

AN INVESTIGATION OF THE CONCEPT OF CONSTRICTION IN TERMS OF

ITS MEASUREMENT AND GENERALITY

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PREVIEW

CHAPTER I

INTRODUCTION AND PURPOSE

The concept of constriction is used extensively in clinical psychology although a precise meaning has not been established through systematic research. The meager literature in which the concept is actually denoted is comprised of theoretical discussions of the Rorschach technique and a small number of empirical research efforts. In addition, it is frequently used interchangeably with the term rigidity by some writers, especially those who have worked with this concept within a psychoanalytic framework.

It is possible to distinguish three general contexts, or areas of usage, in which the concept appears. One stems from psychodynamic personality theory within which constriction has a broad connotation, involving a generally low responsiveness to a variety of situations. A second usage is found in the designation of performances on some commonly used clinical techniques as indicating constriction. Finally, there is the use of the term in a gross descriptive manner, in which a person is characterized as constricted. In each of these settings constriction seems to refer to a narrowness in the extent to which an individual utilizes the potentialities of a situation in which he is placed. Implicit in the various usages of the concept are the hypotheses that these are equivalent, and that constriction is a general personality characteristic which is manifested in many different kinds of situations. The purpose of the present study is to examine the

question of the generality of this concept, since the inconclusiveness and paucity of research on the problem have left this open to inquiry.

Carp (3) obtained high agreement among clinical psychologists who rated constriction on performances in three different situations. However, constriction ratings on the performances in these situations--Rorschach test, drawings, and play--were unrelated to each other. This suggests that though the raters knew what constricted behavior was in an individual instance, the behavior was specific to the situation in which it occurred and was not the expression of any general personality variable. A different approach to the problem of generality was undertaken by Klein (14), who was able to isolate a personality dimension manifested in a series of apparently dissimilar situations. These situations had in common only that the individual, in order to cope successfully with a task, was required to modify his behavior in the face of certain conflicting cues or distracting stimuli. Because the key idea seemed to him to be the relative modifiability of behavior, and because it fitted well into his psychoanalytic theoretical frame of reference, he named this dimension a constrictive-flexible control continuum. The implication of this is that the individual's ability to adapt successfully in a variety of situations is determined in part by this general personality variable.

Studies in rigidity frequently have used relative adaptability of behavior to changing task demands as a criterion, but in many cases the tasks were limited to problem-solving situations (4)¹. In other

¹Cohen (4) has reviewed the literature on rigidity in problem solving and in other areas as well. The discussion here is limited to its use as an equivalent of constriction.

research rigidity has been considered within a psychodynamic framework (6, 8) in which case it has reference to a pervasive overemphasis on control of thought and feeling which reduces behavioral adaptability. This over-control functions to prevent the individual from experiencing anxiety. Here rigidity sometimes is indicated by certain features of a test protocol, sometimes by certain aspects of overt behavior, and sometimes refers to the underlying processes which might be involved, such as ego defenses. Within this framework constriction and rigidity are closely related although examples can be cited in which the concepts are used somewhat differently. Fenichel (7) maintains that rigidity is a quality of behavior determined by defense mechanisms, the undue use of which reduces adaptability. Constriction would be included as a result of such processes also, since curtailed responsiveness, the essence of constriction, derives from defense mechanisms in the same manner. Concepts that refer to underlying processes that effect the constricting and rigidifying of behavior are abundant within the psychoanalytic literature. The discussion of repression as related to the inhibition of behavior by Fenichel (7) and by Freud (10), the delineation by Anna Freud (9) of "restriction of the ego," and the comments by Sullivan (27) in regard to "restrictions in living" point up the basic ideas. In this literature there is little distinction apparent between the concepts of rigidity and constriction at the covert, or theoretical level, of discourse. In view of the widespread use of the term rigidity in the literature, it might be advisable for purposes of clarity to establish an already implicit distinction between these concepts at the empirical,

or overt, behavioral level. Rigidity might be best limited to use in problem-solving situations, specifically a relative inability to adapt to varying task demands (4). Constriction, on the other hand, seems to be a broader concept since reduced responsivity might be observed in a variety of behavioral situations though it would be expressed in different ways in these different situations (14). In some instances it would overlap with rigidity, but in others it might be quite independent of rigidity.

The analysis of constriction as the broader concept seems supported by a study of Grayson and Tolman (11), and a similar one by the writer undertaken as a preliminary study to the present research. In these studies definitions of constriction were obtained from groups of psychologists and psychiatrists. High agreement was obtained as to the nature of constricted behavior in such terms as "rigidity," "narrowness" in interests and opinions, "lack of spontaneity," and "restricted emotionality." The results of these studies give a description of the constricted person as a guarded, cautious individual whose freedom of expression and general responsiveness are curtailed. Again it might be noted that some aspects of this description might be suggestive of behavioral rigidity, but to subsume all such characteristics under this heading seems to overextend the usefulness of the rigidity concept.

