clinical psychologist can not be compared to the more accurate concepts of the laboratory man; that the procedure of the clinic is one of trial and error as compared to that of the laboratory, which is precise and definite; that the clinician is in search of motives of a basic, permanent nature, while the laboratory man is satisfied with the study of stimuli and responses which are immediate, determinable, and possible of demonstration; and finally, that the clinic treats facts historically or descriptively, while laboratory research aims at laws and generalizations.

Every psychologist knows that an experimental laboratory is a place where standardized results are sought through tests performed under controlled conditions. The clinic on the other hand is known as a place where the results of experimental procedure find their application; but it is not advertised as the place where, in the observation of functioning personalities, experimental problems are generally born. Any laboratory which attempts to solve problems conceived apart from clinical situations is doomed to sterility. Conversely, any clinic which does not defer, wherever possible, to the special equipment of the laboratory for the verification of its hypotheses is, to that extent, liable to error.

Yet the clinician can not always refer to the laboratory for verification of observed variations through standardized procedure. In the course of his practice he meets phenomena of behavior and structure which, detached from their setting, change their meaning. If repeat-

edly observed in the course of clinical work, such phenomena reveal a meaning which, in an empirical way, suffices for the clinician. It goes without saying that, were it possible to determine their nature in a laboratory study, these phenomena would possibly increase in definiteness, but they would not be expected to serve as substitutes for clinical procedure. All the tests of a medical laboratory—gastric content, leucocyte count, or whatever—will not, when taken alone, diagnose a case of appendicitis; and all the tests of endurance, motor control, imagination, emotion, or intelligence will not disclose a somatic compensation, an autistic phantasy, or persistent nightmares as adjuvative reactions of unsuccessful individuals.

#### ANALYSIS AND SYNTHESIS

Both the clinic and the laboratory then seek to observe and interpret mental states and behavioral patterns of human individuals. The laboratory does so through the manipulation of special sets of data under special conditions. This implies isolation, repetition, and systematic variation to the end of obtaining partial correlations of one sort or another [4]. The clinic does so through the identification of all facts obtained with the organism acting as a unit. This means the projection of every datum against a background of developmental detail, and the correlation of experimental results and clinical observations with the trends revealed in this background. The laboratory's contribution is that of analysis; the clinic's that of synthesis.<sup>1</sup>

Synthesis implies creativeness, for the product of synthesis is always something new and different from the parts that are put together; and the creative savors of subjectivism. Hence the clinical psychologist has been accused of being more of an artist than a scientist. His avowed interest in motivation instead of in explicit S-R units is sometimes given as added proof of his "artistic bias". As a matter of fact, in the study of the dream-aspect of personality by association techniques, for example, the stimulus-response relationship is as much in evidence, on a verbal level, as it is in the study of behavior by the chronoscope or kymograph on a motor level. It is true that clinical results do not always permit of quantification, but a good deal of biological and chemical knowledge (tropistic phenomena, stereoisomerism, etc.) does not lend itself to mathematical formulation.

It is the laboratory scientist who is in a dilemma with reference to the matter of subjectivity and objectivity. In treating facts as he does he is often confronted with the need of deciding in favor of suc-

<sup>1</sup> The clinic may employ analytical techniques for phases of behavior which have not gone through the laboratory stage of development, but its aim is always to reduce procedures of *this* type to the laboratory level as soon as possible.

cession as against impulsion, of extension as against perception, of position as against imagery. Under isolated, controlled conditions such a choice is imperatively necessary. The clinician however is not so afflicted. To him, in the light of the total picture afforded by a given case, subjective evidence—culled from the realm of feeling and perception—has validity only insofar as it is borne out by evidence, both objective and subjective, obtained from other sources. Thus does the subjective find its place alongside the objective in a verifiable sequence of events.

#### TESTS AND TECHNIQUES

At present the diagnosis of personality rests on a good deal of standardized laboratory evidence sufficiently reliable to be used with confidence in clinical practice. The general intelligence tests (Binet, Otis, National, Army Alpha, etc.), vocational skill tests (Stenquist, Seashore, etc.) tests of emotional stability (Pressey, Thurstone, etc.), self-expression tests (Allport, Rorschach, etc.), and controlled association tests (Kent-Rosanoff, Wells, etc.) represent procedures to which the clinical psychologist must resort with greater or less frequency in the course of his work [5].

There is a group of procedures independent of those listed, which are as yet unstandardized and probably impossible of standardization, on which the clinician must also depend. Among these are general observation, systematic interview, and free-association techniques of the continuous variety. It is through these that the object-orientations of the individual in the fields of sex, religion, work, and recreation can be obtained. Considerable light is thus also thrown on his social-accommodation patterns: his attitude toward other people, toward friend and foe, toward "society in general", etc. His self-regarding attitudes, his insight into his own shortcomings, capacities, and failures will also be, to some extent, revealed by these procedures.

There is a vast field of human activity, as yet little known or indeed even observed, which can be used constructively in personality study. This is the field of gestural responses. I have elsewhere devoted considerable space to these mechanisms of conduct, and I have succeeded in listing one hundred and sixty distinct manifestations of this sort [6]. My list by no means exhausts all the manifestations observable but it is suggestive enough to furnish a guide to their observation and interpretation in clinical practice.

This is the field of phenomena that should yield data diagnostic of somatic compensations and autistic reveries of various kinds. Such gestures, for example, as clearing one's throat, forced coughing, and

convulsive spitting—present where there seems to be no specific or understandable objective stimulation which would throw light on their appearance—challenge the attention of the student of human behavior every day. They may be observed occasionally during the discussion of socially tabooed topics in ordinary or formal discourse. Yawning, when there is no need for sleep, wetting one's lips when there is no special advantage or evident meaning in that movement, opening and closing objects, shifting one's eyes, and back-stepping are again forms of gesturing indicative of various residua of conflict situations. Wiping objects unnecessarily, bringing the index finger to one's lips, scratching one's head or glancing at one's finger nails, pushing up one's spectacles, leaning against a wall, fixing one's hair, or wiping one's nose or lips—not to speak of some very much more involved gestures and postures—are all forms of compensatory expression of the greatest value in clinical study.

#### GESTURES AS CLINICAL MATERIAL

The special distinction of the gestural approach lies in the fact that movements observed are objective in the sense of having both extension and succession. As such they should lend themselves to laboratory study. But the laboratory method does not fully meet the needs of the case. Even if the movements in question could be isolated under standardized conditions, they should not be interpreted without the aid of the clinic. The interpretation of these movements and tensions depends on the study of genetic trends in the biography of the individual (with special attention to emotional fixations), the careful observation of situational cues with which the autistic phenomena are associated, and a modified application of Jacobson's technique of "autosensory examination" [7]. By this technique the subject is taught to reinstate the gestures and postures observed and, on being given the cues to which he had evidently responded, to verbalize the meanings evoked. In this way obscure symbolic material, obscure in spite of its objectivity, is given meaning and converted into valid clinical data.

The gestures and postures described are sufficiently frequent in all individuals and promise sufficient uniformity to deserve attention in personality diagnosis. Of course it is not suggested that the clinical psychologist must define all the subtle nuances of behavior displayed by his subject. Nor is it suggested that only subtleties of behavior should be used in the clinical survey of personality function. The study of these substitutive responses must be regarded as merely one of the methods open to clinicians in the synthetic study of human material.

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