The constriction concept has undergone considerable elaboration in consequence of its use in discussions of the Rorschach technique. In the Grayson-Tolman study (11) a considerable proportion of the definitions referred to this method. Within Rorschach literature Klopfer (15, 16) and Beck (1) make specific use of the concept and do so

within a psychodynamic framework. The detailed discussions by Klopfer, which are the most comprehensive ones available, emphasize the theoretical rather than the empirical aspects of the concept. In discussing "constrictive control," or "repressive control," as he also calls it, he emphasizes the central ego mechanism involved, and also indicates that the Rorschach protocol describable as constricted is the outcome of covert processes within the individual (e.g., repressive control) and that certain features of behavior are constricted by these processes. Beck (1) adds that anxiety is the force which influences the constricting of these functions since the constriction serves to reduce or avoid the experience of anxiety. Phillips and Smith (22) and Rapaport (24), while not using the term explicitly, discuss similar Rorschach scoring patterns, which are designated by the former writers as indicators of a "guarded" record, in much the same manner. Literature on the Rorschach technique clearly delineates definitions of, and criteria for, a constricted protocol.

The term constriction is used also to describe certain performances on other commonly used clinical methods. However, in these other cases, for example, the Thematic Apperception Test (TAT) and the Bender-Gestalt Visual Motor Test, indicators of constriction stem primarily from common clinical usage, rather than from criteria formally stated in the literature on these tests.

Another use of the concept of constriction should be noted. This is illustrated by the characterization of some individuals as "constricted." Here the concept is a general descriptive label apparently derived from

clinical judgment. It is, in a sense, a term descriptive of many characteristics that might be observed in a person's everyday behavior and attitudes.

In summary, three general areas of usage of constriction have been discussed. For convenience, these may be designated as "psychodynamic-theoretical," "clinical test," and "clinical impression." If it is true that constriction is a general personality variable, and that it can be evaluated in a variety of situations, then measures of constriction exemplifying the different usages should be related to each other. It is the purpose of this study to see if these rarely explicit assumptions about this concept are warranted. This will be attempted by selecting certain measures which are thought to be representative of the different usages and determining their interrelationships. There is no assumption made that these are necessarily the best or the only measures available. They are intended to sample a universe of measures of constriction, rather than to exhaust it. The measures and their rationale will be discussed in Chapter II.

Two kinds of analyses will be made. One will examine the relationships between measures drawn from within one usage. The other will compare the extent of correspondence of different usages. The degree of generality of constriction will be indicated by the patterning of relationships found among all the measures. In the light of the foregoing discussion, two hypotheses can be stated:

1. Measures of constriction drawn from within one area of usage will be significantly intercorrelated.
2. Measures of constriction derived from the different general areas of usage will be significantly intercorrelated.

In addition to the main concern of the study some additional problems will be investigated in an exploratory manner. These subsidiary aspects are aimed at clarifying the constriction concept as it is used in the "psychodynamic-theoretical" context. Other relationships to be studied are those between manifest anxiety, defensiveness in admitting things unfavorable to the self, and self-admitted constriction in everyday behavior and attitudes. No specific hypotheses are offered for these, but the general expectation would be for negative relationships to obtain between the defensiveness measure and both the measure of manifest anxiety and the measure of self-admitted constriction. In addition, generally negative relationships should prevail between constriction measures and manifest anxiety, since if a person utilizes defenses against anxiety that lead to constriction, he should not express much manifest anxiety.

PREVIEW

CHAPTER II

RESEARCH PROCEDURE

Measures

The various measures of constriction used in this study have been selected to represent different ways in which the concept is used in psychology. The first group of measures to be described were selected on the basis that they are commonly used clinical techniques in connection with which certain performances are designated as constricted.

The first of these, and the only one for which the literature clearly indicates criteria for constriction, is the Rorschach test. Most contributors to this literature emphasize that an overabundance of accurate, form-determined responses is the basic definition of constriction on this instrument. In addition, some writers specify that stereotypic thinking as indicated by the percentage of animal percepts in the content of the record and a paucity of responses are effects of the constrictive process. Experience balance, the ratio of responses scored movement to the weighted sum of those involving color, is usually considered as a constriction measure. The use of form percentage, though it is not an exact equivalent, does include the determinants which make up the experience balance. Because it is less comprehensive, and because it appears less frequently in connection with constriction in the literature, experience balance has not been used. In terms of Beck's (1) scoring categories for the Rorschach techniques, the

constriction indicators are: percentage of form-determined responses (F%), quality of form-determined responses (F_q%), animal percent (A%), and number of responses (R). In order to deal with the overall record, all of these categories were combined to derive an index of constriction by converting the score on each category into a standard score and summing these standard scores. The standard scores were derived from the test population. (See Appendix G for the means and standard deviations of the Rorschach scoring categories.) For the first three indicators a higher score would indicate greater constriction, but for the last, R, an inverse relationship would hold. In order to compensate for this, each R score was subtracted from a constant slightly higher than the highest R obtained by any subject. This operation made it possible to summate scores in all four categories to obtain the final index defined so that the higher the score of any individual the more constricted he is on the Rorschach test. The administration and scoring of the Rorschach tests followed the procedure of Beck (1).

Another commonly used clinical device on which performances are commonly termed constricted is the TAT although this term is not found regularly in the TAT literature. An exception to this is the work of Rapaport (24), who indicates brevity of the stories and a meticulous clinging to description as indicators of constriction. The rationale for an index of constriction on this technique may be derived from personality theory. An individual who is guarded and not free to express himself unless the situation is well defined will give brief descriptive

stories rather than long and more involved ones. Thus one measure would be length of the story, while another might be complexity of the theme created. A high correlation has been found between productivity, as measured by the number of words used, and a theme complexity variable (23). It was decided, therefore, to use brevity of the stories as indicated by the number of words used as the TAT index of constriction for this study. The mean number of words per card was the constriction score for each subject. In order to maintain a positive rather than a negative relationship between scores and the constriction variable, it was necessary to adjust each score by subtracting from it a constant slightly higher than the mean number of words used on the longest record. Thus a person who used very few words in telling his stories would obtain a high constriction score. Six cards of the TAT were selected for the study on the assumption that they would sample adequately the variable being measured. The cards employed, in the order of administration, were 3BM, 5, 14, 15, 20, 16. The administration procedure used was taken from Murray (18), although it was modified to the extent of omitting any encouragement or inquiry.

The third clinical test used was the Bender-Gestalt test. Though primarily used as an aid in the diagnosis of central nervous system damage (2), it is also utilized in varying degrees as a projective technique. As such the constricted label is put upon some performances. The literature does not supply criteria for these, but they seem to stem by implication from personality theory. Primary indicators of constriction

are the area of the paper used and the size of the designs. The measure selected for this study was size of the designs with the assumption that this would be correlated with area used. Measurements were made by constructing a grid on a transparent piece of plastic, laying it over the design, and counting the number of grid squares covering each design. The score was the sum of the grid squares occupied by all of the designs for each subject. In this, as with the uncorrected TAT scores, the higher the score the less the constriction. In order to reverse this and have a high score correspond to high constriction, an adjustment similar to that made on the TAT was performed. The administration of this test followed usual clinical practice.

The second group of measures was selected to represent usages of the concept within a psychodynamic context where it would be expressed behaviorally in a relatively curtailed responsivity. Thus low interests and narrow range of responsiveness would be indicative of constriction within this frame of reference. As a measure of the extent to which a person can invest himself in interests, an Intensity of Values Test (26) has been utilized. This test is described by the author as an adaptation of the Allport-Vernon Study of Values. Though scores on four separate scales are available, an overall score indicating total investment in interests and activities is also obtained. This test seemed particularly suitable for this study because of one feature of its construction. The items were selected using the method of equal appearing intervals so that they are weighted differentially. In other words, different items express

different degrees of interest in any area. This makes it possible for one individual who has intense interest in one area to get a score as high as the individual who has broad but more superficial interests. Since the raw score on this test would bear an inverse relationship to the degree of constriction in interests and it was desired to avoid this, an operation was performed as on the TAT and Bender-Gestalt test so that high scores have reference to high constriction. This test was administered in a group session. The instructions used and a copy of the test appear in Appendix B.

A narrow range of responsiveness theoretically, empirically, and even literally is perhaps the most general and precise description of the behavioral results of the constrictive process. This would be manifested by a relative curtailment of "free association" (14) and by a tendency to avoid extremes in expression of feeling. The Semantic Differential developed by Osgood (19, 20) can be used to measure these effects. Primarily developed to study problems of meaning, this technique with slight revisions can be used for our purposes. It consists of a series of concepts and sets of descriptive polarities, such that each concept is associated with each polarity. The polarities are at either end of a scale on which the subject places a mark to indicate his association of the concept with the polarity. The position of the mark indicates direction and intensity, with the central point indicating that the subject sees no relationship. Since each association involves a judgment as to the kind, as well as of the intensity of this relationship, the technique is well described as a combination of associational and